

# AGENDA ITEM 26(b)

## Demographic Details

First Name

Dhaval

Gender

Male



Middle Name

Jasvantbhai

Date of Birth

-1973



Last Name \*

SHAH

Name Suffix

Previous Name(s)

City of Birth

Social Security Number

Place of Birth

, India

Tax Identification Number

Weight (in lbs)

Height

Eye Color

Hair Color

Comments (non-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?

Yes  No

SPL?

Yes  No

Date of SPL Issuance



### Contact Information

Primary Phone

# (702) 578-5737

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

Fax

#

#

### Public Address

Street Address

ZIP / Postal Code

7452 Grassy Field Court

89131

Address Line 2

State / Province

Nevada

City

Country

Las Vegas

United States



County

Is your physical address different from your mailing address?

NV

Yes  No

Public Phone

# (702) 578-5737

### Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)

County (Mailing)



County (Mailing)

## Application Status

Applicant \*

SHAH, Dhaval Jasvantbhai

Application Number

License Issued?

Yes  No

Application Status

Assigned To

Manual Paper Application?

Yes  No

## License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

Credentials / Degree Suffix (Enter before approval!)

M.D.

## Application Details

Application Type

Medical Doctor - Active

Application Date \*

Aug-27-2021

Submitted Date

Aug-27-2021

Application Step

# 20

Reviewed Date

Decision Date

Approved Date

Expiration Date

Aug-27-2022

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

Yes  No

## Invoices

Application Invoice

Paid in Full



Licensure Invoice



Application Payment Date

Aug-27-2021



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

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

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

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

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

## Examination Details

### Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai 


### Attended Date

Apr-30-2001 

### Number of Attempts

# 2

### Application


Application - - SHAH, Dhaval Jasvantbhai 

### Location

### Result

PASS

### 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 \*

SHAH, Dhaval Jasvantbhai



Attended Date

Aug-27-2001



Number of Attempts

# 2

Application

Application - SHAH, Dhaval Jasvantbhai



Location

Result

PASS

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

STEP 2

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai



Attended Date

Oct-17-2001



Number of Attempts

# 1

Application

Application - SHAH, Dhaval Jasvantbhai



Location

Result

PASS

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes  No

Steps

CLINICAL SKILL

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai



Attended Date

Aug-02-2005



Number of Attempts

# 1

Application

Application - - SHAH, Dhaval Jasvantbhai



Location

Result

PASS

Examination Type

Other



Other Exam

AMERICAN BOARD OF INTERNAL ME

Are you currently certified?

Yes  No

Steps

FINAL

Certificate Number

Exam Date



Expiration Date



## Examination Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai



Attended Date

Dec-31-2013



Number of Attempts

# 2

Application

Application - SHAH, Dhaval Jasvantbhai



Location

Result

PASS

Examination Type

Other



Other Exam

INFECTIOUS DISEASES BOARD CER

Are you currently certified?

Yes  No

Steps

INFECTIOUS DISEASES

Certificate Number

Exam Date



Expiration Date



## Board Certification Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Initial Certification Date

Jul-01-2005



Specialty

Internal Medicine



Recertification Date

Jun-30-2015



Certifying Board

Other



Certification Number

259203

Other Certifying Board

AMERICAN BOARD OF INTERNAL MEDICIN

Archive Program

Historical Specialty


## Connected Record

Application


Application - - - SHAH, Dhaval Jasvantbhai

## Board Certification Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai 

Specialty

Infectious Diseases 

Certifying Board

Other 

Other Certifying Board

INFECTIOUS DISEASES BOARD CERTIFICA

Initial Certification Date

Dec-31-2013 

Recertification Date

Dec-31-2023 

Certification Number


259203

Archive Program

Historical Specialty

## Connected Record

Application

Application - SHAH, Dhaval Jasvantbhai 

## Education Details

Licensee/Applicant \*

SHAH, Dhaval Jasvantbhai



Address

City

AHMEDABAD

State / Province

GUJARAT

Zip / Postal Code

Country

India



Application

Application - SHAH, Dhaval Jasvantbhai



Specialty Type



Name of School

SHETH CHIMANLAL NAGINDAS VID-

Education Type

High School



Degree Attained

High School Diploma



Date From

Jul-01-1985



Date To

Jun-30-1987



Did you graduate from the program?

Yes  No

Graduation Date

Jun-30-1987



Major Program

## Education Details

Licensee/Applicant \*

SHAH, Dhaval Jasvantbhai



Address

City

JAMNAGAR

State / Province

GUJARAT

Zip / Postal Code

Country

India



Application

Application - - SHAH, Dhaval Jasvar.tbha



Specialty Type



Name of School

M.P. SHAH MEDICAL COLLEGE

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Jul-01-1987



Date To

Mar-21-1999



Did you graduate from the program?

Yes  No

Graduation Date

Mar-21-1999



Major Program



## Education Details

Licensee/Applicant \*

SHAH, Dhaval Jasvantbhai



Address

102-01 66th Rd

City

FOREST HILLS

State / Province

New York

Zip / Postal Code

Country

United States



Application

Application - - SHAH, Dhaval Jasvar.tbha



Specialty Type



Name of School

NORTH SHORE UNIVERSITY AT FOR

Education Type

College/University



Degree Attained

Internship



Date From

Jul-01-2002



Date To

Jun-30-2003



Did you graduate from the program?

Yes  No

Graduation Date



Major Program

## Education Details

Licensee/Applicant \*

SHAH, Dhaval Jasvantbhai



Address

102-01 66th Rd

City

FOREST HILLS

State / Province

New York

Zip / Postal Code

Country

United States



Application

Application - - SHAH, Dhaval Jasvantbhai



Specialty Type



Name of School

NORTH SHORE UNIVERSITY AT FOR

Education Type

College/University



Degree Attained

Internship/Residency



Date From

Jul-01-2003



Date To

Jun-30-2005



Did you graduate from the program?

Yes  No

Graduation Date

Jun-30-2005



Major Program

## Education Details

Licensee/Applicant \*

SHAH, Dhaval Jasvantbhai



Address

111 E 210TH ST

City

BRONX

State / Province

New York

Zip / Postal Code

10467

Country

United States



Application

Application -

SHAH, Dhaval Jasva.tbha



Specialty Type



Name of School

MONTEFIORE MEDICAL CENTER

Education Type

College/University



Degree Attained

Fellowship



Date From

Jul-01-2005



Date To

Jun-30-2007



Did you graduate from the program?

Yes  No

Graduation Date


Jun-30-2007



Major Program

## Postgraduate Training Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai 

Program Type \*

Internship 


Date From

Jul-01-2002 

Name of School or Institution

NORTH SHORE UNIVERSITY


Specialty Type

Internal Medicine 

Other (Specialty)

Training Status \*


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2003 

Application

Application - SHAH, Dhaval Jasvantbhai 

Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County




Country




## Postgraduate Training Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai 

Program Type \*

Internship/Residency 


Date From

Jul-01-2003 

Name of School or Institution

NORTH SHORE UNIVERSITY

Specialty Type


Internal Medicine 

Other (Specialty)

Training Status \*




Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2005 

Application

Application - - SHAH, Dhaval Jasvantbhai 

Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County




Country



## Postgraduate Training Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai 

Program Type \*

Fellowship 


Date From

Jul-01-2005 

Name of School or Institution


MONTEFIORE MEDICAL CEN

Specialty Type


Infectious Diseases 

Other (Specialty)

Training Status \*




Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2007 

Application

Application - - SHAH, Dhaval Jasvantbhai 

Historical Major Program

Historical Degree Attained

## Location Details

City

Street Address 1

State / Province

New York

Zip / Postal Code

County



Country



## Other License Details

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Licensing Board or Regulatory Authority

NEVADA MEDICAL BOARD

### License Number

12305

### State / Province

Nevada

### Country

United States



### Application

Application - - SHAH, Dhaval Jasvantbhai



### License Type

### License Status

REVOKED

### Issue Date

Jul-01-2007



### Expiration Date

Aug-26-2020



### Notes

## Other License Details

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Licensing Board or Regulatory Authority

NEW YORK

### License Number

60236694

### State / Province

New York

### Country

United States



### Application

Application - - SHAH, Dhaval Jasvantbhai

### License Type

### License Status

INACTIVE

### Issue Date

Jul-01-2005



### Expiration Date

Jun-30-2007



### Notes



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization

ST ROSE DOMINICAN

Application

Application - SHAH, Dhaval Jasvantbhai



Start Date

Nov-01-2007



End Date

Mar-30-2020



## Address Details

Street Address Line 1

102, EAST LAKEMEAD PKWAY

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89015

City

HENDERSON

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization

SOUTHERN HILLS HOSPITAL

Application

Application - - SHAH, Dhaval Jasvantbhai



Start Date

Nov-01-2007



End Date

Mar-30-2020



## Address Details

Street Address Line 1

9300 WEST SUNSET RD

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89148

City

Las Vegas

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization

UMC HOSPITAL

Application

Application - - SHAH, Dhaval Jasvantbhai



Start Date

Dec-01-2007



End Date

Mar-30-2020



## Address Details

Street Address Line 1

8100 WEST CHARLESTON BLVD

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89102

City

LAS VEGAS

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application - SHAH, Dhaval Jasvantbhai



End Date

Mar-30-2020



Name of Organization

VALLEY HOSPITAL

Start Date

Dec-01-2007



## Address Details

Street Address Line 1

620 SHADOW LANE

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89106

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization

SPRING VALLEY HOSPITAL

Application

Application - SHAH, Dhaval Jasvantbhai



Start Date

Dec-01-2007



End Date

Mar-04-2020



## Address Details

Street Address Line 1

5400 SOUTH RAINBOW BLVD

Street Address Line 2

State / Province

Nevada

ZIP / Postal Code

89118

City

LAS VEGAS

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application - - SHAH, Dhaval Jasvaritbha



End Date

Mar-30-2020



Name of Organization

CENTENNIAL HILLS HOSPITAL

Start Date

Jan-01-2008



## Address Details

Street Address Line 1

6900 NORTH DURANGO DRIVE

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89149

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application -

SHAH, Dhaval Jasvantbhai



End Date

Mar-30-2020



Name of Organization

SUMMERLIN HOSPITAL MEDICAL CE

Start Date

Jan-01-2009



## Address Details

Street Address Line 1

657 NORTH TOWN CENTER DR

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89144

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application - SHAH, Dhaval Jasvantbhai



End Date

Mar-30-2020



Name of Organization

MOUNTAIN VIEW HOSPITAL

Start Date

Mar-01-2014



## Address Details

Street Address Line 1

3100 NORTH TENAYA WAY

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89128

Country

United States





## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application - - SHAH, Dhaval Jasvantbhai



End Date

Mar-10-2020



Name of Organization

PAM REHAB

Start Date

Nov-05-2016



## Address Details

Street Address Line 1

6166 NORTH DURANGO DR

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89149


Country

United States



## Hospital Details

### Licensee / Applicant

SHAH, Dhaval Jasvantbhai 


### Name of Organization

HENDERSON HOSPITAL

### Application

Application - - SHAH, Dhaval Jasvantbhai 

### Start Date

Dec-01-2016 

### End Date

Mar-04-2020 

## Address Details

### Street Address Line 1

1050 WEST GALLERIA DR

### State / Province

Nevada

### Street Address Line 2

### ZIP / Postal Code

89011

### City

LAS VEGAS

### Country

United States 

## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization

KINDRED HOSPITAL

Application

Application - - SHAH, Dhaval Jasvantbhai



Start Date

Nov-05-2017



End Date

Mar-10-2020



## Address Details

Street Address Line 1

5110 WEST SAHARA

State / Province

Nevada

Street Address Line 2

ZIP / Postal Code

89146

City

LAS VEGAS

Country

United States



## Hospital Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Application

Application - SHAH, Dhaval Jasvantbhai



End Date

Mar-10-2020



Name of Organization

PAM HOSPITAL OF LAS VEGAS

Start Date

Nov-05-2017



## Address Details

Street Address Line 1

250 NORTH TENAYA WAY

Street Address Line 2

City

LAS VEGAS

State / Province

Nevada

ZIP / Postal Code

89128

Country

United States



## Application Activity Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization / Institution

NORTH SHORE UNIVERSITY HOSPIT

Start Date

Jul-01-2002



End Date

Jun-30-2005



Percent Clinical \*

# 80

Position

Application

Application - - SHAH, Dhaval Jasvantbhai



Activity Type

Postgraduate Training



## Location Details

Street Address 1

Country

United States



City

FOREST HILLS

State / Province

New York

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization / Institution

MONTEFIORE MEDICAL CENTER

Start Date

Jul-01-2005



End Date

Jun-30-2007



Percent Clinical \*

# 80

Position

Application

Application - - SHAH, Dhaval Jasvantbhai

Activity Type

Postgraduate Training



## Location Details

Street Address 1

Country

United States



City

BRONX

State / Province

New York

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization / Institution

CLINICAL INFECTIOUS DISEASES SP

Start Date

Jul-01-2007



End Date

May-27-2020



Percent Clinical \*

# 70

Position

Application

Application - SHAH, Dhaval Jasvantbhai



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

Country

United States



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89128

## Application Activity Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Name of Organization / Institution

LAS VEGAS HEALTH CENTER

Start Date

Jan-01-2019



End Date

Aug-26-2021



Percent Clinical \*

# 0

Position

Application

Application - - SHAH, Dhaval Jasvantbhai



Activity Type

Non-Medical



## Location Details

Street Address 1

City

LAS VEGAS

Country

United States



State / Province

Nevada

Zip / Postal Code

89128



## Application Activity Details

Licensee / Applicant

SHAH, Dhaval Jasvantbhai



Start Date

Mar-16-2020



Name of Organization / Institution

SNHD - SOUTHERN NEVADA HEALTH

End Date

May-26-2020



Percent Clinical \*

# 80

Position

Application

Application - SHAH, Dhaval Jasvantbhai



Activity Type

Non-Medical



## Location Details

Street Address 1

Country

United States



City

LAS VEGAS

State / Province

Nevada

Zip / Postal Code

89128

## Specialty Details

Licensee / Applicant \*

SHAH, Dhaval Jasvantbhai



Effective Date

Jul-01-2007



Application

Application - - SHAH, Dhaval Jasvantbhai



Primary Specialty?

Yes  No

Specialty Type \*

Infectious Diseases



Other (Specialty)

End Date



Licensee/Applicant	Declaration Question	Answer	Answer Details	Created On
Dhaval SHAH	MD – Q13 – Investigation – Respond To/Notify Of			
Dhaval SHAH	MD, PA – Q1 – Medical Condition Impair Safe Practice			Aug-27-2021 10
Dhaval SHAH	ALL – Q6 – Malpractice Claim Paid	No		Aug-27-2021 10
Dhaval SHAH	ALL – Q5 – Named Defendant Respond to Legal Action			
Dhaval SHAH	MD, PA – Q10 – Controlled Substance Registration			
Dhaval SHAH	MD, PA, LL – Q4 – Performance of Public Service Requirement			Aug-27-2021 10
Dhaval SHAH	MD, Previously applied for licensure in Nevada.			Aug-27-2021 10
Dhaval SHAH	MD, PA – Q2 – Medical Condition Field of Practice			Aug-27-2021 10
Dhaval SHAH	MD – Q12 – Denied Membership	No		Aug-27-2021 10
Dhaval SHAH	ALL – Q7 – Arrest Question	No		Aug-27-2021 10
Dhaval SHAH	MD – Q11 – Voluntarily Surrendered a License			
Dhaval SHAH	MD – Q9 – Medical License Revoked	Yes		
Dhaval SHAH	MD, PA, CCP, Hospital Privileges Denied, Suspend.			Aug-27-2021 10
Dhaval SHAH	MD – Investigation Disciplinary during Training Program			Aug-27-2021 10
Dhaval SHAH	MD – Q8 – Denied License / Permission to Practice Medicine			Aug-27-2021 10
Dhaval SHAH	MD, PA – Q3 – Chemical Substances Impair Safe Practice			Aug-27-2021 10

## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application -

- SHAH, Dhaval Jasvantbhai



### Renewal



## Declaration

Licensee/Applicant

SHAH, Dhaval Jasvantbhai



Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



Answer

Yes  No

Answer Details

## Related To

Application

Application - - SHAH, Dhaval Jasvantbhai

Renewal



## Declaration

Licensee/Applicant

SHAH, Dhaval Jasvantbhai



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes  No

Answer Details

## Related To

Application

Renewal

Application -

SHAH, Dhaval Jasvantbhai



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD, PA, LL – Q4 – Performance of Public Service Requirement



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application - SHAH, Dhaval Jasvantbhai



### Renewal




## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai 

### Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action 

### Answer

Yes  No

### Answer Details

See attached explanation for malpractice summaries. Copies of the pleadings from each malpractice case have been uploaded in the Malpractice Liability Claims Information section.

## Related To

### Application

Application · SHAH, Dhaval Jasvantbhai 

### Renewal





## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

ALL – Q6 – Malpractice Claim Paid



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application - - SHAH, Dhaval Jasvantbhai

### Renewal



## Declaration

### Licensee/Applicant

· SHAH, Dhaval Jasvantbhai [↗](#)

### Declaration Question

· ALL – Q7 – Arrest Question [↗](#)

### Answer

Yes  No

### Answer Details

## Related To

### Application

Application - · SHAH, Dhaval Jasvantbhai [↗](#)

### Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application -

- SHAH, Dhaval Jasvar.tbha



### Renewal




## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai 

### Declaration Question

MD – Q9 – Medical License Revoked 

### Answer

Yes  No

### Answer Details

See attached explanation and documentation.

## Related To

### Application

Application - - SHAH, Dhaval Jasvar,tbha 

### Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD, PA – Q10 – Controlled Substance Registration



### Answer

Yes  No

### Answer Details

See attached explanation and documentation

## Related To

### Application

Application - - SHAH, Dhaval Jasvantbhai

### Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD – Q11 – Voluntarily Surrendered a License



### Answer

Yes  No

### Answer Details

See attached explanation and documentation.

## Related To

### Application

Application - - SHAH, Dhaval Jasvantbhai

### Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD – Q12 – Denied Membership



### Answer

Yes  No

### Answer Details

## Related To

### Application

Application -

- SHAH, Dhaval Jasvantbhai

### Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



### Answer

Yes  No

### Answer Details

See attached explanation and documentation

## Related To

### Application

Application - - SHAH, Dhaval Jasvantbhai

### Renewal





## Declaration

Licensee/Applicant

SHAH, Dhaval Jasvantbhai



Declaration Question

MD – Investigation Disciplinary during Training Program



Answer

Yes  No

Answer Details

## Related To

Application

Application - - SHAH, Dhaval Jasvantbhai



Renewal



## Declaration

### Licensee/Applicant

SHAH, Dhaval Jasvantbhai



### Declaration Question

MD, Previously applied for licensure in Nevada.



### Answer

Yes  No

### Answer Details

See attached explanation.

## Related To

### Application

Application - [SHAH, Dhaval Jasvantbhai](#)

### Renewal



