

Demographic Details

First Name

Nazih

Middle Name

Michel

Last Name *

Haddad

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

Gender

Male

Date of Birth

1945

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to

Fax

#

Public Address

Street Address

2340 E White Lantern Lane

Address Line 2

City

Orange

County

Orange

ZIP / Postal Code

92867

State / Province

California

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(714) 606-6261

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details

Application Type

Application Date *

Submitted Date

Application Step

#

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

Yes No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes No

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

Yes No

Invoices

Application Invoice

Licensure Invoice

Application Payment Date

Licensure Payment Date

Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

Child Support Attestation Type

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.



Yes No

Board Certifications



Licensee / Applicant	Certifying Board	Other Certifying Board	Specialty	Initial Certification Date	Recertification Date
Haddad, Nazih M	American Board	N/A	Otolaryngology	Oct-29-1976	N/A

Board Certification Details


Licensee / Applicant

Haddad, Nazih Michel  

Specialty

Otolaryngology  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Oct-29-1976 

Recertification Date



Certification Number



N/A

Archive Program

Historical Specialty

Connected Record

Application

Application - - Haddad, Nazih Michel  

Activities

Licensee / Applicant	▼ Name of Organization / Institution	▼ Start Date ↑	▼ End Date	▼ Percent Clinical
Haddad, Nazih Michel	N/A	Jul-01-1968	Jun-01-1970	90
Haddad, Nazih Michel	N/A	Jan-01-1971	Jun-01-1971	90
Haddad, Nazih Michel	N/A	Jan-01-1977	Jan-01-1980	90

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduation Date
Haddad, Nazih Michel	Medical School	St Joseph University Faculty of Medicine	Medical Doctor Degree	Oct-01-1963	Jun-30-1970	Jun-30-1970

Education Details

Licensee/Applicant *

Haddad, Nazih Michel  

Address

City

Beirut

State / Province



Beirut

Zip / Postal Code

Country

Lebanon  

Application

Application - Haddad, Nazih Michel  

Specialty Type

Name of School

St. Joseph University Faculty of Medicine

Education Type

Medical School  

Degree Attained

Medical Doctor Degree  

Date From

Oct-01-1963 

Date To

Jun-30-1970 

Did you graduate from the program?

Yes No

Graduation Date

Jun-30-1970 


Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
Haddad, Nazih Michel	ECFMG	Oct-13-1970
Haddad, Nazih Michel	Federation Licensing Examination (FLEX)	Dec-03-1974

Examination Details

Licensee / Applicant *

Haddad, Nazih Michel  



Attended Date

Oct-13-1970 

Number of Attempts

#

Application

Application - - Haddad, Nazih Michel  

Location

Result

Examination Type

ECFMG  

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Haddad, Nazih Michel  



Attended Date

Dec-03-1974 

Number of Attempts

1

Application


Application - - Haddad, Nazih Michel  

Location

Result

79.40

Examination Type

Federation Licensing Examination (FLEX)  

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date



Expiration Date



Hospitals

Licensee / Applicant	▼ Name of Organization	▼ Start Date	▼ End Date
Nazih Haddad	St Lukes Hospital Center	Jul-01-1971	N/A

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1

Street Address Line 2

City

State / Province

ZIP / Postal Code


Country

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
Haddad, Nazih Michel	A31234	N/A	Jun-24-1977	Nov-30-2023	California
Haddad, Nazih Michel	7881	N/A	Mar-05-1975	Dec-31-1986	District of Columbia
Haddad, Nazih Michel	ME26944	N/A	Sep-17-1976	N/A	Florida
Haddad, Nazih Michel	54180	N/A	May-15-1985	Nov-11-1991	Massachusetts

Other License Details

Licensee/Applicant

Haddad, Nazih Michel  

Licensing Board or Regulatory Authority

The medical board of California

License Number

A31234



State / Province

California

Country

United States  

Application

Application - - Haddad, Nazih Michel  

License Type

License Status

Physician And Surgeon

Issue Date

Jun-24-1977 

Expiration Date

Nov-30-2023 

Notes

Other License Details

Licensee/Applicant

Haddad, Nazih Michel  

Licensing Board or Regulatory Authority

License Number

7881

State / Province

District of Columbia

Country

Application

Application - - Haddad, Nazih Michel  

License Type

License Status

Expired

Issue Date

Mar-05-1975 


Expiration Date

Dec-31-1986 

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Haddad, Nazih Michel  

Licensing Board or Regulatory Authority

License Number



54180

State / Province

Massachusetts

Country

Application

Application - - Haddad, Nazih Michel  

License Type

License Status

Expired

Issue Date

May-15-1985 

Expiration Date

Nov-11-1991 

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
Haddad, Nazih Michel	Monmouth Medical Center	Surgery, General	Jan-01-1971	Jun-30-1971	Internship
Haddad, Nazih Michel	St. Luke's Hospital Center	Surgery, General	Jul-01-1971	Jun-30-1972	Internship
Haddad, Nazih Michel	Thomas Jefferson University Hospital	Otolaryngology/Head & Neck Surgery	Jul-01-1972	Jul-01-1975	Residency

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Street Address 1

Zip / Postal Code

Country

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Haddad, Nazih M	Surgery, General	Yes	Nov-02-2022	N/A

Specialty Details

Licensee / Applicant *

Haddad, Nazih Michel 

Effective Date

Nov-02-2022 

Application

Application - - Haddad, Nazih Michel 

Primary Specialty?

Yes No

Specialty Type *

Surgery, General 

Other (Specialty)

End Date



RECEIVED

JAN 23 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name NAZIH HADDAD

Sign your name _____

Date 1/6/23

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.

