

## Demographic Details

First Name

Sunwook

Middle Name

Last Name \*

Kim-Ashchi

Previous Name(s)

Sunwook Kim-Ashchi

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

1967

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

11373 Beeson Ct

ZIP / Postal Code

32256-5854

Address Line 2

State / Province

Florida

City

Jacksonville

Country

United States

County

FL

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(904) 759-2328

## 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

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| Licensee / Applicant    | Certifying Board | Other Certifying Board | Specialty               | Initial Certification Date | Recertification Date |
|-------------------------|------------------|------------------------|-------------------------|----------------------------|----------------------|
| Kim-Ashchi, Sunwook N/A | American Board   | N/A                    | Obstetrics / Gynecology | Jan-14-2005                | Feb-20-2023          |

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## Board Certification Details

Licensee / Applicant

Kim-Ashchi, Sunwook N/A  

Specialty

Obstetrics / Gynecology  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Jan-14-2005 

Recertification Date

Feb-20-2023 



Certification Number

Archive Program

Historical Specialty

## Connected Record

Application

Application - Kim-Ashchi, Sunwook N/A  

## Activities

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| Licensee / Applicant | ▼ | Name of Organization / Institution      | ▼ | Start Date ↑ | ▼ | End Date    | ▼ | Percent Clinical |
|----------------------|---|---|---|--------------|---|-------------|---|------------------|
| sunwook kim-ashchi   |   | Women's Special Care, PA                |   | Jul-01-2001  |   | Jun-30-2017 |   | 100              |
| sunwook kim-ashchi   |   | St. Vincent OBGYN                       |   | Jul-01-2017  |   | Mar-30-2020 |   | 100              |
| sunwook kim-ashchi   |   | HCA Florida Jacksonville Women's Health |   | Sep-01-2020  |   | Jul-01-2024 |   | 100              |

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## Application Activity Details

Licensee / Applicant

Kim-Ashchi, Sunwook N/A



Name of Organization / Institution

Women's Special Care, PA

Start Date

Jul-01-2001



End Date

Jun-30-2017



Percent Clinical \*

# 100

Position

Application

Application - Kim-Ashchi, Sunwook N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

3900 University Blvd S

Country

United States



City

Jacksonville

State / Province

Florida

Zip / Postal Code

32216

## Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date

Percent Clinical \*



#

Position

Application

Application -   

Activity Type

## Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

Kim-Ashchi, Sunwook N/A



Name of Organization / Institution

HCA Florida Jacksonville Women's Health

Start Date

Sep-01-2020



End Date

Jul-01-2024



Percent Clinical \*

# 100

Position

Application

Application - Kim-Ashchi, Sunwook N/A



Activity Type

Medical Practice/Physician



## Location Details

Street Address 1

11876 Atlantic Blvd

Country

United States



City

jacksonville

State / Province

Florida

Zip / Postal Code

32225

## Declarations

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

## Declaration

Licensee/Applicant

|                         |   |
|-------------------------|---|
| Kim-Ashchi, Sunwook N/A |  |
|-------------------------|---|

Declaration Question

|  |   |
|--|---|
| ALL – Q5 – Named Defendant Respond to Legal Action |  |
|--|---|

Answer

Yes  No

Answer Details

Ordinal

|   |   |
|---|---|
| # | 5 |
|---|---|

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

## Related To

Application

|               |                           |   |
|---------------|---------------------------|---|
| Application - | - Kim-Ashchi, Sunwook N/A |  |
|---------------|---------------------------|---|

Renewal

|  |   |
|--|---|
|  |  |
|--|---|

## Declaration

Licensee/Applicant

Kim-Ashchi, Sunwook N/A 

Declaration Question

ALL – Q6 – Malpractice Claim Paid 

Answer

Yes  No

Answer Details

Ordinal

# 6

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

## Related To

Application

Application - Kim-Ashchi, Sunwook N/A 

Renewal



## Education

| Licensee/Applicant      | Education Type | Name of School                  | Degree Attained       | Date From   | Date To     | Graduation Date |
|-------------------------|----------------|---------------------------------|-----------------------|-------------|-------------|-----------------|
| Kim-Ashchi, Sunwook N/A | Medical School | Rosalind Franklin University    | Transferred           | Jul-27-1992 | Jun-22-1994 | N/A             |
| Kim-Ashchi, Sunwook N/A | Medical School | Case Western Reserve University | Medical Doctor Degree | Jul-01-1994 | May-19-1996 | May-19-1996     |

## Education Details

Licensee/Applicant \*

Kim-Ashchi, Sunwook N/A



Address

3333 Green Bay Rd

City

North Chicago

State / Province

Illinois

Zip / Postal Code

60064-5854

Country

United States



Application

Application - Kim-Ashchi, Sunwook N/A



Specialty Type



Name of School

Rosalind Franklin University

Education Type

Medical School



Degree Attained

Transferred



Date From

Jul-27-1992



Date To

Jun-22-1994



Did you graduate from the program?

Yes  No

Graduation Date



Major Program



## Education Details

Licensee/Applicant \*

Kim-Ashchi, Sunwook N/A



Address

City

Cleveland

State / Province

Ohio

Zip / Postal Code

44106-7042

Country

United States



Application

Application - Kim-Ashchi, Sunwook N/A



Specialty Type



Name of School

Case Western Reserve University

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Jul-01-1994



Date To

May-19-1996



Did you graduate from the program?

Yes  No

Graduation Date

May-19-1996



Major Program

## Examinations

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| Licensee / Applicant    | Examination Type                                    | Attended Date |
|-------------------------|---|---------------|
| Kim-Ashchi, Sunwook N/A | United States Medical Licensing Examination (USMLE) | Jun-08-1994   |
| Kim-Ashchi, Sunwook N/A | United States Medical Licensing Examination (USMLE) | Aug-30-1995   |
| Kim-Ashchi, Sunwook N/A | United States Medical Licensing Examination (USMLE) | May-13-1997   |

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## Examination Details

Licensee / Applicant \*

Kim-Ashchi, Sunwook N/A



Attended Date

Jun-08-1994



Number of Attempts

# 1

Application

Application - Kim-Ashchi, Sunwook N/A



Location

Result

207

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 \*

Kim-Ashchi, Sunwook N/A 

Attended Date

Aug-30-1995 

Number of Attempts

# 1

Application


Application - Kim-Ashchi, Sunwook N/A 

Location

Result

183

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 \*

Kim-Ashchi, Sunwook N/A 

Attended Date

May-13-1997 

Number of Attempts

# 1

Application


Application - Kim-Ashchi, Sunwook N/A 

Location

Result

190

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes  No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Hospitals

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| Licensee / Applicant    | Name of Organization                       | Start Date ↑ | End Date    |
|-------------------------|--|--------------|-------------|
| Kim-Ashchi, Sunwook N/A | HCA Florida Jacksonville                   | Jul-01-2001  | Jul-01-2024 |
| Kim-Ashchi, Sunwook N/A | Ascension St. Vincent's Southside Hospital | Jul-01-2017  | Mar-30-2020 |

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## Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

## Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

## Hospital Details

Licensee / Applicant

Name of Organization

Application

Start Date

End Date

## Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



## Other Licenses

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| Licensee/Applicant      | License Number | License Type | Issue Date  | Expiration Date | State / Province |
|-------------------------|----------------|--------------|-------------|-----------------|------------------|
| Kim Ashchi, Sunwook N/A | ME77123        | N/A          | Nov 24 1998 | Jan 31 2024     | Florida          |

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## Other License Details

Licensee/Applicant

Kim-Ashchi, Sunwook N/A



Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME77123

State / Province

Florida

Country

United States



Application

Application - - Kim-Ashchi, Sunwook N/A



License Type

License Status

active

Issue Date

Nov-24-1998



Expiration Date

Jan-31-2024



Notes

## Postgraduate Training

| Licensee / Applicant    | Name of School or Institution                                 | Specialty Type          | Date From   | Date To     | Program Type |
|-------------------------|---|-------------------------|-------------|-------------|--------------|
| Kim-Ashchi, Sunwook N/A | Saint Francis Hospital and Medical Center                     | Obstetrics / Gynecology | Jul-01-1996 | Jun-30-1997 | Internship   |
| Kim-Ashchi, Sunwook N/A | The University of Florida College of Medicine at Jacksonville | Obstetrics / Gynecology | Jul-01-1997 | Nov-20-2000 | Residency    |
| Kim-Ashchi, Sunwook N/A | Orlando Regional Healthcare System                            | Obstetrics / Gynecology | Dec-12-2000 | Jun-30-2001 | Residency    |

## Postgraduate Training Details

Licensee / Applicant \*

Kim-Ashchi, Sunwook N/A



Program Type \*

Internship



Date From

Jul-01-1996



Name of School or Institution

Saint Francis Hospital and Medical Center

Specialty Type

Obstetrics / Gynecology



Other (Specialty)

Training Status \*



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)



Date To

Jun-30-1997



Application

Application - - Kim-Ashchi, Sunwook N/A



Historical Major Program

Historical Degree Attained

## Location Details

City

Hartford

State / Province

Connecticut

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

## Postgraduate Training Details

Licensee / Applicant \*

Kim-Ashchi, Sunwook N/A



Program Type \*

Residency



Date From

Dec-12-2000



Name of School or Institution

Orlando Regional Healthcare System

Specialty Type

Obstetrics / Gynecology



Other (Specialty)

Training Status \*

Completed



Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date To

Jun-30-2001



Application

Application - - Kim-Ashchi, Sunwook N/A



Historical Major Program

Historical Degree Attained

## Location Details

City

State / Province

Florida

County

Street Address 1

Zip / Postal Code

Country

## Specialties

| Licensee / Applicant    | Specialty Type          | Primary Specialty? | Effective Date | End Date |
|-------------------------|-------------------------|--------------------|----------------|----------|
| Kim-Ashchi, Sunwook N/A | Obstetrics / Gynecology | Yes                | Jul-01-2021    | N/A      |

## Specialty Details



Licensee / Applicant \*

Kim-Ashchi, Sunwook N/A  

Effective Date

Jul-01-2021 

Application

Application - Kim-Ashchi, Sunwook N/A  

Primary Specialty?

Yes  No

Specialty Type \*

Obstetrics / Gynecology  

Other (Specialty)

End Date





RECEIVED

ATTENTION APPLICANT!

JUN 06 2023

RESPONSIBILITY STATEMENT

NEVADA STATE BOARD OF MEDICAL EXAMINERS

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 SUNWOOK KIM - Ashch

Sign your name

Date 05/31/23

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.

