

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 22-20775-1

6 **Against:**

7 **HAMID SHAKERI, M.D.,**

8 **Respondent.**

FILED

MAR 31 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Donald K. White, J.D., Senior Deputy General Counsel and attorney for
13 the IC, having a reasonable basis to believe that Hamid Shakeri, M.D., (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code
15 (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating
16 the IC's charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 11161). Respondent was
19 originally licensed by the Board on September 27, 2004.

20 **I. STATEMENT OF NEVADA LAW APPLICABLE TO "MEDICAL SPAS" AND**
21 **"MEDICAL DIRECTORS"**

22 **A. Delegating Practitioners, Medical Assistants and the Unlicensed Practice of**
23 **Medicine**

24 2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine
25 without being licensed by the Board under NRS 630, or by another medical professional licensing
26 board pursuant to chapters 631 to 637, inclusive, 639 or 640 of the NRS.

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28 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this
Complaint was approved, was composed of Rachakonda D. Prabhu, M.D., Mr. M. Neil Duxbury and
Victor M. Muro, M.D.

1 3. Under NRS 630.020, the “practice of medicine” means either (1) to diagnose,
2 treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or
3 other condition, physical or mental, by any means or instrumentality, including, but not limited to,
4 the performance of an autopsy, or (2) to apply principles or techniques of medical science in the
5 diagnosis or the prevention of any such conditions, or (3) to offer, undertake, attempt to do or hold
6 oneself out as able to do any of the acts described in (1) and (2).

7 4. According to NRS 630.305(1)(e), a Nevada physician or physician assistant
8 (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to
9 engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and
10 doing so is grounds for initiating disciplinary action or denying licensure.

11 5. Pursuant to the Medical Practice Act, the only means by which a practitioner may
12 lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the
13 practice of medicine is by delegating specific tasks to an adequately supervised and trained
14 “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” is defined as: 1) a person
15 who (a) performs clinical tasks under the supervision of a physician or physician assistant, and (b)
16 does not hold a license, certificate or registration issued by a professional licensing or regulatory
17 board in this State to perform such clinical tasks; and 2) the term does not include a person who
18 performs only administrative, clerical, executive or other nonclinical tasks.

19 6. NRS 630.306(1)(r) states a practitioner must adequately supervise his or her
20 medical assistant(s), and failing to do so is grounds for initiating disciplinary action or denying
21 licensure.

22 7. Under NAC 630.830, a delegating practitioner is professionally responsible for the
23 safety and performance of each task which is delegated to a medical assistant. Pursuant to
24 NAC 630.810, a delegating practitioner may not delegate tasks to a medical assistant unless: (a)
25 the delegating practitioner knows that the medical assistant possesses the knowledge, skill and
26 training to perform the task safely and properly; (b) the medical assistant is not required to be
27 certified or licensed to perform that task; and (c) the medical assistant is employed by the

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1 delegating practitioner or the medical assistant and the delegating practitioner are employed by the
2 same employer.

3 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
4 medical assistant, except in a specific case of emergency in a rural area.²

5 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
6 medical assistant is delegated a task which involves an “invasive procedure,”³ the delegating
7 practitioner must be immediately available to exercise oversight in person while the medical
8 assistant performs the task.

9 10. The term “medical director” is not recognized or defined under any Nevada law or
10 regulation pertaining to the professional conduct and responsibility of licensed medical
11 professionals, and no Nevada law authorizes self-proclaimed “medical directors” to violate and/or
12 circumvent the aforementioned statutes and regulations of the Medical Practice Act.

13 11. Accordingly, pursuant to NRS 630.400(1)(d), 630.305(1)(e), and 630.0129, and
14 NAC 630.800-840:

15 a. If a practitioner, whether by serving under the title “medical director” or by
16 some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly,
17 any unlicensed person to engage in the practice of medicine, then the practitioner may lawfully do
18 so *only* by delegating tasks, not intended for licensed personnel, to an adequately supervised,
19 competent and properly trained medical assistant which is to be established through
20 documentation in the employment record of that medical assistant. *See* NAC 630.810(2).

21 b. If a practitioner, whether by serving under the title “medical director” or by
22 some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly,
23 any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so

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25 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
26 the delegating practitioner is physically located a significant distance from the location where the task is to be
27 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate
28 attention; (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and
29 (e) the delegating practitioner is immediately available by telephone or other means of instant communication during
the performance of the task by the medical assistant. As used in NAC 630.820, “rural area” means any area in this
State other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

³ The Medical Practice Act does not define “invasive procedure,” however, NAC 449.9733 pertaining to
Medical Facilities defines “invasive procedure” as “a medical procedure involving entry into the human body by
puncture or incision or by insertion of an instrument.”

1 by delegating specific tasks to an adequately supervised, competent and properly trained medical
2 assistant (Id.), then (1) that unlicensed person has violated NRS 630.400(1)(d), by engaging in the
3 practice of medicine without a license, and (2) the physician or physician assistant has violated
4 NRS 630.305(1)(e), and is subject to discipline for aiding and assisting in the unlicensed practice
5 of medicine.

6 c. If a physician or physician assistant delegates a medical task to a medical
7 assistant, whether by serving under the title “medical director” or by some other relationship or
8 circumstance, then the practitioner remains professionally responsible for the safety and
9 performance of each task for each patient, and remains professionally responsible for ensuring that
10 the proper employment relationships exist under NAC 630.810(1)(c), that the medical assistant is
11 properly trained and skilled and that the medical assistant is adequately supervised. The
12 practitioner must also be nearby to supervise the specific medical tasks delegated to the medical
13 assistant, and, if it is an invasive medical task, then he or she must be immediately available to
14 exercise oversight while the medical assistant performs the task.

15 d. If a practitioner delegates a medical task to a medical assistant, whether by
16 serving under the self-proclaimed title of “medical director” or by some other relationship or
17 circumstance, and if the practitioner fails to adequately supervise the medical assistant as required,
18 then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to
19 discipline for failing to adequately supervise a medical assistant.

20 **B. Cosmetologists, “Medical Spas” and “Medical Aestheticians,” and the**
21 **Unlicensed Practice of Medicine**

22 12. Pursuant to NRS 644A.030, 644A.035, 644A.040, 644A.065, and in accordance
23 with NRS 630.400(1)(d) and 630.020, a licensed cosmetologist is not authorized by such license
24 to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only
25 non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or
26 cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or
27 creams, cutting, trimming or shaping the hair, removing hair by electrolysis, depilatories, waxing

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1 or tweezing, manicuring nails, massaging the skin, giving facials, and other miscellaneous non-
2 medical, cosmetological services.

3 13. Pursuant to NAC 644A.790(1)(a-d), in part, a cosmetologist is further explicitly
4 prohibited from performing “invasive procedures,” which means for the purposes of professional
5 licensing of cosmetologists “an act that affects the structure or function of the skin other than the
6 uppermost layers of the skin,” and which for the sake of regulating the practice of cosmetologists
7 includes, without limitation, (a) the application of electricity for the sole purpose of contracting a
8 muscle, (b) the application of a topical lotion, cream or other substance which affects anything
9 other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the
10 abrasion of the skin below the uppermost layers of the skin.

11 14. There is no such license as “medical aesthetician” authorized by any Nevada law or
12 issued by any Nevada sanctioned professional licensing body. The term “medical aesthetician” is
13 not recognized nor defined under any Nevada law or regulation pertaining to the professional
14 conduct and responsibility of licensed medical professionals, and no law authorizes
15 cosmetologists to violate or circumvent the aforementioned statutes and regulations of the Nevada
16 Medical Practice Act by referring to themselves as “medical aestheticians.”

17 15. Accordingly, a Nevada licensed cosmetologist may not practice medicine in any
18 way, or perform invasive medical procedures or medical services of any kind, except as a
19 “medical assistant” to a Nevada licensed medical professional, i.e., either as the medical assistant
20 of a Nevada licensed physician or physician assistant pursuant to NRS 630.0129, et. seq., and
21 NAC 630.800-830, as described above, or similarly as another type of professional “assistant,”
22 “hygienist,” “technician,” or other such designation, who is delegated tasks by and under the
23 direct supervision of another medical professional who is duly licensed pursuant to chapters 631
24 to 637, inclusive, 639 or 640 of NRS.

25 16. If a cosmetologist or self-titled “medical aesthetician” practices or purports to
26 practice medicine in any way, then he or she is violating NRS 630.400(1)(d) by practicing
27 medicine without a license. Should this person perform medical tasks delegated by a physician or
28 physician assistant, the supervising practitioner and medical assistant are subject to the

1 requirements previously set forth. Specifically, the medical assistant shall have the proper
2 supervision by the practitioner, training and skill, which shall be established through
3 documentation in the employment record of that medical assistant.

4 **C. Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic**
5 **Devices**

6 17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
7 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating
8 disciplinary action.

9 18. Pursuant to NRS 454.201, a “dangerous drug” is any drug, other than a controlled
10 substance, unsafe for self-medication or unsupervised use, and includes, among other things, (1)
11 any drug which has been approved by the Food and Drug Administration for general distribution
12 and bears the legend: “Caution: Federal law prohibits dispensing without prescription,” and (2)
13 any drug which, pursuant to the Board’s regulations, may be sold only by prescription because the
14 Board has found those drugs to be dangerous to public health or safety.

15 19. Under NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
16 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
17 prescription from a practitioner.

18 20. Pursuant to NRS 454.009, a “hypodermic” device is any syringe, needle,
19 instrument, device or implement intended or capable of being adapted for the purpose of
20 administering drugs by subcutaneous, intramuscular or intravenous injection.

21 21. According to NRS 454.510, it is unlawful for any person to have in his or her
22 possession or under his or her control any hypodermic device that is restricted by federal law to
23 sale by or on the order of a physician, unless the person has acquired possession of such device in
24 accordance with the provisions of NRS 454.480 to 454.530, inclusive, that is, by sale from a
25 licensed pharmacist, on the prescription of a physician or other practitioner, which prescription is
26 filled as required by NRS 639.236, and may be refilled as authorized by the prescriber.

27 22. Therefore, pursuant to NRS 454.009, 454.201, 454.316, 454.321 and 454.510, a
28 Nevada licensed cosmetologist is not permitted by Nevada law to possess, control, access,

1 prescribe, administer, and/or dispense dangerous drugs or hypodermic devices, except as a
2 medical assistant under the direct supervision of a Nevada licensed physician, physician assistant,
3 or other licensed medical professional.

4 23. NAC 639.742(1) provides that a practitioner who wishes to dispense controlled
5 substances or dangerous drugs must apply to the Pharmacy Board for a certificate of registration
6 to dispense controlled substances or dangerous drugs. A practitioner must submit a separate
7 application for each site of practice, including, without limitation, any remote site or satellite
8 consultation site, from which the practitioner wishes to dispense controlled substances or
9 dangerous drugs.

10 24. Per NAC 639.742(2) if a facility from which the practitioner intends to dispense
11 dangerous drugs or controlled substances is not wholly owned and operated by the practitioner,
12 the owner or owners of the facility must also submit an application to the Pharmacy Board for a
13 license to do so.

14 25. Under NAC 639.742(3), in pertinent part, a dispensing practitioner and, if
15 applicable, the owner or owners of the facility, shall ensure that:

- 16 (a) All drugs are ordered by the dispensing practitioner;
- 17 (b) All drugs are received and accounted for by the dispensing
practitioner;
- 18 (c) All drugs are stored in a secure, locked room or cabinet to
19 which the dispensing practitioner has the only key or lock
combination;
- 20 (d) All drugs are dispensed in accordance with NAC 639.745 ;
- 21 (e) No prescription is dispensed to a patient unless the dispensing
practitioner is on-site at the facility;
- 22 (f) All drugs are dispensed only to the patient personally at the
facility;
- 23 (h) All drugs are dispensed only for medically necessary purposes
24 and according to prevailing standards of care for practitioners
practicing in the specialty claimed or practiced by the dispensing
practitioner; an
- 25 (i) The certificate for each dispensing technician employed at the
26 facility is displayed in the room or cabinet in which drugs are
27 stored.

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1 26. NAC 639.742(4)(a)-(b) provides in part that with regard to the filling and
2 dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing
3 technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

4 27. Pursuant to NAC 639.945(1), in pertinent part, the following acts or practices by a
5 holder of any license, certificate or registration issued by the Pharmacy Board or any employee of
6 any business holding any such license, certificate or registration are declared to be, specifically
7 but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

8 (i) Performing any of his or her duties as the holder of a license,
9 certificate or registration issued by the Board, or as the owner of a
10 business or an entity licensed by the Board, in an incompetent,
11 unskillful or negligent manner.

12 (g) Supplying or diverting drugs, biologicals, medicines,
13 substances or devices which are legally sold in pharmacies or by
14 wholesalers, so that unqualified persons can circumvent any law
15 pertaining to the legal sale of such articles.

16 (n) Dispensing a drug as a dispensing practitioner to a patient with
17 whom the dispensing practitioner does not have a bona fide
18 therapeutic relationship.

19 (o) Prescribing a drug as a prescribing practitioner to a patient with
20 whom the prescribing practitioner does not have a bona fide
21 therapeutic relationship.

22 28. NAC 639.945(2) provides that the owner of any business or facility licensed,
23 certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or
24 her employ.

25 29. Specifically, NAC 639.945(3) provides that, for purposes of applying Pharmacy
26 Board regulations, a bona fide therapeutic relationship between the patient and practitioner shall
27 be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber
28 optics within or outside of this State or the United States by the practitioner within the six (6)
29 months immediately preceding the date the practitioner dispenses or prescribes a drug to the
30 patient and, as a result of the examination, the practitioner diagnosed a condition for which a
31 given drug therapy is prescribed.

32 30. Accordingly, any physician or physician assistant who—whether by serving under
33 the title of “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or

1 by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or
2 hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or
3 dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board,
4 including, but not limited to, NAC 639.742(1)-(3), (4)(a)-(b), or 639.945(1)-(3), has violated the
5 Nevada Medical Practice Act and is subject to discipline by the Board.

6 **II. RESPONDENT’S MEDICAL DIRECTORSHIP OF AESTHETICS MED SPA**

7 31. At all relevant times alleged herein, Aesthetics Med Spa, with a Nevada business
8 license listing of Aesthetics Medical Training LLC (Aesthetics Med Spa) (AMS), was a Nevada
9 limited liability company with its principal place of business located at 6295 Sharlands Avenue,
10 Suite 1, Reno, Nevada 89523.

11 32. Respondent served under the title of “Medical Director” of AMS in or about 2016.

12 33. Jasmine Wells (Wells) was AMS’s noncommercial Registered Agent, and sole
13 Officer and Managing Member.

14 34. AMS, through its managing member Wells, advertised itself as a “medical spa”
15 “specializing” in medical procedures, products and treatments including in-part, laser hair
16 removal, laser intense pulsed light (IPL), laser vein therapy, Ultrashape® Power Fat Reduction,
17 Botox, Dermal Filler Injections, PRF injections, sclerotherapy, vitamin injections, IV vitamin
18 therapy velashape and Ultrashape® Body Contouring, as well as non-medical aesthetic and
19 cosmetological services.

20 35. Respondent was an independent contractor of AMS.

21 36. Respondent was not a manager, agent, officer or employee of AMS.

22 37. Respondent had no ownership or member interest in AMS, nor did he have
23 contractual authority to manage the affairs of AMS.

24 38. Neither Wells, any of AMS’s employees or other independent contractors were
25 employed by Respondent during the time Respondent served as Medical Director of AMS.

26 39. At all times relevant to the facts alleged herein, neither Wells, nor any other
27 member, manager, employee or independent contractor of AMS, was licensed by any Nevada
28 professional licensing board pursuant to chapters 630 to 637, inclusive, 639 or 640 of NRS, to

1 practice medicine in the State of Nevada. In fact, only one (1) Registered Nurse was listed as an
2 employee of the business.

3 40. No person in any way affiliated with or employed by AMS held a Nevada medical
4 license issued by the Board during the time Respondent served under the title Medical Director,
5 other than Respondent himself.

6 41. Wells was at all relevant times a Nevada licensed "Esthetician" (License # A-3199)
7 and listed under the name of "Jasbinder Wells."

8 42. There is no indication that Respondent was ever personally present at AMS during
9 his time serving under the title Medical Director. Due to the absence of the sole medical
10 practitioner on the premises of AMS, no procedures could have been directly supervised by
11 Respondent, making all invasive tasks performed at AMS the very definition of the unlicensed
12 practice of medicine in Nevada. Respondent never personally saw the patients to establish an
13 official doctor/patient relationship to provide him the authority to prescribe medications, such as
14 Botox, to be carried out by a registered nurse or a medical assistant.

15 43. AMS's medical records show no indication that Respondent supervised, contacted
16 or consulted Wells or anyone else at AMS in-person, or by any other means, during Respondent's
17 service as Medical Director.

18 44. Respondent has been licensed in active status (License No. PD27447) by the
19 Pharmacy Board since April 23, 2019, to dispense prescription drugs. In the year 2016, he did not
20 possess a valid license to dispense drugs.

21 45. Respondent, personally or at his direction to a medical assistant, procured
22 prescription strength Botox, Latisse, Radiesse, and Juvederm; the aforementioned drugs and
23 hypodermic devices are available only by prescription and are dangerous drugs as defined by
24 NRS 454.201.

25 46. Respondent, personally or at his direction to a medical assistant, delivered these
26 dangerous drugs and hypodermic devices to AMS employees at AMS's office location and left
27 them in their sole possession, custody and control and beyond the supervision or restraint of
28 Respondent.

1 47. Respondent did not apply to the Pharmacy Board for a certificate of registration to
2 dispense controlled substances or dangerous drugs at AMS's location.

3 48. During Respondent's service under the title Medical Director to AMS, Wells
4 and/or AMS's employees and/or agents provided medical treatments and/or prescriptions and/or
5 administered dangerous drugs and hypodermic devices and/or dispensed dangerous drugs and
6 hypodermic devices to patients without any orders from the Respondent, the sole medical
7 practitioner, to do so since Respondent had not actually encountered any of the patients at AMS.

8 49. The conduct set forth in paragraph 48 above constitutes the unlicensed practice of
9 medicine in Nevada.

10 50. AMS's medical records contain no S.O.A.P. notes, entries for patient history,
11 notes, examination findings, tests performed, procedures performed, dangerous drugs dispensed,
12 administered or prescribed, or therapeutic procedures performed by Respondent.

13 51. Upon information and belief, Wells and/or Respondent obtained Botox, Latisse,
14 Radiesse, Juvederm, and hypodermic devices for use by AMS. All of the dangerous drugs listed,
15 while in the custody and control of AMS and its employees or agents, were not stored in a secure,
16 locked room or cabinet to which the dispensing practitioner (which there was not one) had the
17 only key or lock combination.

18 52. Upon information and belief, Wells and/or other employees of AMS had
19 unrestricted access to these dangerous drugs and hypodermic devices improperly held at AMS.

20 53. Botox and Juvederm are introduced hypodermically, that is, subcutaneously.

21 54. Wells and/or AMS and its employees and agents possessed, controlled, stored,
22 prescribed and/or dispensed all the aforementioned dangerous drugs and hypodermic devices
23 without a dispensing license as required by the Pharmacy Board.

24 55. Respondent was not present when Wells and/or AMS and its employees and agents
25 possessed, controlled, stored, prescribed and/or dispensed the aforementioned dangerous drugs.

26 56. Respondent neither received nor accounted for the dangerous drugs and
27 hypodermic devices administered and dispensed by AMS, nor did he ensure that such drugs and
28 hypodermic devices were stored in a secure, locked room or cabinet to which he had the only key

1 or lock combination. The dangerous drugs and hypodermic devices were not dispensed in
2 accordance with NAC 639.745. Respondent did not have a bona fide therapeutic relationship with
3 any of the patients of AMS, nor did he write prescriptions or provide an order to the nurses or staff
4 to dispense any drugs to any patients, nor was he on-site at the facility or otherwise immediately
5 available when these dangerous drugs were prescribed or otherwise administered or dispensed.
6 Respondent personally dispensed none of the drugs given to patients at AMS's facility, and did
7 not assure that they were dispensed only for medically necessary purposes and according to
8 prevailing standards of care, nor did he assure that a certificate for each dispensing technician
9 employed at the facility was displayed in the room or cabinet in which drugs were stored.

10 57. Upon information and belief, Respondent supplied dangerous drugs and
11 hypodermic devices so that unqualified persons could circumvent laws pertaining to the legal sale
12 of such articles, and allowed others to dispense and prescribe dangerous drugs to those whom he
13 did not have a bona fide therapeutic relationship.

14 58. Respondent failed to ensure that he had the required ownership or employment
15 relationship with respect to AMS, and failed to ensure that he had the legal and practical control of
16 AMS's operations sufficient to effectively control the conduct of its employees and agents in
17 performance of all medical activities as his medical assistants or otherwise, in order to prevent
18 misconduct and ensure that his medical assistants possessed the knowledge, skill and training to
19 perform their tasks safely and properly.

20 **COUNT I**

21 **NRS 630.306(1)(r) - Failure to Adequately Supervise Medical Assistants**

22 59. All of the allegations in the above paragraphs are hereby incorporated as if fully set
23 forth herein.

24 60. NRS 630.306(1)(r) provides that a failure to adequately supervise a medical
25 assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating
26 disciplinary action.

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1 NAC 639.742(1)-(3), (4)(a)-(b) and NAC 639.945(1)-(3) which provides the Pharmacy Board's
2 regulations regarding dispensing controlled substances and dangerous drugs.

3 70. By reason of the foregoing, Respondent is subject to discipline by the Board as
4 provided in NRS 630.352.

5 **COUNT IV**

6 **NRS 630.306(1)(e) - Practicing Beyond the Scope of License**

7 71. All of the allegations contained in the above paragraphs are hereby incorporated by
8 reference as though fully set forth herein.

9 72. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the
10 scope permitted by law or performing services which the licensee knows or has reason to know
11 that he or she is not competent to perform or which are beyond the scope of his or her training
12 constitutes grounds for initiating disciplinary action.

13 73. Respondent holds a license to practice medicine in Internal Medicine. There is no
14 evidence Respondent has undergone the necessary requirements to perform or order the cosmetic
15 procedures provided at AMS under his medical license.

16 74. By reason of the foregoing, Respondent is subject to discipline by the Board as
17 provided in NRS 630.352.

18 **WHEREFORE**, the Investigative Committee prays:

19 1. That the Board give Respondent notice of the charges herein against him and give
20 him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2)
21 within twenty (20) days of service of the Complaint;

22 2. That the Board set a time and place for a formal hearing after holding an Early
23 Case Conference pursuant to NRS 630.339(3);

24 3. That the Board determine the sanctions it will impose if it finds Respondent
25 violated the Medical Practice Act;

26 4. That the Board make, issue and serve upon the Respondent, in writing, its findings
27 of fact, conclusions of law and order, in writing which shall include the sanctions imposed; and

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5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 30th day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



DONALD K. WHITE, J.D.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 30~~th~~ day of March, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: UM Muro MD
VICTOR M. MURO, M.D.
Chairman of the Investigative Committee