

Demographic Details

First Name

Diana

Middle Name

DeAngelis

Last Name *

Parnell

Previous Name(s)

Diana Parnell, Diana Ruth DeAngelis, Diana D. Parnell, Di

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

Nevada BIN

Historical File Number

Gender

Female

Date of Birth

1940

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

15 Tapadero Lane

ZIP / Postal Code

89135

Address Line 2

State / Province

Nevada

City

Las Vegas

Country

United States

County

Clark

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(415) 302-1808

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

Application Date *

Submitted Date

Application Step

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

Yes No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes No

Are you the spouse of an active duty member or surviving spouse of a veteran?

Yes No

Invoices

Application Invoice

Licensure Invoice

Application Payment Date

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

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

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

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

Board Certifications

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

Board Certification Details

Licensee / Applicant

Parnell, Diana DeAngelis  

Specialty

Dermatology  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Sep-27-1970 

Recertification Date



Certification Number

4513

Archive Program

Historical Specialty

Connected Record

Application



Application - - Parnell, Diana DeAngelis  

Activities

Licensee / Applicant	▼	Name of Organization / Institution	▼	Start Date ↑	▼	End Date	▼	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

Licensee / Applicant

Parnell, Diana DeAngelis  

Start Date

Sep-01-1970 

Percent Clinical *

100

Application

Application - - Parnell, Diana DeAngelis  

Name of Organization / Institution

End Date

Jan-31-1976 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Greenbrae

Country

United States  



State / Province

California

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Parnell, Diana DeAngelis  

Start Date

Mar-01-1976 

Percent Clinical *

50

Application

Application - - Parnell, Diana DeAngelis  


Name of Organization / Institution

End Date

Nov-30-1978 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Ridgewood

Country

United States  


State / Province

New Jersey

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Parnell, Diana DeAngelis  

Start Date

Jan-02-1979 

Percent Clinical *

100

Application

Application - - Parnell, Diana DeAngelis  

Name of Organization / Institution

End Date

Nov-30-2022 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Greenbrae

Country

United States  

State / Province

California

Zip / Postal Code

Declarations

Ordinal †	Licensee/Applicant	Declaration Question	Answer	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 Parnell	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 Parnell	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	
11	Diana Parnell	MD – Q9 – Medical License Revoked	No	
12	Diana Parnell	MD – Q11 – 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	Date To	Graduation Date
Diana Parnell	College/University	The Pennsylvania State University	Bachelor of Science	Sep-08-1958	Jun-10-1961	Jun-10-1961
Parnell, Diana DeAngelis	Medical School	Georgetown University School of Medicine	Medical Doctor Degree	Sep-20-1961	May-10-1965	Jun-07-1965

Education Details

Licensee/Applicant *

Parnell, Diana DeAngelis

Address

City

University Park

State / Province

Pennsylvania

Zip / Postal Code

Country

United States

Application

Application - Parnell, Diana DeAngelis

Specialty Type

Name of School

The Pennsylvania State University

Education Type

College/University

Degree Attained

Bachelor of Science

Date From

Sep-08-1958

Date To

Jun-10-1961

Did you graduate from the program?

Yes No



Graduation Date

Jun-10-1961

Major Program

Education Details

Licensee/Applicant *

Parnell, Diana DeAngelis  

Address

City

Washington

State / Province

District of Columbia

Zip / Postal Code

Country

United States  

Application

Application - - Parnell, Diana DeAngelis  

Specialty Type

Name of School

Georgetown University School of Medicine

Education Type

Medical School  

Degree Attained

Medical Doctor Degree  

Date From

Sep-20-1961 

Date To

May-10-1965 

Did you graduate from the program?

Yes No

Graduation Date

Jun-07-1965 


Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
Parnell, Diana DeAngelis	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

Licensee / Applicant *

Parnell, Diana DeAngelis 

Attended Date

Jun-18-1963 

Number of Attempts

1

Application

Application - - Parnell, Diana DeAngelis 


Location

Washington, DC

Result

81 / 485

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part 1

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Parnell, Diana DeAngelis 

Attended Date

Apr-20-1965 

Number of Attempts

1

Application


Application - - Parnell, Diana DeAngelis 

Location

Result

86

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part 2

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Parnell, Diana DeAngelis 

Attended Date

Mar-16-1966 

Number of Attempts

1

Application


Application - - Parnell, Diana DeAngelis 

Location

Result

85

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps

Part 3

Certificate Number

Exam Date



Expiration Date





Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Parnell, 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
Parnell, 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

Other License Details

Licensee/Applicant

Parnell, Diana DeAngelis  

Licensing Board or Regulatory Authority

California

License Number

G18571

State / Province

California

Country

United States  

Application

Application - - Parnell, Diana DeAngelis  

License Type

License Status

Active

Issue Date

Jun-18-1970 



Expiration Date

May-31-2024 

Notes

Other License Details

Licensee/Applicant

Parnell, Diana DeAngelis  

Licensing Board or Regulatory Authority

Hawaii

License Number

MD-6566

State / Province

Hawaii

Country

United States  

Application

Application - - Parnell, Diana DeAngelis  

License Type

License Status

Expired

Issue Date

Feb-27-1989 

Expiration Date

Jan-31-2018 

Notes

Other License Details

Licensee/Applicant

Parnell, Diana DeAngelis



Licensing Board or Regulatory Authority

New Jersey Board of Medical Examiners

License Number

25MA03155800

State / Province

New Jersey

Country

United States



Application

Application - - Parnell, Diana DeAngelis



License Type

License Status

Expired

Issue Date

Apr-03-1976



Expiration Date

Nov-30-1981



Notes

Other License Details

Licensee/Applicant

Parnell, Diana DeAngelis



Licensing Board or Regulatory Authority

Department of Safety and Professional Services

License Number

15611-20

State / Province

Wisconsin

Country

United States



Application

Application - - Parnell, Diana DeAngelis



License Type

License Status

Expired

Issue Date

Jun-30-1966



Expiration Date

Dec-31-1983





Notes

Postgraduate Training


Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	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

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)


Training Status *


Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1



Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *


Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province



County

Street Address 1

Zip / Postal Code

Country



  

Specialties

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

Specialty Details

Licensee / Applicant *

Parnell, Diana DeAngelis  

Effective Date

Jul-01-1969 

Application

Application - - Parnell, Diana DeAngelis  

Primary Specialty?

Yes No

Specialty Type *

Dermatology  

Other (Specialty)

End Date



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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.

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 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.

