

## Demographic Details

First Name

Neda

Gender

Female



Middle Name

Date of Birth

1980



Last Name \*

Azizian

Name Suffix

Previous Name(s)

City of Birth

Social Security Number

Place of Birth

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-public information)

Public Information

Is this person deceased?

Yes  No

Date Deceased



Do you have a Nevada Business License in your individual name?

Yes  No

Nevada BIN

Historical File Number

## Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

## Discipline / SPL

Disciplinary Action?

Yes  No

SPL?

Yes  No

Date of SPL Issuance



## Contact Information

Primary Phone

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

## Public Address

Street Address

PO Box 617

ZIP / Postal Code

94920

Address Line 2

State / Province

California

City

Tiburon

Country

United States



County

Marin

Is your physical address different from your mailing address?

Yes  No

Public Phone

# (415) 435-4277

## Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

## Application Status

Applicant \*

Azizian, Neda N/A



Application Status

Pending Review by the Board



Application Number

Assigned To



License Issued?

Yes  No

Manual Paper Application?

Yes  No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)

License Category

Medical Doctor



Credentials / Degree Suffix (Enter before approval!)

M.D.

Obtained By

Endorsement



Expected Expiration Date



Expected Issue Date



## Application Details

Application Type

Medical Doctor – Endorsement



Reviewed Date



Application Date \*

Jun-04-2022



Decision Date



Submitted Date

Jun-08-2022



Approved Date



Application Step

# 20

Expiration Date

Jun-08-2023



Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes  No

## Invoices

Application Invoice



Application Payment Date



Licensure Invoice



Licensure Payment Date



## Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes  No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes  No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes  No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes  No

Child Support Attestation Type

**Not subject to a court order**



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes  No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes  No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes  No

# EXAMINATIONS

Licensee / Applicant	Examination Type	Attended Date	
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Nov-16-2006	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Apr-30-2007	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Apr-29-2008	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Jan-18-2009	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Jul-19-2010	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Aug-31-2010	Y
Azizian, Neda N/A	Other	Mar-18-2011	Y
Azizian, Neda N/A	United States Medical Licensing Examination (USMLE)	Dec-20-2011	Y

## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Nov-16-2006



Other Exam

Number of Attempts

# 4

Are you currently certified?

Yes  No

Application

Steps

Application -

- Azizian, Neda N/A



Step 1

Location

Certificate Number

Result

Fail/133

Exam Date

Nov-16-2006



Expiration Date





## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Apr-30-2007



Other Exam

Number of Attempts

# 4

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 1

Location

Certificate Number

Result

Fail/150

Exam Date

Apr-30-2007



Expiration Date



## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Apr-29-2008



Other Exam

Number of Attempts

# 4

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 1

Location

Certificate Number

Result

Fail/177

Exam Date

Apr-29-2008



Expiration Date



## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Jan-18-2009



Other Exam

Number of Attempts

# 4

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 1

Location

Certificate Number

Result

189

Exam Date

Jan-18-2009



Expiration Date



## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Aug-31-2010



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 2 CK

Location

Certificate Number

Result

207

Exam Date

Aug-31-2010



Expiration Date



## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Jul-19-2010



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 2 CS

Location

Certificate Number

Result

Pass

Exam Date







Jul-19-2010



Expiration Date



## Examination Details

Licensee / Applicant *		Examination Type	
Azizian, Neda N/A		Other	
Attended Date		Other Exam	
Mar-18-2011		ECFMG	
Number of Attempts		Are you currently certified?	
#		<input checked="" type="radio"/> Yes <input type="radio"/> No	
Application		Steps	
Application - - Azizian, Neda N/A		Certificate Number	
Location		0-708-850-3	
Result		Exam Date	
Valid Indefinitely		Mar-18-2011	
		Expiration Date	

## Examination Details

Licensee / Applicant \*

Azizian, Neda N/A



Examination Type

United States Medical Licensing Examination (USMLE)



Attended Date

Dec-20-2011



Other Exam

Number of Attempts

# 1

Are you currently certified?

Yes  No

Application

Application - - Azizian, Neda N/A



Steps

Step 3

Location

Certificate Number

Result

194

Exam Date

Dec-20-2011



Expiration Date



## EDUCATION

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Azizian, Neda N/A	College/University	University of California, Davis	Bachelor Degree	Sep-01-1998	Dec-01-2003	Jul-17-2004
Azizian, Neda N/A	Medical School	Spartan Health Sciences University	Transferred	Aug-30-2004	Apr-01-2005	N/A
Azizian, Neda N/A	Medical School	American University of Antigua College of Medicine	Medical Doctor Degree	May-02-2005	Nov-19-2010	Nov-19-2010



## Education Details

Licensee/Applicant *	<input type="text" value="Azizian, Neda N/A"/>	<input type="text" value="American University of Antigua College of Med"/>
Address		Education Type
City		Medical School <input type="text" value=""/>
Woods		Degree Attained
State / Province		Medical Doctor Degree <input type="text" value=""/>
Antigua		Date From
Zip / Postal Code		May-02-2005 <input type="text" value=""/>
		Date To
		Nov-19-2010 <input type="text" value=""/>
Country		Did you graduate from the program?
Antigua and Barbuda <input type="text" value=""/>		<input checked="" type="radio"/> Yes <input type="radio"/> No
Application		Graduation Date
Application - <input type="text" value="- Azizian, Neda N/A"/>		Nov-19-2010 <input type="text" value=""/>
Specialty Type		Major Program
		<input type="text" value=""/>

## Education Details

Licensee/Applicant *	Azizian, Neda N/A		Name of School	Spartan Health Sciences University
Address			Education Type	Medical School
City			Degree Attained	Transferred
Vieux Fort			Date From	Aug-30-2004
State / Province			Date To	Apr-01-2005
Saint Lucia			Did you graduate from the program?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Zip / Postal Code			Graduation Date	
Country	Saint Lucia		Major Program	
Application				
Application -	- Azizian, Neda N/A			
Specialty Type				

# POSTGRADUATE TRAINING

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Azizian, Neda N/A	Hackensack University Medical Center (Palisades) Program	Transitional	Jul-01-2019	Jun-30-2020	Residency
Azizian, Neda N/A	Woodhull Medical and Mental Health Center Program	Internal Medicine	Jul-01-2020	Jun-30-2022	Residency

## Postgraduate Training Details

Licensee / Applicant *		Training Status *	
Azizian, Neda N/A	🔗	Completed	🔗
Program Type *		Accreditation Type	
Residency	🔗	ACGME (Accreditation Council for Graduate Medical Education)	🔗
Date From		Date To	
Jul-01-2019	🔗	Jun-30-2020	🔗
Name of School or Institution		Application	
Hackensack University Medical Center (Palisades) Progre	🔗	Application -	🔗
Specialty Type		Historical Major Program	
Transitional	🔗	Historical Degree Attained	
Other (Specialty)			

## Location Details

City	Street Address 1
North Bergen	
State / Province	Zip / Postal Code
New Jersey	
County	Country
	United States

## Postgraduate Training Details

Licensee / Applicant \*  Training Status \*  
Azizian, Neda N/A  Completed   
Program Type \*  Accreditation Type  
Residency  ACGME (Accreditation Council for Graduate Medical Education)   
Date From Jul-01-2020  Date To Jun-30-2022

Name of School or Institution  
Woodhull Medical and Mental Health Center Program   
Application - Azizian, Neda N/A   
Specialty Type  
Internal Medicine   
Other (Specialty)  
Historical Major Program  
Historical Degree Attained

## Location Details

City  
Brooklyn   
State / Province  
New York   
County  
United States   
Street Address 1  
Zip / Postal Code

## OTHER LICENSES

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Azizian, Neda N/A	ME156225	Medical Doctor	Apr-14-2022	Jan-31-2024	Florida

## Other License Details

Licensee/Applicant	License Type
Azizian, Neda N/A	Medical Doctor
Licensing Board or Regulatory Authority	License Status
Florida Medical Board	Active
License Number	Issue Date
ME156225	Apr-14-2022
State / Province	Expiration Date
Florida	Jan-31-2024
Country	Notes
United States	
Application	
Application -	
- Azizian, Neda N/A	

# ACTIVITIES

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Azizian, Neda N/A	Seeking Employment	Nov-20-2010	Mar-31-2011	0
Azizian, Neda N/A	In Home Support Services (Aging and Adult Services)	Apr-01-2011	Dec-31-2012	0
Azizian, Neda N/A	Valley Medical Oncology Consultants at Stanford Healthcare	Jan-01-2013	Jun-30-2019	0
Azizian, Neda N/A	Hackensack University Medical Center	Jul-01-2019	Jun-30-2020	100
Azizian, Neda N/A	Woodhull Medical and Mental Health Center	Jul-01-2020	Jun-30-2022	100



## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Azizian, Neda N/A	Seeking Employment
Start Date	End Date
Nov-20-2010	Mar-31-2011
Percent Clinical *	Position
# 0	
Application	Activity Type
Application - - Azizian, Neda N/A	Non-Medical

## Location Details

Street Address 1	Country
	United States
City	State / Province
Tiburon	California
	Zip / Postal Code

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Azizian, Neda N/A	In Home Support Services (Aging and Adult Services)
Start Date	End Date
Apr-01-2011	Dec-31-2012
Percent Clinical *	Position
# 0	Caretaker
Application	Activity Type
Application - - Azizian, Neda N/A	Employment

## Location Details

Street Address 1	Country
	United States
City	State / Province
San Rafael	California
	Zip / Postal Code

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Azizian, Neda N/A	Valley Medical Oncology Consultants at Stanford Healthcare
Start Date	End Date
Jan-01-2013	Jun-30-2019
Percent Clinical *	Position
# 0	Medical Scribe
Application	Activity Type
Application - - Azizian, Neda N/A	Employment

## Location Details

Street Address 1	Country
	United States
City	State / Province
Pleasanton	California
	Zip / Postal Code

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Azizian, Neda N/A	Hackensack University Medical Center
Start Date	End Date
Jul-01-2019	Jun-30-2020
Percent Clinical *	Position
# 100	Resident
Application	Activity Type
Application - - Azizian, Neda N/A	Postgraduate Training

## Location Details

Street Address 1	Country
	United States
City	State / Province
North Bergen	New Jersey
	Zip / Postal Code

## Application Activity Details

Licensee / Applicant	Name of Organization / Institution
Azizian, Neda N/A	Woodhull Medical and Mental Health Center
Start Date	End Date
Jul-01-2020	Jun-30-2022
Percent Clinical *	Position
# 100	Resident
Application	Activity Type
Application - - Azizian, Neda N/A	Postgraduate Training

## Location Details

Street Address 1	Country
	United States
City	State / Province
Brooklyn	New York
	Zip / Postal Code

# DECLARATIONS

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer
1	Azizian, Neda N/A	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
2	Azizian, Neda N/A	MD, PA – Q2 – Medical Condition Field of Practice	No
3	Azizian, Neda N/A	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
4	Azizian, Neda N/A	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
5	Azizian, Neda N/A	ALL – Q5 – Named Defendant Respond to Legal Action	No
6	Azizian, Neda N/A	ALL – Q6 – Malpractice Claim Paid	No
7	Azizian, Neda N/A	ALL – Q7 – Arrest Question	No
8	Azizian, Neda N/A	MD, Previously applied for licensure in Nevada.	No
9	Azizian, Neda N/A	MD – Investigation Disciplinary during Training Program	No
10	Azizian, Neda N/A	MD – Q8 – Denied License / Permission to Practice Medicine	No
11	Azizian, Neda N/A	MD – Q9 – Medical License Revoked	No
12	Azizian, Neda N/A	MD – Q11 – Voluntarily Surrendered a License	No
13	Azizian, Neda N/A	MD – Q12 – Denied Membership	No
14	Azizian, Neda N/A	MD – Q13 – Investigation – Respond To/Notify Of	No
15	Azizian, Neda N/A	MD, PA – Q10 – Controlled Substance Registration	No
16	Azizian, Neda N/A	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No

SPECIALTIES

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Azizian, Neda N/A	Internal Medicine	Yes	Jul-01-2022	N/A

Neda Azizian





RECEIVED

AUG 04 2022

NEVADA STATE BOARD OF  
MEDICAL EXAMINERS

## ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

**Please sign and return this statement with your application for licensure to:  
The Nevada State Board of Medical Examiners  
9600 Gateway Drive  
Reno, NV 89521**

Because you are applying for the privilege of practicing medicine in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

**ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.**

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name       NEDA AZIZIAN      

Sign your name \_\_\_\_\_

Date       7/29/22      

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.