

Demographic Details

First Name

Parsa

Middle Name

Last Name *

MOHEBI

Previous Name(s)

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

Military Detail

Gender

Male

Date of Birth

-1967

Name Suffix

City of Birth

Iran

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

Primary Phone Extension

Primary E-mail Address



Cell Phone

Secondary Phone

Secondary Phone Extension

Mail should be directed to



Fax

Public Address

Street Address

Address Line 2

City

County

ZIP / Postal Code

State / Province

Country



Is your physical address different from your mailing address?

Yes No

Public Phone

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

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑	End Date	Percent Clinical
MOHEBI, Parsa N/A	Law Enforcement	Nov-22-1994	Nov-21-1996	100
MOHEBI, Parsa N/A	Fardis Clinic	Nov-22-1996	May-20-2000	99
MOHEBI, Parsa N/A	Brookdale Hospital	Jun-01-2000	Jun-30-2001	30
MOHEBI, Parsa N/A	Johns Hopkins Medical Institute	Jul-01-2005	Sep-20-2006	20

Application Activity Details

Licensee / Applicant


Start Date

Percent Clinical *

100

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MOHEBI, Parsa N/A 


Start Date

Nov-22-1996 

Percent Clinical *

99

Application

Application - - MOHEBI, Parsa N/A 

Name of Organization / Institution

Fardis Clinic

End Date

May-20-2000 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

Country

Iran 

City

Karaj

State / Province

Alborz

Zip / Postal Code

Application Activity Details

Licensee / Applicant

MOHEBI, Parsa N/A 


Name of Organization / Institution

Brookdale Hospital

Start Date

Jun-01-2000 

End Date


Jun-30-2001 

Percent Clinical *

30

Position

Application

Application - - MOHEBI, Parsa N/A 

Activity Type

Research/Observership 

Location Details

Street Address 1

Country

United States 

City

New York

State / Province

New York

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *

#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	Answer Details
1	Parsa Mohebi	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
2	Parsa Mohebi	MD, PA – Q2 – Medical Condition Field of Practice	No	
3	Parsa Mohebi	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
4	Parsa Mohebi	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
5	Parsa Mohebi	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Parsa Mohebi	ALL – Q6 – Malpractice Claim Paid	No	
7	Parsa Mohebi	ALL – Q7 – Arrest Question	No	
8	Parsa Mohebi	MD, Previously applied for licensure in Nevada.	No	
9	MOHEBI, Parsa N/A	MD – Investigation Disciplinary during Training Program	No	
10	Parsa Mohebi	MD – Q8 – Denied License / Permission to Practice Medicine	No	
11	Parsa Mohebi	MD – Q9 – Medical License Revoked	No	
12	Parsa Mohebi	MD – Q11 – Voluntarily Surrendered a License	No	
13	Parsa Mohebi	MD – Q12 – Denied Membership	No	
14	MOHEBI, Parsa N/A	MD – Q13 – Investigation – Respond To/Notify Of	No	
15	Parsa Mohebi	MD, PA – Q10 – Controlled Substance Registration	No	
16	Parsa Mohebi	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
MOHEBI, Parsa N/A	High School	Enghelab High School	High School Diploma	Sep-21-1981	Sep-20-1985	Sep-20-1985
MOHEBI, Parsa N/A	Medical School	Shahid Beheshti University of Medical Sciences	Medical Doctor Degree	Oct-21-1987	Nov-21-1994	Nov-21-1994

Education Details

Licensee/Applicant *

MOHEBI, Parsa N/A 

Address

City

Kermanshah

State / Province


Kermanshah

Zip / Postal Code

Country

Iran 

Application

Application - MOHEBI, Parsa N/A 

Specialty Type



Name of School

Enghelab High School

Education Type



Degree Attained



Date From

Sep-21-1981 

Date To

Sep-20-1985 

Did you graduate from the program?

Yes No

Graduation Date

Sep-20-1985 

Major Program

Education Details

Licensee/Applicant *

MOHEBI, Parsa N/A 

Address

City

Tehran

State / Province

Tehran

Zip / Postal Code

Country

Iran 

Application

Application - - MOHEBI, Parsa N/A 

Specialty Type



Name of School

Shahid Beheshti University of Medical Science

Education Type

Medical School 

Degree Attained

Medical Doctor Degree 

Date From

Oct-21-1987 

Date To

Nov-21-1994 

Did you graduate from the program?

Yes No

Graduation Date

Nov-21-1994 

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
MOHEBI, Parsa N/A	United States Medical Licensing Examination (USMLE)	Jun-10-1997
MOHEBI, Parsa N/A	United States Medical Licensing Examination (USMLE)	Aug-26-1997
MOHEBI, Parsa N/A	ECFMG	May-21-1998
MOHEBI, Parsa N/A	United States Medical Licensing Examination (USMLE)	Jul-13-2002
MOHEBI, Parsa N/A	United States Medical Licensing Examination (USMLE)	Oct-13-2003

Examination Details

Licensee / Applicant *

MOHEBI, Parsa N/A 


Attended Date

Jun-10-1997 

Number of Attempts

1

Application

Application - - MOHEBI, Parsa N/A 


Location

Ankara, Turkey

Result

192

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MOHEBI, Parsa N/A



Attended Date

Aug-26-1997



Number of Attempts

1

Application

Application - - MOHEBI, Parsa N/A



Location

Ankara, Turkey

Result

173

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

2 CK

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MOHEBI, Parsa N/A 

Attended Date

May-21-1998 

Number of Attempts

#

Application

Application - - MOHEBI, Parsa N/A 

Location

Result

Examination Type

ECFMG 

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MOHEBI, Parsa N/A 


Attended Date

Jul-13-2002 

Number of Attempts

2

Application

Application - - MOHEBI, Parsa N/A 

Location

Result

160 (Fail)

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

MOHEBI, Parsa N/A



Attended Date

Oct-13-2003



Number of Attempts

2

Application

Application - - MOHEBI, Parsa N/A



Location

York, Pennsylvania, USA

Result

187

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	Name of Organization	Start Date	End Date
Parsa Mohebi	Parsa Mohebi Hair Restoration	Jan-01-2008	Feb-27-2023

Hospital Details

Licensee / Applicant

MOHEBI, Parsa N/A



Application

Application - - MOHEBI, Parsa N/A



End Date

Feb-27-2023



Name of Organization

Parsa Mohebi Hair Restoration

Start Date

Jan-01-2008



Address Details

Street Address Line 1

5425 Farralone Ave

State / Province

California

Street Address Line 2

ZIP / Postal Code

91367

City

Woodland Hills

Country

United States



Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
MOHEBI, Parsa N/A	A96116	N/A	Jun-23-2006	Sep-30-2023	California
MOHEBI, Parsa N/A	2002R136	Training	Jul-01-2002	Jun-30-2003	New Mexico
MOHEBI, Parsa N/A	TRL9067	Training	Jul-26-2002	Jul-25-2003	North Dakota
Parsa Mohebi	MD426391	N/A	May-02-2005	Dec-31-2006	Pennsylvania
MOHEBI, Parsa N/A	MT183131	Training	Dec-15-2003	Jun-23-2005	Pennsylvania

Other License Details

Licensee/Applicant

MOHEBI, Parsa N/A



Licensing Board or Regulatory Authority

California Medical Board

License Number

A96116

State / Province

California

Country

United States



Application

Application - - MOHEBI, Parsa N/A



License Type

License Status

Active

Issue Date

Jun-23-2006



Expiration Date

Sep-30-2023



Notes

Other License Details

Licensee/Applicant

MOHEBI, Parsa N/A



Licensing Board or Regulatory Authority

License Number

2002R136

State / Province

New Mexico

Country



Application

Application - - MOHEBI, Parsa N/A



License Type

Training

License Status

Expired

Issue Date

Jul-01-2002



Expiration Date

Jun-30-2003



Notes

Other License Details

Licensee/Applicant

MOHEBI, Parsa N/A



Licensing Board or Regulatory Authority

License Number

TRL9067

State / Province

North Dakota

Country



Application

Application - - MOHEBI, Parsa N/A



License Type

Training

License Status

Inactive

Issue Date

Jul-26-2002



Expiration Date

Jul-25-2003



Notes

Other License Details

Licensee/Applicant

MOHEBI, Parsa N/A



Licensing Board or Regulatory Authority

Pennsylvania Medical Board

License Number

MD426391

State / Province

Pennsylvania

Country

United States



Application

Application - - MOHEBI, Parsa N/A



License Type

License Status

Not active

Issue Date

May-02-2005



Expiration Date

Dec-31-2006



Notes

Other License Details

Licensee/Applicant

MOHEBI, Parsa N/A



Licensing Board or Regulatory Authority

License Number

MT183131

State / Province

Pennsylvania

Country



Application

Application - - MOHEBI, Parsa N/A



License Type

Training

License Status

Expired

Issue Date

Dec-15-2003



Expiration Date

Jun-23-2005



Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
MOHEBI, Parsa N/A	University of North Dakota School of Medicine and Health Sciences	Surgery, General	Jul-01-2001	Jun-30-2002	Internship
MOHEBI, Parsa N/A	University of New Mexico School of Medicine	Surgery, General	Jul-01-2002	Jun-30-2003	Residency
MOHEBI, Parsa N/A	York Hospital	Surgery, General	Jul-03-2003	Jun-23-2005	Residency
MOHEBI, Parsa N/A	New Hair Institute	Other	Oct-01-2006	Sep-30-2007	Fellowship

Postgraduate Training Details

Licensee / Applicant *

MOHEBI, Parsa N/A 

Program Type *

Internship 

Date From

Jul-01-2001 

Name of School or Institution

University of North Dakota School of Medicine ar

Specialty Type

Surgery, General 

Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2002 

Application

Application - - MOHEBI, Parsa N/A 

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

North Dakota

Zip / Postal Code

County



Country



Postgraduate Training Details

Licensee / Applicant *

MOHEBI, Parsa N/A 

Program Type *

Residency 

Date From

Jul-01-2002 

Name of School or Institution

University of New Mexico School of Medicine

Specialty Type


Surgery, General 

Other (Specialty)

Training Status *



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2003 

Application

Application - - MOHEBI, Parsa N/A 

Historical Major Program

Historical Degree Attained

Location Details

City



State / Province

New Mexico

County



Street Address 1



Zip / Postal Code



Country



Postgraduate Training Details

Licensee / Applicant *

MOHEBI, Parsa N/A 

Program Type *

Residency 

Date From

Jul-03-2003 

Name of School or Institution

York Hospital

Specialty Type

Surgery, General 

Other (Specialty)

Training Status *

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-23-2005 

Application

Application - - MOHEBI, Parsa N/A 

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

Pennsylvania

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

MOHEBI, Parsa N/A 

Program Type *

Fellowship 

Date From

Oct-01-2006 

Name of School or Institution

New Hair Institute

Specialty Type

Other 

Other (Specialty)

Hair Restoration

Training Status *




Accreditation Type

Not Accredited 

Date To

Sep-30-2007 

Application

Application - - MOHEBI, Parsa N/A 

Historical Major Program

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

California

Zip / Postal Code

County



Country



Specialties

Licensee / Applicant	▼ Specialty Type	▼ Primary Specialty?	▼ Effective Date	▼ End Date
Parsa Mohebi	Hair Transplantation	Yes	Jan-01-2008	Feb-27-2023

Specialty Details



Licensee / Applicant *

MOHEBI, Parsa N/A  

Effective Date

Jan-01-2008 

Application

Application - - MOHEBI, Parsa N/A  

Primary Specialty?

Yes No

Specialty Type *

Hair Transplantation  

Other (Specialty)

End Date

Feb-27-2023 

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 Parsa Mohebi

Sign your name _____

Date 5/2/2023

RECEIVED

MAY 22 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

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.

