### **Demographic Details**

First Name	Gender		
Diana	Female	- 0	2
Middle Name	Date of Birth		
DeAngelis	1940	É	)
Last Name ≠	Name Suffix		
Parnell			
Previous Name(s)	City of Birth		
Diana Parnell, Diana Ruth DeAngelis, Diana D. Parnell, Di			
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public informa	tion)	
	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			

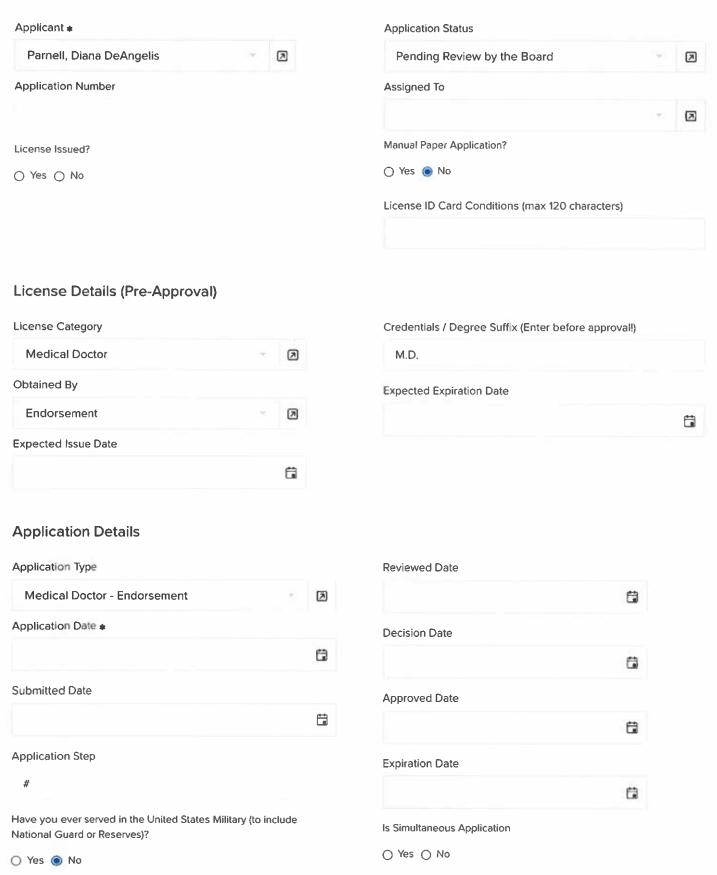
# Military Detail

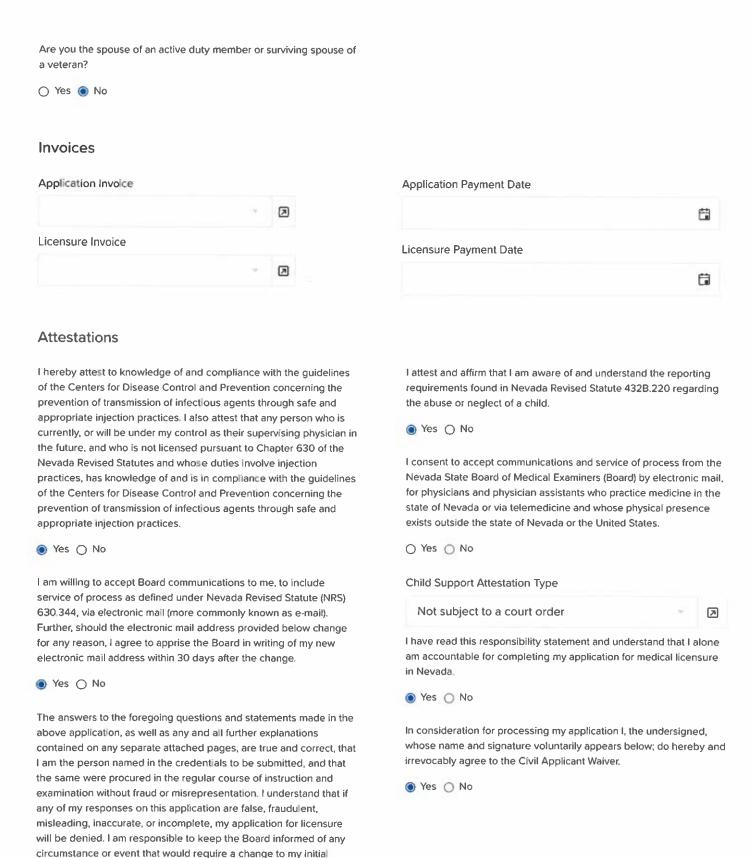
Have you ever served in the United States Military (to include National	Guard or Reserves)?
○ Yes ⑤ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ Yes ○ No
	Date of SPL Issuance
	ä
Contact Information	
Primary Phone	Secondary Phone
#	#
Primary Phone Extension	Secondary Phone Extension
Primary E-mail Address	Mail should be directed to
	- D
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
15 Tapadero Lane	89135
Address Line 2	State / Province
	Nevada
City	Country
Las Vegas	United States
County	Is your physical address different from your mailing address?
Clark	○ Yes ⑥ No
	Public Phone
	# (415) 302-1808

## Mailing Address

Street Address	City (Mailing)
Address Line 2  ZIP / Postal Code (Mailing)	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	- D
	County (Mailing)

#### **Application Status**





responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice

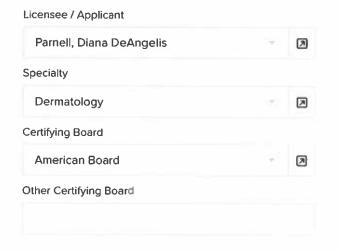
medicine in the state of Nevada

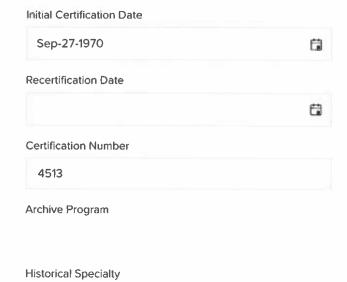
Yes No

#### **Board Certifications**

Licensee / Applicant	7	Certifying Board	▼	Other Certifying Board	Ŧ	Specialty	•	Initial Certification Date	Ŧ	Recertification Date
Parnell, Diana DeAngelis		American Board		N/A		Dermatology		Sep-27-1970		N/A

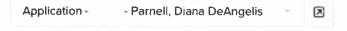
#### **Board Certification Details**





#### **Connected Record**

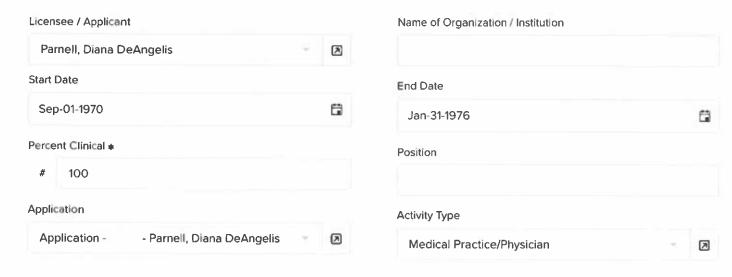
#### **Application**



#### Activities

Licensee / Applicant	Ŧ	Name of Organization / Institution	•	Start Date †	T	End Date	٣	Percent Clinical	
Diana Parnell		N/A		Sep-01-1970		Jan-31-1976		100	
Diana Parnell		N/A		Mar-01-1976		Nov-30-1978		50	
Diana Parnell		N/A		Jan-02-1979		Nov-30-2022		100	

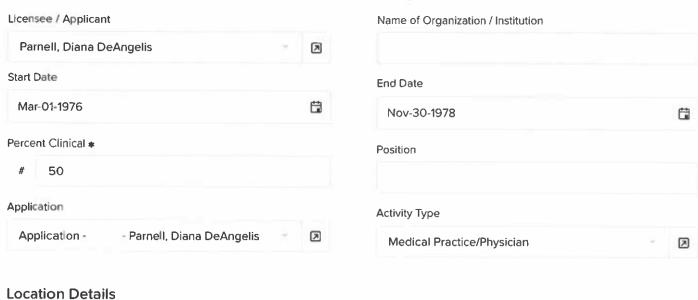
#### **Application Activity Details**



#### **Location Details**

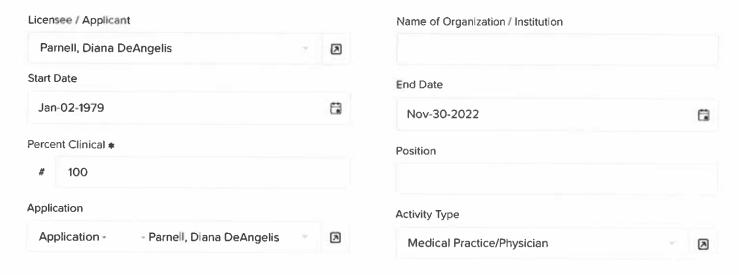


### **Application Activity Details**





#### **Application Activity Details**



#### **Location Details**



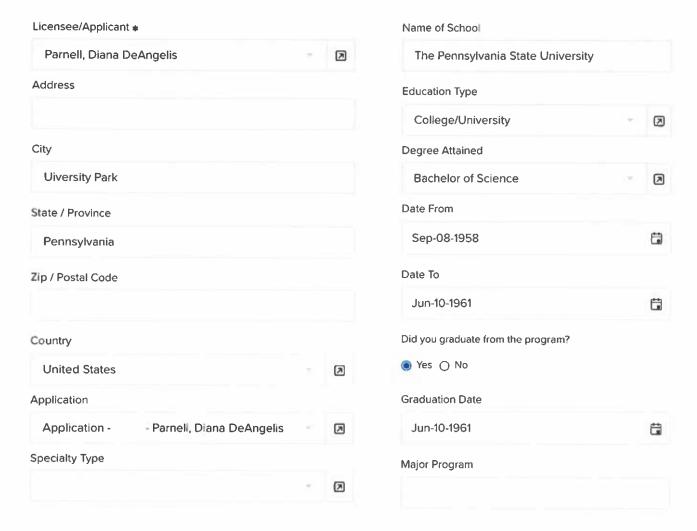
#### **Declarations**

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

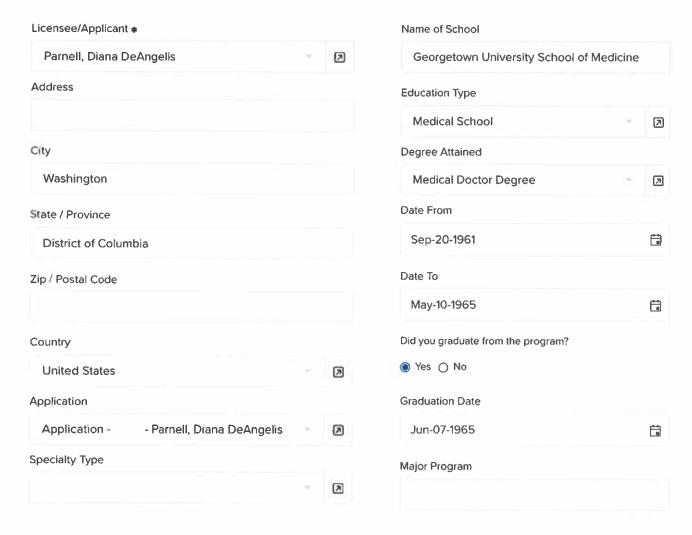
#### Education

Licensee/Applicant	Education Type	▼ Name of School	▼ Degree Attained ▼	Date From	Ŧ	Date To †	▼ Graduation Date ↑
Diana Parnell	College/University	The Pennsylvania State Un	niversity Bachelor of Science	Sep-08-1958		Jun-10-1961	Jun-10-1961
Parnell, Diana DeAngelis	Medical School	Georgetown University Sch	hool of Medicine Medical Doctor Degree	Sep-20-1961		May-10-1965	Jun-07-1965

#### **Education Details**



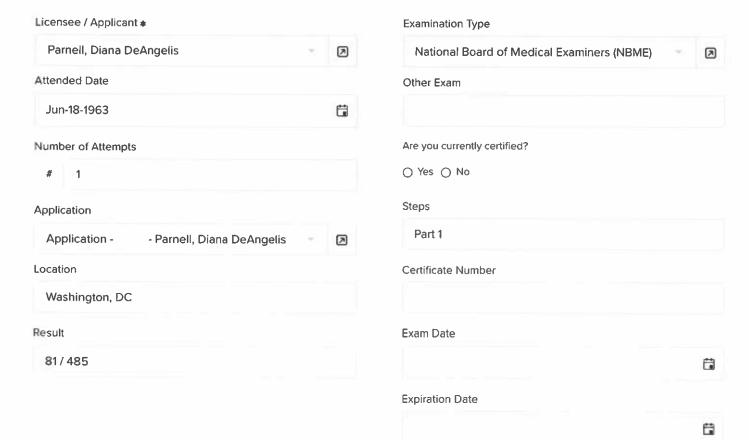
#### **Education Details**



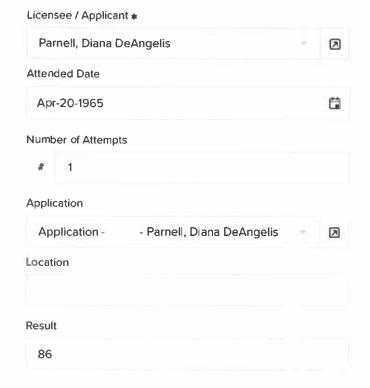
#### Examinations

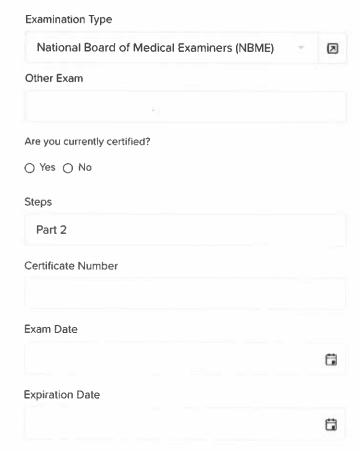
Licensee / Applicant	T	Examination Type Y	Attended Date †
Parnell, Diana DeAngells		National Board of Medical Examiners (NBME)	Jun-18-1963
Parnell, Diana DeAngelis		National Board of Medical Examiners (NBME)	Apr-20-1965
Parnell, Diana DeAngelis		National Board of Medical Examiners (NBME)	Mar-16-1966

#### **Examination Details**

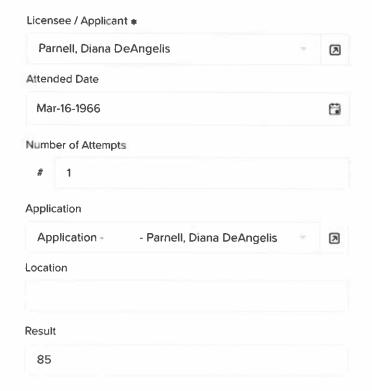


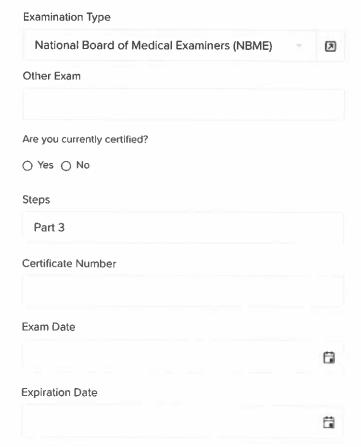
#### **Examination Details**





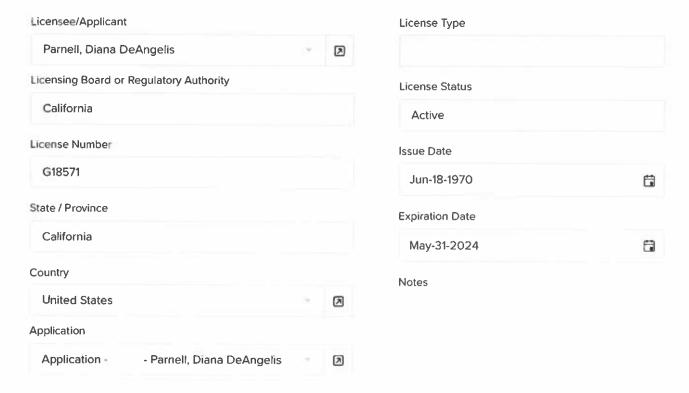
#### **Examination Details**

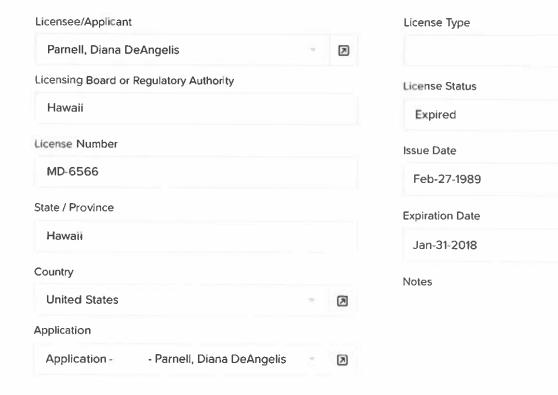


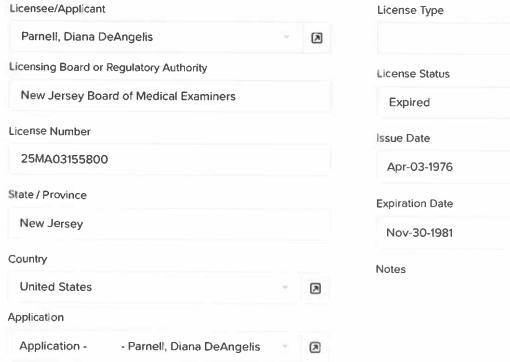


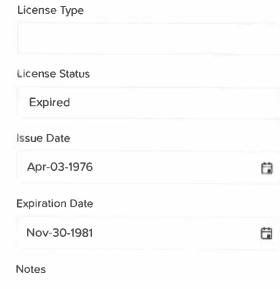
#### Other Licenses

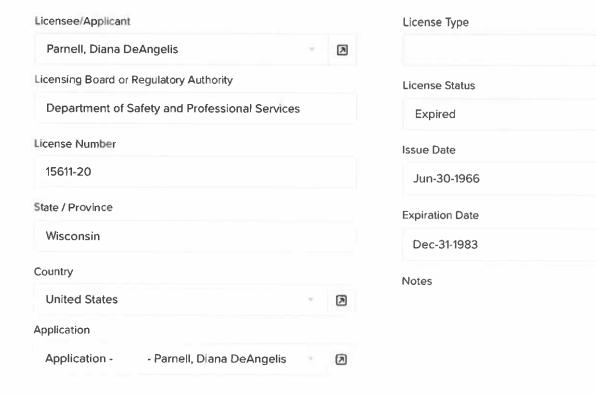
Licensee/Applicant	T	License Number	7	License Type	7	Issue Date	т	Expiration Date	Ŧ	State / Province †
Pamell, Diana DeAngelis		G18571		N/A		Jun-18-1970		May-31-2024		California
Parnell, Diana DeAngelis		MD-6566		N/A		Feb-27-1989		Jan-31-2018		Hawaii
Pamell, Diana DeAngelis		25MA03155800		N/A		Apr-03-1976		Nov-30-1981		New Jersey
Parnell, Diana DeAngelis		15611-20		N/A		Jun-30-1966		Dec-31-1983		Wisconsin











### Postgraduate Training

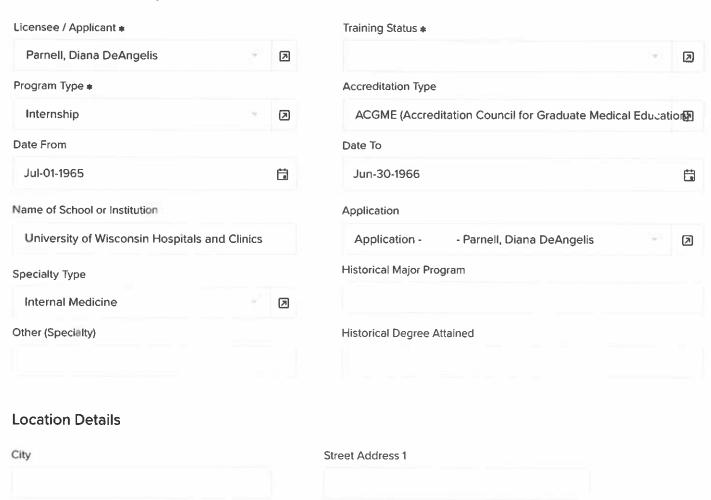
Licensee / Applicant	T	Name of School or Institution †	<b>T</b>	Specialty Type	7	Date From	T	Date To †	T	Program Type
Parnell, Diana DeAngelis		University of Wisconsin Hospitals and Clinics		Internal Medicine		Jul-01-1965		Jun-30-1966		Internship
Parnell, Diana DeAngelis		University of Wisconsin Hospitals and Clinics		Dermatology		Jul-01-1966		Jun-30-1969		Residency

#### **Postgraduate Training Details**

State / Province

Wisconsin

County



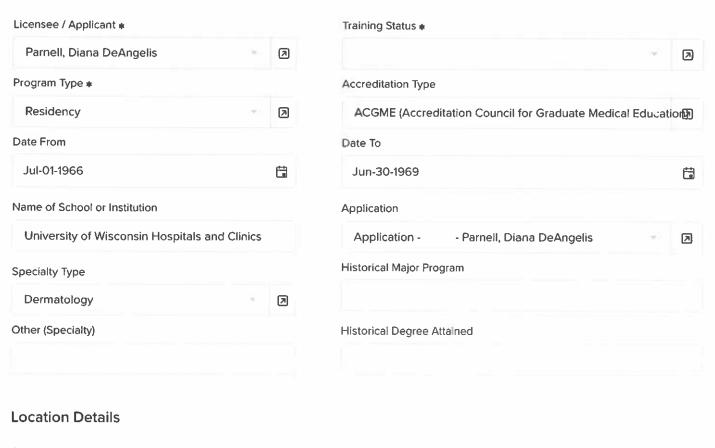
Zip / Postal Code

2

Country

Z

#### **Postgraduate Training Details**

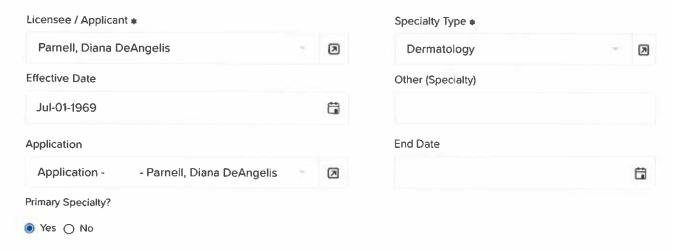


City		Street Address 1	
State / Province		Zip / Postal Code	
Wisconsin			
County		Country	
	2		7

#### **Specialties**

Licensee / Applicant	•	Specialty Type	Ŧ	Primary Specialty?	•	Effective Date	٣	End Date
Parnell Diana DeAngelis		Dermatology		Yes		Jul-01-1969		N/A

### **Specialty Details**



# ATTENTION APPLICANT!

OCT 0 2 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

# **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.

0 0 0 0 0

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 Diana D. Parnell, M.D.	
Sign your name	
Date September 26,2023	

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.

