

Demographic Details

First Name

Ahmed

Middle Name

Mokhtar Mahmoud

Last Name *

Elbayer

Previous Name(s)

Ahmed Mokhtar Mahmoud Elbayer

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

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

Yes No

Gender

Male

Date of Birth

-1984

Name Suffix

City of Birth

Kuwait

Place of Birth

Egypt

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

6491 Peachtree Industrial Blvd

ZIP / Postal Code

30360

Address Line 2

State / Province

Georgia

City

Atlanta

Country

United States



County

Atlanta

Is your physical address different from your mailing address?

Yes No

Public Phone

(313) 707-7671

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Elbayer, Ahmed Mokhtar Mahmoud ▾ 

Application Number

License Issued?

Yes No

Application Status

Pending Review by the Board ▾ 

Assigned To

▾ 

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor ▾ 

Obtained By

Application ▾ 

Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)


M.D.

Expected Expiration Date



Application Details

Application Type

Medical Doctor – Endorsement ▾ 

Application Date *



Reviewed Date



Decision Date



Submitted Date

[Date input field with calendar icon]

Approved Date

[Date input field with calendar icon]

Application Step

#

Expiration Date

[Date input field with calendar icon]

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

Yes No

Invoices

Application Invoice

[Invoice input field with external link icon]

Application Payment Date

[Date input field with calendar icon]

Licensure Invoice

[Invoice input field with external link icon]

Licensure Payment Date

[Date input field with calendar icon]

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 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

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

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

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

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 ↑
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Jan-26-2010
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Jan-18-2011
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Apr-25-2012
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Jun-11-2013
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	May-25-2021
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Aug-04-2021
Elbayer, Ahmed Mokhtar Mahmoud	ECFMG	Sep-02-2021
Elbayer, Ahmed Mokhtar Mahmoud	United States Medical Licensing Examination (USMLE)	Sep-30-2021

Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Jan-26-2010 

Number of Attempts

2

Application


Application - Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

189 Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Jan-18-2011 

Number of Attempts

2

Application


Application - Elbayer, Ahmed Mokhtar Mah.mou 

Location

Result

177 Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Apr-25-2012 

Number of Attempts

2

Application

Application - Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

Fail

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Jun-11-2013 

Number of Attempts

2

Application


Application - Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

May-25-2021 

Number of Attempts

2

Application


Application - Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

203

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Aug-04-2021 

Number of Attempts

2

Application


Application - Elbayer, Ahmed Mokhtar Mal.mou 

Location

Result

227

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Sep-02-2021 

Number of Attempts

#

Application

Application - Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

Examination Type

ECFMG 

Other Exam

Are you currently certified?

Yes No


Steps

Certificate Number

Exam Date

Expiration Date

Dec-31-2024 

Examination Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 


Attended Date

Sep-30-2021 

Number of Attempts

1

Application


Application Elbayer, Ahmed Mokhtar Mahmoud 

Location

Result

207

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Board Certification

Licensee / Applicant



Certifying Board



Other Certifying Board



Specialty



Initial Certification Date

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
Elbayer, Ahmed Mokhtar Mahmoud	Medical School	Aln Shams University Faculty of Medicine	Medical Doctor Degree	Sep-24-2001	Dec-31-2007	Jun-17-2008

Education Details

Licensee/Applicant *

Elbayer, Ahmed Mokhtar Mahmoud

Address

Ramsis Street Square, El Weili

City

Cairo

State / Province

Cairo

Zip / Postal Code

Country

Egypt

Application

Application - Elbayer, Ahmed Mokhtar Mahmoud

Specialty Type

Name of School

Ain Shams University Faculty of Medicine

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Sep-24-2001

Date To

Dec-31-2007

Did you graduate from the program?

Yes No

Graduation Date

Jun-17-2008

Major Program

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Elbayer, Ahmed Mokhtar Mahmoud	Hamad Medical Corporation	Surgery, Plastic	Aug-26-2012	Jun-30-2019	Residency
Elbayer, Ahmed Mokhtar Mahmoud	Hamad Medical Corporation	Surgery, Plastic	Jul-01-2019	Jun-25-2022	Fellowship
Elbayer, Ahmed Mokhtar Mahmoud	University of Tennessee Health and Science Center	Surgery, Plastic	Sep-15-2022	Feb-06-2023	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 

Program Type *

Residency 

Date From

Aug-26-2012 

Name of School or Institution

Hamad Medical Corporation

Specialty Type

Surgery, Plastic 

Other (Specialty)

Training Status *


Accreditation Type

Not Accredited 

Date To

Jun-30-2019 

Application

Application Elbayer, Ahmed Mokhtar Mahmoud 

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Doha

Zip / Postal Code

County



Country



Postgraduate Training Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud

Program Type *

Fellowship

Date From

Jul-01-2019

Name of School or Institution

Hamad Medical Corporation

Specialty Type

Surgery, Plastic

Other (Specialty)

Training Status *

Accreditation Type

Not Accredited

Date To

Jun-25-2022

Application

Application Elbayer, Ahmed Mokhtar Mahmoud

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Doha

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Elbayer, Ahmed Mokhtar Mahmoud 

Program Type *

Fellowship 

Date From

Sep-15-2022 

Name of School or Institution

University of Tennessee Health and Science Center

Specialty Type

Surgery,Plastic 

Other (Specialty)

Training Status *


Accreditation Type

Not Accredited 

Date To

Feb-06-2023 

Application

Application - - Elbayer, Ahmed Mokhtar Mal.mou 

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Tennessee

Zip / Postal Code

County



Country



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Elbayer, Ahmed Mokhtar Mahmoud	207127	N/A	Mar-17-2009	Mar-17-2024	Cairo
Elbayer, Ahmed Mokhtar Mahmoud	P11418	N/A	Jul-03-2018	Jul-03-2024	Doha
Elbayer, Ahmed Mokhtar Mahmoud	91699	N/A	Apr-21-2022	Feb-29-2024	Georgia
Elbayer, Ahmed Mokhtar Mahmoud	317298	N/A	May-26-2022	Apr-30-2024	New York
Elbayer, Ahmed Mokhtar Mahmoud	35146046	N/A	Jul-08-2022	Jul-08-2024	Ohio
Elbayer, Ahmed Mokhtar Mahmoud	MD61292880	N/A	Jun-15-2022	Feb-12-2025	Washington

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Licensing Board or Regulatory Authority

Ministry of Health

License Number

207127


State / Province

Cairo

Country

Egypt 

Application

Application - Elbayer, Ahmed Mokhtar Mal.mou 

License Type

License Status

Active

Issue Date

Mar-17-2009 

Expiration Date

Mar-17-2024 

Notes

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud



Licensing Board or Regulatory Authority

Qatar Council of Health Professions

License Number

P11418

State / Province

Doha

Country

Qatar



Application

Application - Elbayer, Ahmed Mokhtar Mahmoud

License Type

License Status

Active

Issue Date

Jul-03-2018



Expiration Date

Jul-03-2024



Notes

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Licensing Board or Regulatory Authority

Georgia Composite Medical Board

License Number

91699


State / Province

Georgia

Country

United States 

Application

Application · Elbayer, Ahmed Mokhtar Mah.mou 

License Type

License Status

Active

Issue Date

Apr-21-2022 

Expiration Date

Feb-29-2024 

Notes

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Licensing Board or Regulatory Authority

New York State Board for Medicine

License Number

317298


State / Province

New York

Country

United States 

Application

Application - - Elbayer, Ahmed Mokhtar Mahmoud 

License Type

License Status

Active

Issue Date

May-26-2022 

Expiration Date

Apr-30-2024 

Notes

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Licensing Board or Regulatory Authority

State Medical Board of Ohio

License Number

35.146046


State / Province

Ohio

Country

United States 

Application

Application - - Elbayer, Ahmed Mokhtar Mahmoud 

License Type

License Status

Active

Issue Date

Jul-08-2022 

Expiration Date

Jul-08-2024 

Notes

Other License Details

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Licensing Board or Regulatory Authority

Washington Medical Commission

License Number

MD61292880


State / Province

Washington

Country

United States 

Application

Application - - Elbayer, Ahmed Mokhtar Mahmoud 

License Type

License Status

Active

Issue Date

Jun-15-2022 

Expiration Date

Feb-12-2025 

Notes

Hospital

Licensee / Applicant	▼	Name of Organization	▼	Start Date	▼	End Date	▼
Elbayer, Ahmed Mokhtar Mahmoud		Soul Medical Center		Aug-01-2022		N/A	

Hospital Details

Licensee / Applicant

Elbayer, Ahmed Mokhtar Mahmoud



Name of Organization

Soul Medical Center

Application

Application - Elbayer, Ahmed Mokhtar Mahmoud



Start Date

Aug-01-2022



End Date



Address Details

Street Address Line 1

318 Building 23 Manarat Lusail Lusail City

State / Province

Street Address Line 2

ZIP / Postal Code

00000

City

Lusail

Country

Qatar




Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Elbayer, Ahmed Mokhtar Mahmoud	Aln Shams University	Apr-09-2009	Oct-08-2011	100

Application Activity Details

Licensee / Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Name of Organization / Institution

Ain Shams University

Start Date

Apr-09-2009 

End Date


Oct-08-2011 

Percent Clinical *

100

Position

Application

Application - - Elbayer, Ahmed Mokhtar Mahmoud 

Activity Type

Postgraduate Training 

Location Details

Street Address 1

Ramsis Street Square

Country

Egypt 

City

Cairo

State / Province

Cairo

Zip / Postal Code

Specialty

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Elbayer, Ahmed Mokhtar Mahmoud	Surgery, Plastic	Yes	Jul-01-2019	N/A
Elbayer, Ahmed Mokhtar Mahmoud	Surgery, Hand	Yes	Jul-01-2019	N/A

Declaration Questions

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

Declaration Question

Name

MD – Investigation Disciplinary during Training Program

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

No explanation required (only has one answer)

Yes No

Visible To

Application Process

Yes No

Renewal Process

Yes No

Section Ordinal

#

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Elbayer, Ahmed Mokhtar Mahmoud 

Declaration Question

MD – Investigation Disciplinary during Training Program 

Answer

Yes No

Answer Details

Ordinal


#

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

Related To

Application

Application - Elbayer, Ahmed Mokhtar Mahmoud 

Renewal





RECEIVED

APR 19 2023

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, perfusion or respiratory care 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.

○ ○ ○ ○ ○

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 Ahmed Elbayer

Sign your name 

Date 04/19/2023

Please see attached
All Purpose
Jurat form
for additional
Notary Events

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.

