Demographic Details

First Name	Gender	
Sunwook	Female	- 3
Middle Name	Date of Birth	
	1967	ä
Last Name *	Name Suffix	
Kim-Ashchi		
Previous Name(s)	City of Birth	
Sunwook Kim-Ashchi		
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public inform	nation)
	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		

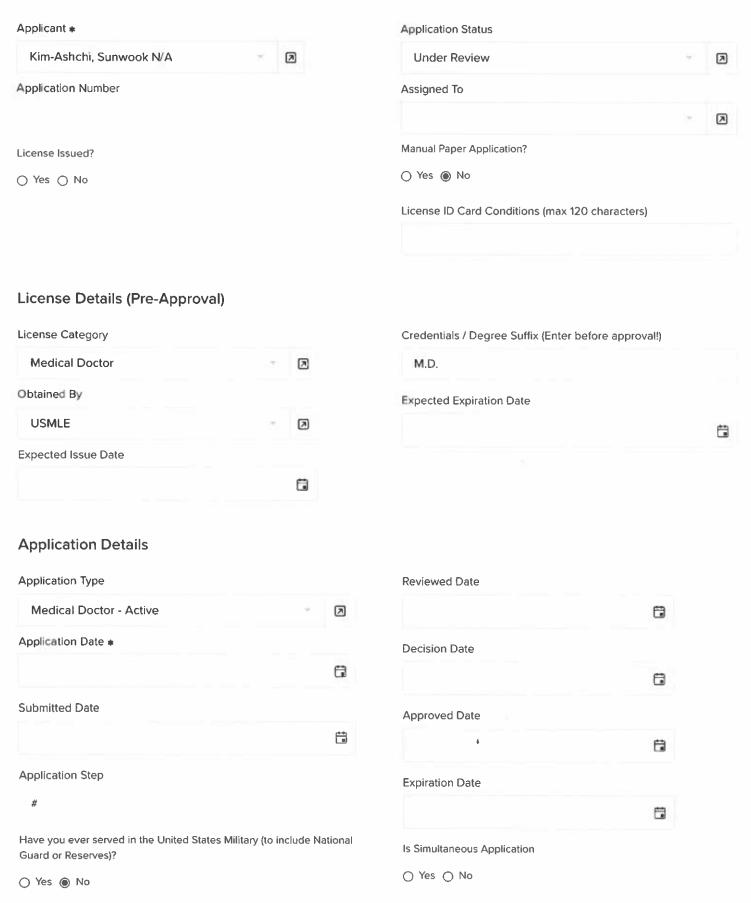
Military Detail

Have you ever served in the United States Military	(to include National Guard or Reserves)?
○ Yes No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	7
Cell Phone	Fax
#	
Public Address	
Street Address	ZIP / Postal Code
11373 Beeson Ct	32256-5854
Address Line 2	State / Province
Andress Line 2	Florida
City	Country
Jacksonville	United States
County	Is your physical address different from your mailing address?
FL	○ Yes ⑥ No
	Public Phone
	# (904) 759-2328

Mailing Address

Street Address	City (Mailing)	
Address Line 2	State / Province (Mailing)	
IIP / Postal Code (Mailing)	County (Mailing)	
	County (Mailing)	15.

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?	
O Yes O No	
Invoices	
Application Invoice	Application Payment Date
7	
Licensure Invoice	Licensure Payment Date
7	
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. (a) Yes (b) 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.	l 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. 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.
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	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

which occurs prior to my being granted licensure to practice medicine

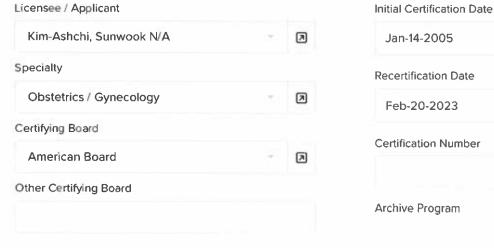
in the state of Nevada.

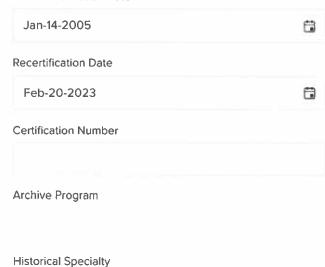
Yes O No

Board Certifications

Licensee / Applicant	Certifying Board	Ŧ	Other Certifying Board	Ŧ	Specialty	T	Initial Certification Date	T	Recertification Date
Kim-Ashchi, Sunwook N/A	American Board		N/A		Obstetrics / Gynecology		Jan-14-2005		Feb-20-2023

Board Certification Details





Connected Record

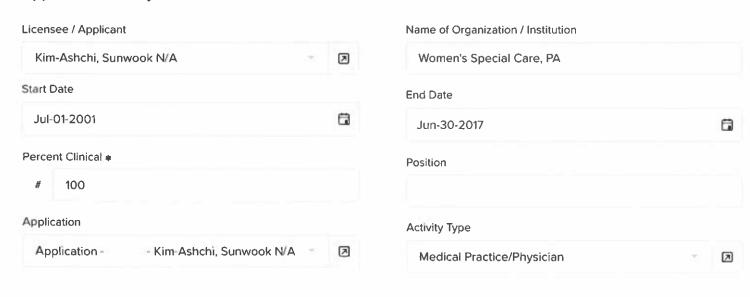




Activities

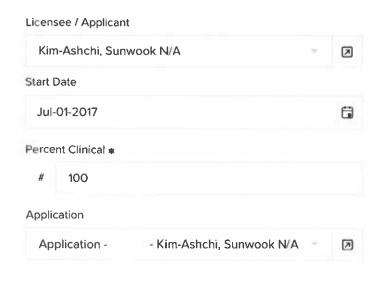
Licensee / Applicant	•	Name of Organization / Institution	T	Start Date †	T	End Date	•	Percent Clinical
sunwook kim-ashchii		Women's Special Care, PA		Jul-01-2001		Jun-30-2017		100
sunwook kim-ashchii		St. Vincent OBGYN		Jul-01-2017		Mar-30-2020		100
sunwook kim-ashchi		HCA Florida Jacksonville Women's Health		Sep-01-2020		Jul-01-2024		100

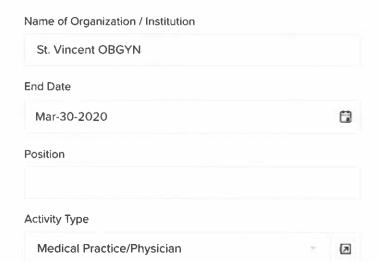
Application Activity Details





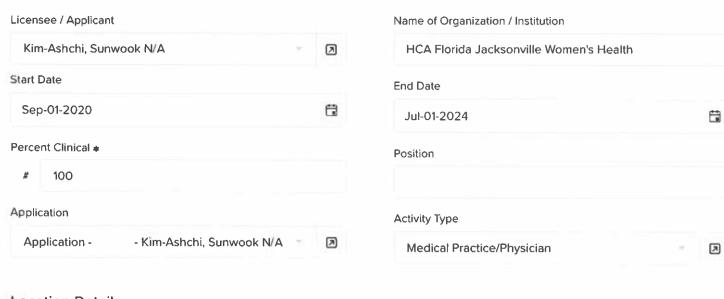
Application Activity Details







Application Activity Details





Declarations

Ordinal †	▼ License	ee/Applicant	T	Declaration Question	7	Answer	T	Answer Details
1	\$unwoo	k kim-ashchi		MD, PA ~ Q1 — Medical Condition Impair Safe Practice		No		
2	sunwoo	k kim-ashchi		MD, PA – Q2 – Medical Condition Field of Practice		No		
3	sunwoo	k kim-ashchi		MD, PA = Q3 = Chemical Substances Impair Safe Practice		No		
4	sunwoo	ok kim-ashchi		MD, PA, LL − Q4 − Performance of Public Service Requirement		No		
5	sunwoo	ok kım-ashchi		ALL – O5 – Named Defendant Respond to Legal Action		Yes		
6	sunwoo	ık kim-ashchi		ALL = Q6 = Malpractice Claim Paid		Yes		
7	sunwoo	ok kim-ashchi		ALL = Q7 = Arrest Question		No		
8	sunwoo	ok kim-ashchi		MD, Previously applied for licensure in Nevada.		No		
9	SURWOO	ok kim-ashchi		MD – Investigation Disciplinary during Training Program		No		
10	sunwac	ok kım-ashchi		MD = Q8 = Defied License / Permission to Practice Medicine		No		
11	Sunwoo	ok kim-ashchi		MD – Q9 – Medical License Revoked		No		
12	Sunwoo	ok kim-ashchi		MD – Ott – Voluntarily Surrendered a License		No		
13	sunwoo	ok kim-ashchi		MD = Q12 = Denied Membership		No		
14	sunwoo	ok kim-ashchi		MD - Q13 - Investigation - Respond To/Notify Of		No		
15	sunwoo	ok kım-ashchi		MD, PA = Q10 - Controlled Substance Registration		No		
16	sunwoo	ok kim-ashçhi		MD, PA, CCP, Hospital Privileges Denied, Suspended.		No		

Declaration

Licensee/Applicant

Kim-Ashchi, Sunwook N/A

Declaration Question

ALL - Q5 - Named Defendant Respond to Legal Action

Answer

Yes O No

Answer Details

Ordinal

5

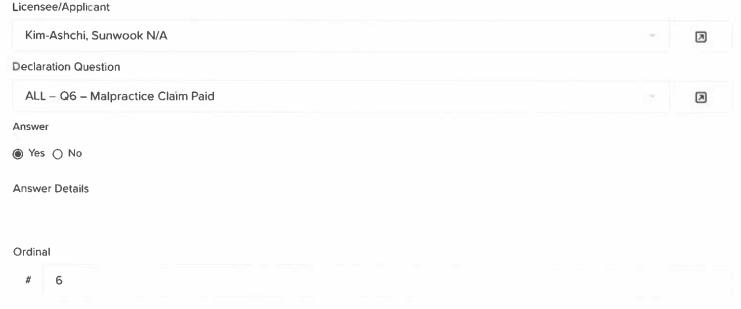
Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To



Declaration



Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

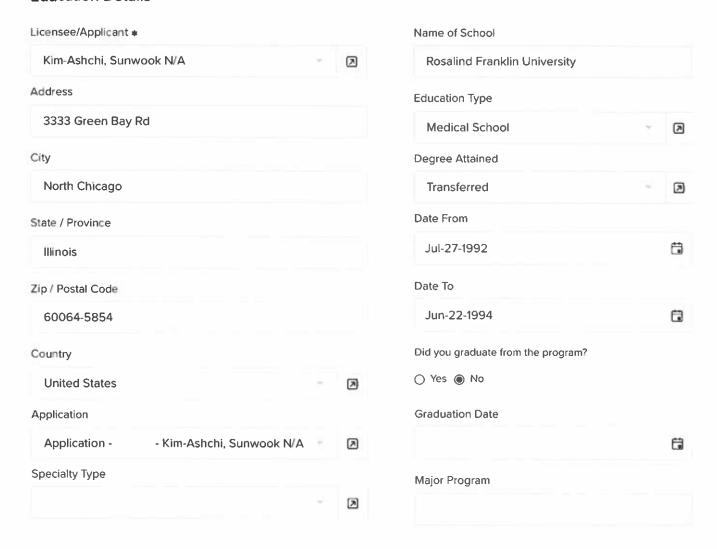
Related To



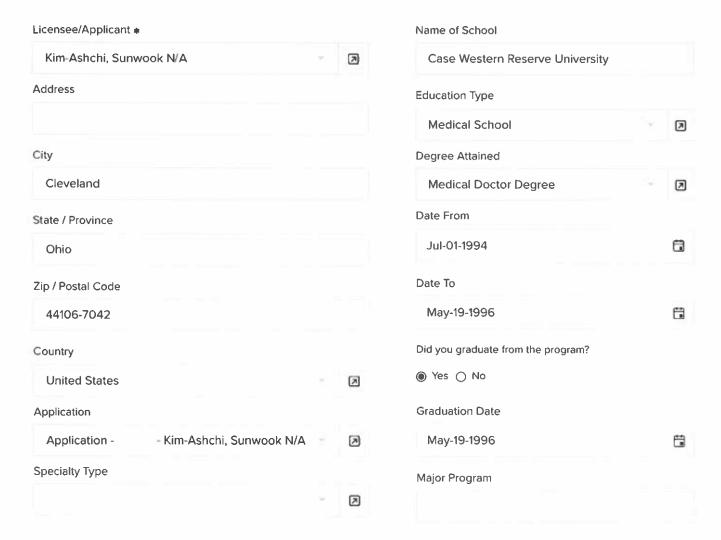
Education

Licensee/Applicant	T	Education Type	T	Name of School	T	Degree Attained	۲	Date From	7	Date To †	Ŧ	Graduation Date
Kim-Ashchi, Sunwook N/A		Medical School		Rosalind Franklin University		Transferred		Jul-27-1992		Jun-22-1994		N/A
Kim-Ashchi, Sunwook N/A		Medical School		Case Western Reserve University		Medical Doctor Degree		Jul-01-1994		May-19-1996		May-19-1996

Education Details



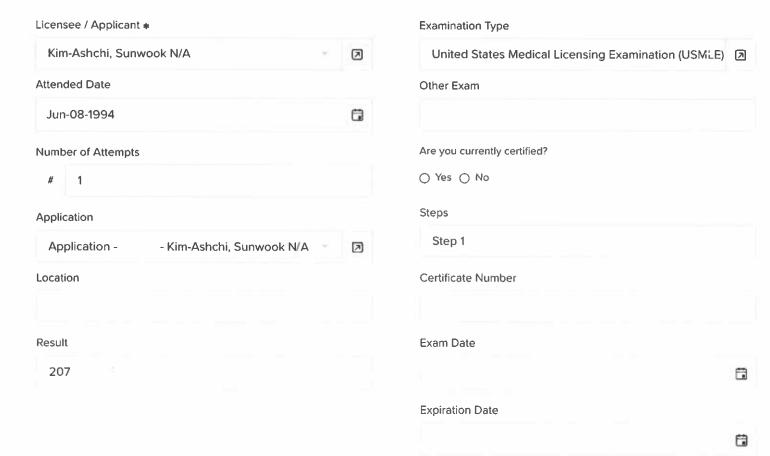
Education Details



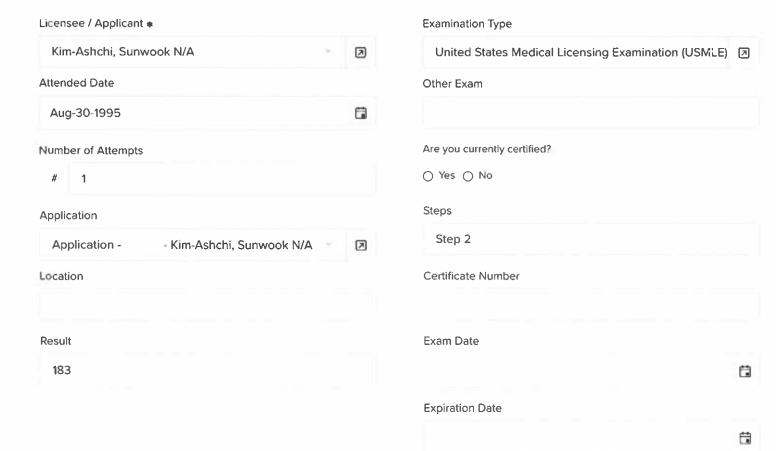
Examinations

Licensee / Applicant	T	Examination Type	Ŧ	Attended Date †
Kim-Ashchi, Sunwook N/A		United States Medical Licensing Examination (USMLE)		Jun-08-1994
Kim-Ashchi, Sunwook N/A		United States Medical Licensing Examination (USMLE)		Aug-30-1995
Kim-Ashchi, Sunwook N/A		United States Medical Licensing Examination (USMLE)		May-13-1997

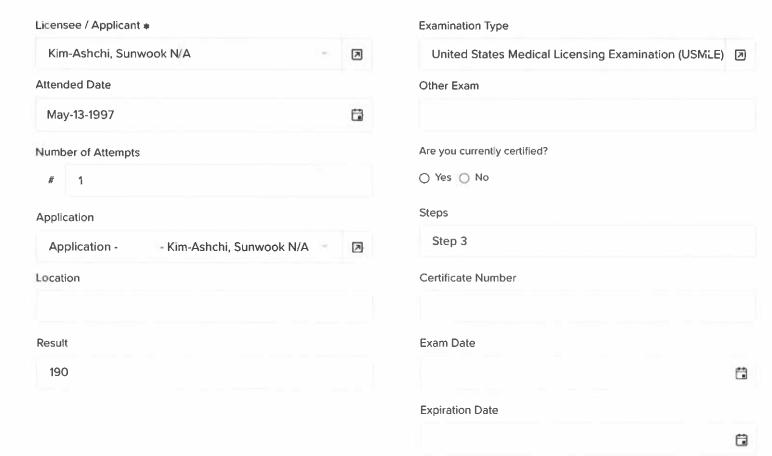
Examination Details



Examination Details



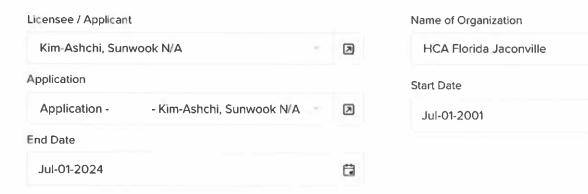
Examination Details



Hospitals

Licensee / Applicant	٣	Name of Organization	Ŧ	Start Date †	T	End Date
Kim-Ashchi, Sunwook N/A		HCA Florida Jaconville		Jul-01-2001		Jul-01-2024
Kim-Ashchi, Sunwook N/A		Ascension St. Vincent's Southside Hospital		Jul-01-2017		Mar-30-2020

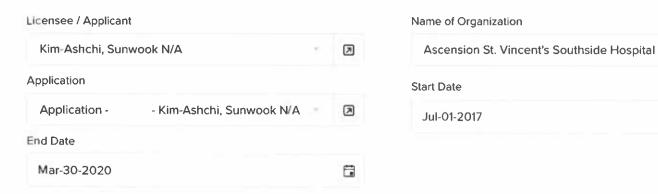
Hospital Details



Address Details



Hospital Details



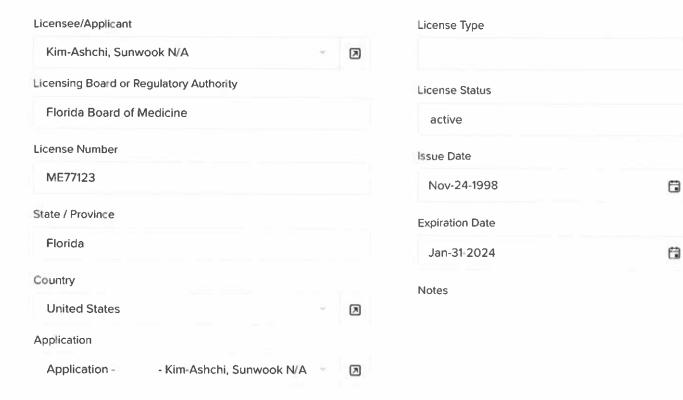
Address Details



Other Licenses

icensee/Applicant	License Number	•	License Type	•	Issue Date	T	Expiration Date	T	State / Province	
im-Ashchi, Sunwook N/A	ME77123		N/A		Nov-24-1998		Jan-31-2024		Florida	

Other License Details

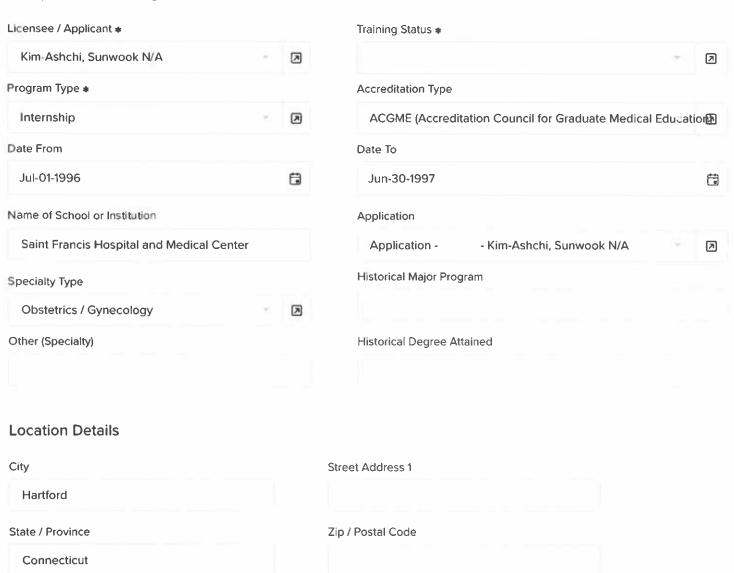


Postgraduate Training

Licensee / Applicant	T	Name of School or Institution	T	Specialty Type	Ŧ	Date From ▼	Date To †	T	Program Type
Kim-Ashchi, Sunwook N/A		Saint Francis Hospital and Medical Center		Obstetrics / Gynecology		Jul-01-1996	Jun-30-1997		Internship
Kim-Ashchi, Sunwook N/A		The University of Florida College of Medicine at Jacksonville		Obstetrics / Gynecology		Jul-01-1997	Nov-20-2000		Residency
Kim-Ashchi, Sunwook N/A		Orlando Regional Healthcare System		Obstetrics / Gynecology		Dec-12-2000	Jun-30-2001		Residency

Postgraduate Training Details

County

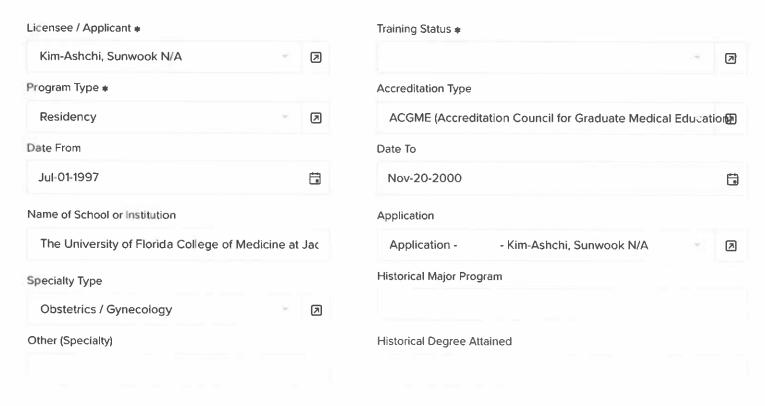


Country

A

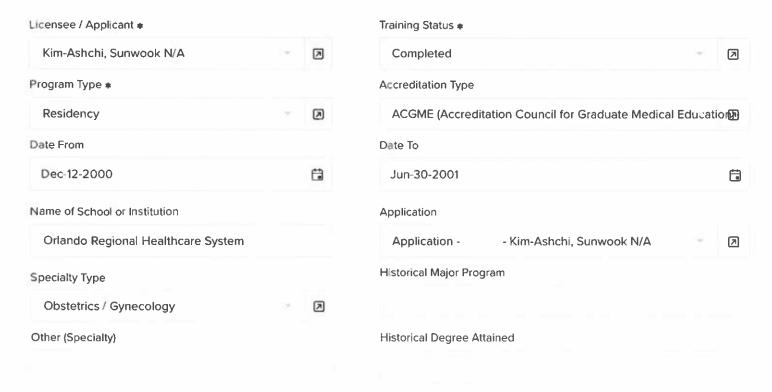
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Postgraduate Training Details





Postgraduate Training Details

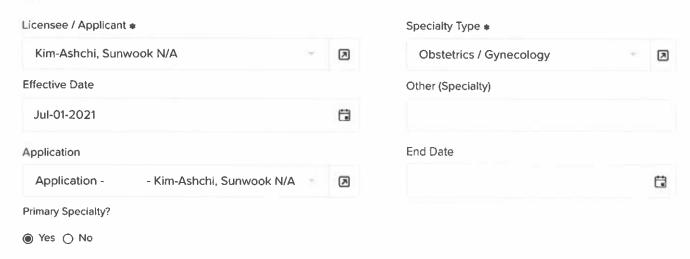




Specialties

Licensee / Applicant	T	Specialty Type	7	Primary Specialty?	T	Effective Date	T	End Date
Kim-Ashchi, Sunwook N/A		Obstetrics / Gynecology		Yes		Jul-01-2021		N/A

Specialty Details



ATTENTION APPLICANT!

UIN 06 2023

RESPONSIBILITY STATEMENT

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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 you	ur name	SUNWOOK	KIM-Ashch:	
Sign you	ur name		· · · · · · · · · · · · · · · · · · ·	
Date	05/31/7	23		

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.

