# **Demographic Details**

First Name	Gender	
Raymond	Male	<b>~</b> 2
Middle Name	Date of Birth	
Paul	-1965	<b>:</b>
Last Name *	Name Suffix	
TANGREDI		
Previous Name(s)	City of Birth	
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in lbs)	
Height	Eye Color	
Hair Color	Comments (non-public information	tion)
Is this person deceased?	J	
○ Yes <b>③</b> No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

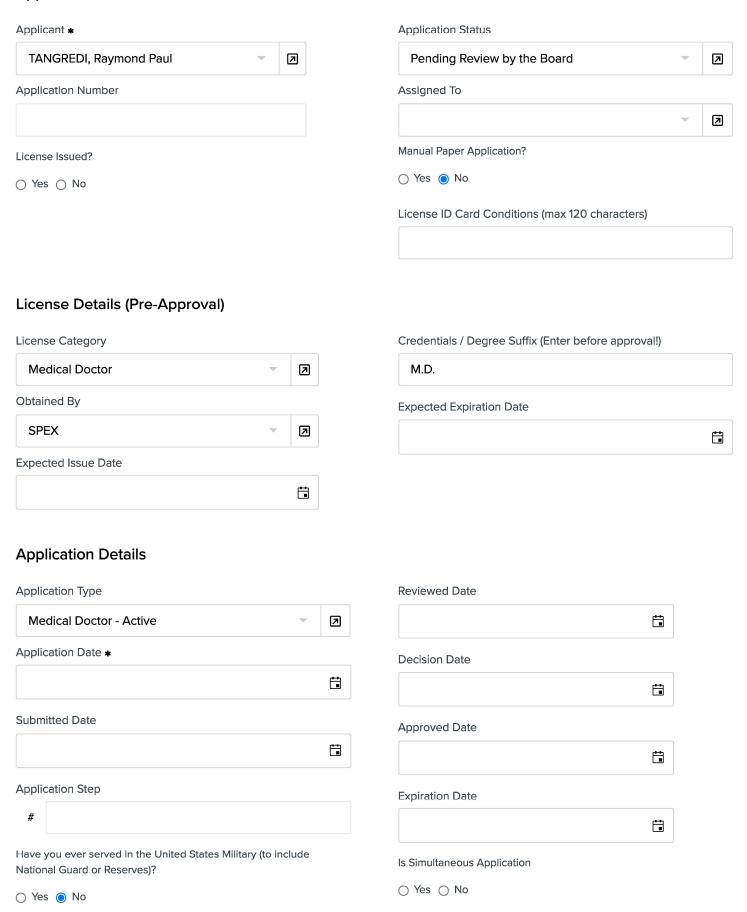
# Military Detail

Have you ever served in the United States Military	(to include National Guard or Reserves)?
○ Yes ⑥ No	
Discipline / SPL	
Disciplinary Action?	SPL?
○ Yes ○ No	○ 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
	▼ 2
Cell Phone	Fax
#	#
"	
Public Address	
Street Address	ZIP / Postal Code
3180 Bel Air Drive	89109
Address Line 2	State / Province  Nevada
City	Country
Las Vegas	United States
County	Is your physical address different from your mailing address?
Clark	○ Yes   No
	Public Phone
	# 503-462-4956

# **Mailing Address**

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	7
	County (Mailing)

#### **Application Status**



Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes   No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
<b>—</b> [2]	
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.	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  I am willing to accept Board communications to me, to include	<ul><li>Yes ○ No</li><li>Child Support Attestation Type</li></ul>
service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail).	Not subject to a court order
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.	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	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.
the same were procured in the regular course of instruction and	Yes ○ No

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

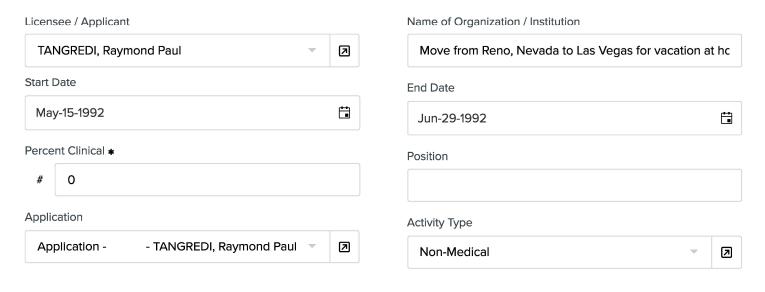
medicine in the state of Nevada.

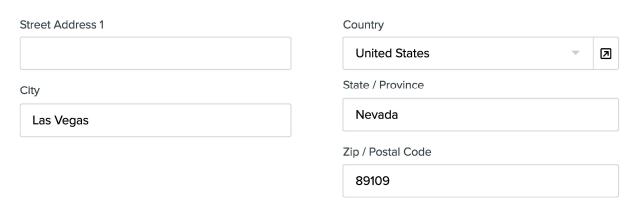
O Yes O No

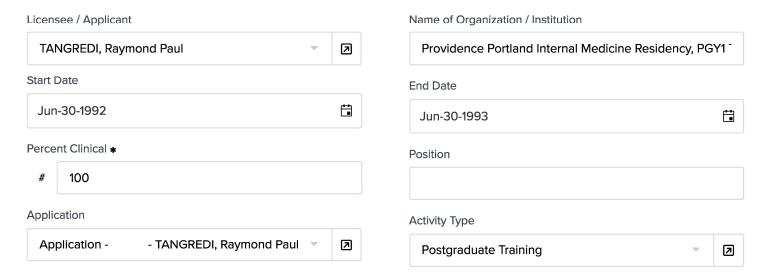
## Activities

Licensee / Applicant	Name of Organization / Institution	Start Date ↑ ▼	End Date 🔻	Percent Clinical
TANGREDI, Raymond Paul	Move from Reno, Nevada to Las Vegas for vacation at home, then relocation to Portland, Oregon for transitional/intern year	May-15-1992	Jun-29-1992	0
TANGREDI, Raymond Paul	Providence Portland Internal Medicine Residency, PGY1 Transitional year	Jun-30-1992	Jun-30-1993	100
TANGREDI, Raymond Paul	Vacation, seeking employment, awaiting Oregon state medical licensure	Jul-01-1993	Jul-18-1993	0
TANGREDI, Raymond Paul	MedSource LLC, locum tenens agency working at various clinics in primary care in Oregon	Jul-19-1993	Oct-28-1993	100
TANGREDI, Raymond Paul	Sanyati Baptist Hospital	Oct-30-1993	Feb-28-1994	100
TANGREDI, Raymond Paul	MedSource LLC, locums at various clinics in Oregon in the primary care field	Mar-01-1994	Mar-01-1996	100
TANGREDI, Raymond Paul	Various Primary Care and Urgent Care Clinics in Oregon	Mar-01-1996	Apr-17-1998	100
TANGREDI, Raymond Paul	Geary Street Urgent Care/Samaritan Health	Apr-18-1998	Apr-18-2006	100
TANGREDI, Raymond Paul	Sanyati Baptist Hospital	Jul-01-2005	Aug-15-2005	100
TANGREDI, Raymond Paul	Newberg Urgent Care	Apr-19-2006	Jun-30-2006	100
TANGREDI, Raymond Paul	LAC + USC Psychiatry Residency, PGY2 year	Jul-01-2006	Jun-30-2007	100
TANGREDI, Raymond Paul	Lakeside Urgent Care, moonlighting opportunity on weekends during residency	Jan-01-2007	Jun-30-2009	100
TANGREDI, Raymond Paul	VA Outpatient Psychiatry Clinic, as 1 month elective during PGY 2 year.	May-01-2007	Jun-01-2007	100
TANGREDI, Raymond Paul	VA Outpatient Psychiatry Clinic, part of curriculum through PGY3 psychiatry residency year	Jul-01-2007	Jun-30-2008	100
TANGREDI, Raymond Paul	University of Nevada Reno School of Medicine, Las Vegas, Psychiatry Residency PGY 3 and PGY 4 years	Jul-01-2007	Jun-30-2009	100
TANGREDI, Raymond Paul	Oregon Health Sciences University Addiction Psychiatry Fellowship	Jul-01-2009	Jun-30-2010	100
TANGREDI, Raymond Paul	Studying for oral Psychiatry NBME Boards, mock boards with professors	Jul-01-2010	Oct-01-2010	20
TANGREDI, Raymond Paul	Gresham Urgent Care	Oct-15-2010	Dec-30-2010	100
TANGREDI, Raymond Paul	Healthworks LLC working as an Addiction Psychiatrist/Suboxone provider	Jan-01-2011	Dec-25-2011	100
TANGREDI, Raymond Paul	NW Behavioral Care Adolescent Residential unit, as psychiatrist/physical exams	Mar-01-2011	Sep-01-2011	100
TANGREDI, Raymond Paul	Hazelden Springbrook Inpatient Treatment, moonlighting part time as Addiction psychiatrist	Apr-01-2011	Oct-01-2011	100
TANGREDI, Raymond Paul	Lifeline Connections	Jan-10-2012	Dec-15-2012	100
TANGREDI, Raymond Paul	Locum tenens at various Urgent care clinics in Oregon (Newberg, Tigard, Beaverton, McMinville, Redomind)	Jan-01-2013	Apr-01-2014	100
TANGREDI, Raymond Paul	My MultiCare LLC (Addiction psychiatry, psychiatry and Suboxone treatment and groups)	Feb-01-2014	Jul-02-2015	100
TANGREDI, Raymond Paul	Montenido Eating Disorders, partial hospitalization and residential program as psychiatrist	Apr-01-2014	Jul-02-2015	100
TANGREDI, Raymond Paul	Western Psychological and Counseling Services-Addiction Medical Director	Jan-01-2015	Jul-02-2015	100
TANGREDI, Raymond Paul	Meninger Clinic Professionals in Crisis Program	Jul-03-2015	Aug-14-2015	0
TANGREDI, Raymond Paul	Elmhurst Professionals Program	Aug-15-2015	Oct-20-2015	0
TANGREDI, Raymond Paul	Family home	Oct-21-2015	Dec-15-2015	0
TANGREDI, Raymond Paul	Seeking Employment	Dec-16-2015	Jan-18-2016	0
TANGREDI, Raymond Paul	Walmart	Jan-19-2016	Feb-15-2016	0
TANGREDI, Raymond Paul	Seeking Employment	Feb-15-2016	Mar-15-2016	0

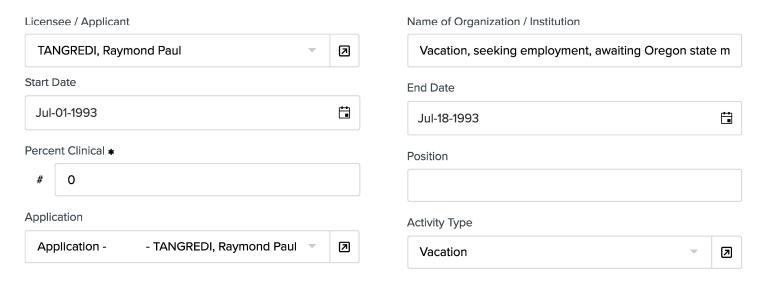
TANGREDI, Raymond Paul	Uber, ride share driver	Mar-15-2016	Oct-09-2016	0
TANGREDI, Raymond Paul	Bob's Red Mill, production line work	Jun-15-2016	Jul-15-2016	0
TANGREDI, Raymond Paul	Red Robin Gourmet Burgers	Oct-10-2016	Mar-15-2018	0
TANGREDI, Raymond Paul	Portland State University, student in International Affairs (2 semesters)	Jul-15-2017	Dec-15-2017	0
TANGREDI, Raymond Paul	Orthopaedic Specialists of Nevada, working as an orthopedic tech	Apr-22-2018	Nov-01-2022	100
TANGREDI, Raymond Paul	Seeking Employment (family home)	Nov-02-2022	Jan-09-2023	0
TANGREDI, Raymond Paul	UMC Orthopedic & Spine Institute, medical assistant	Jan-10-2023	Oct-03-2023	100

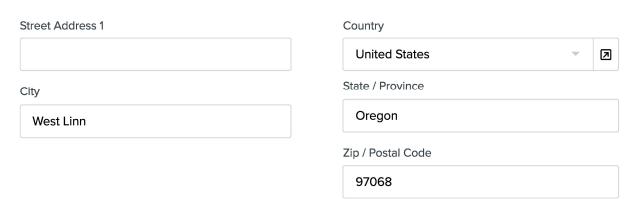


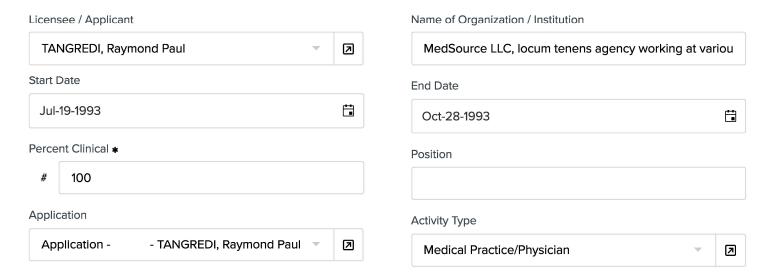


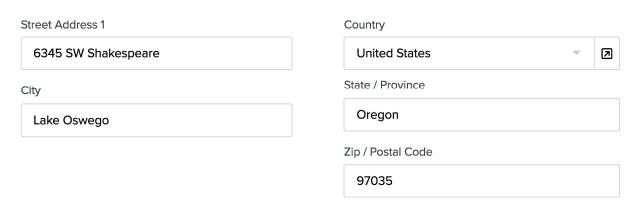


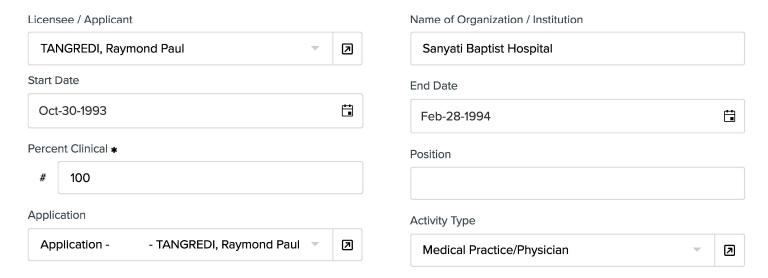


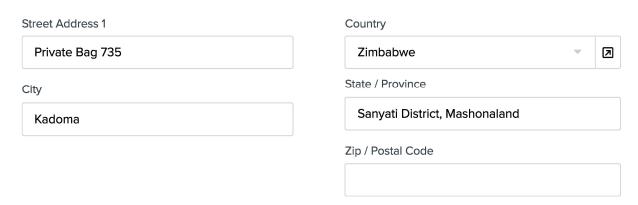


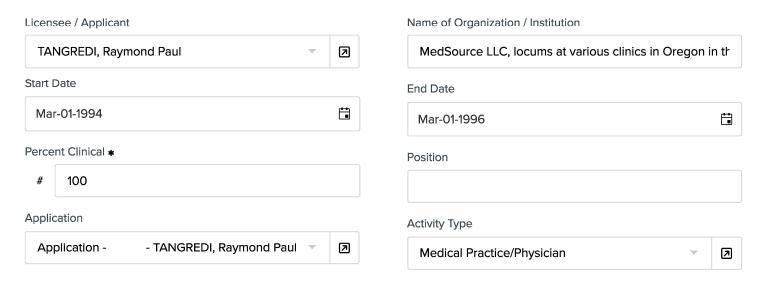


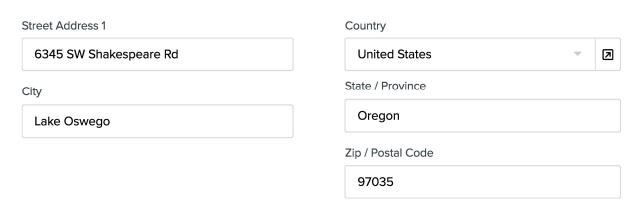


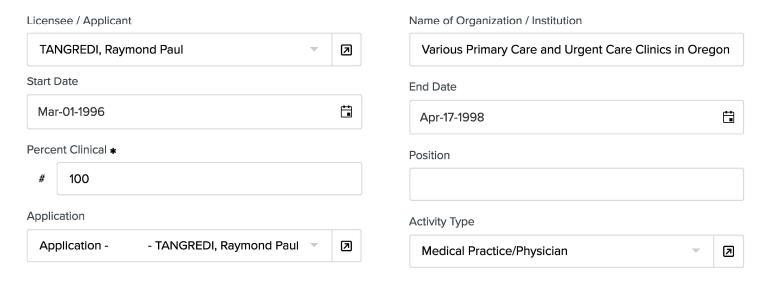


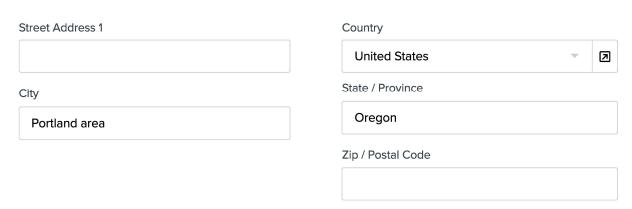


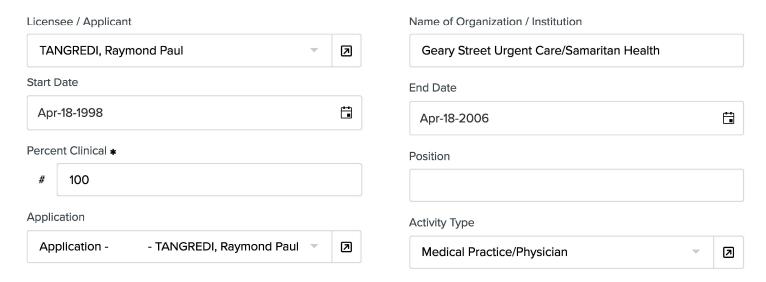




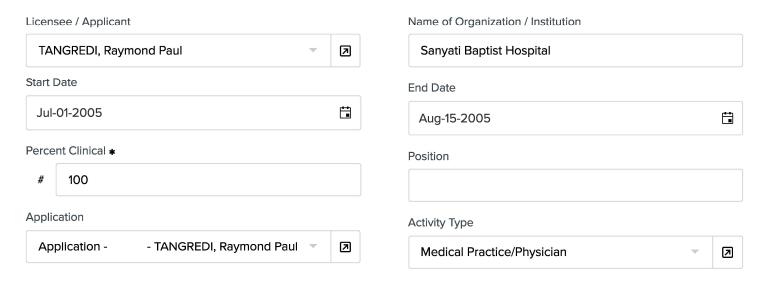


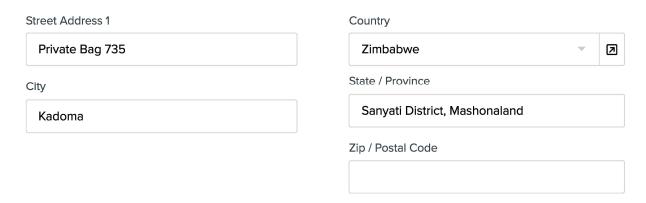


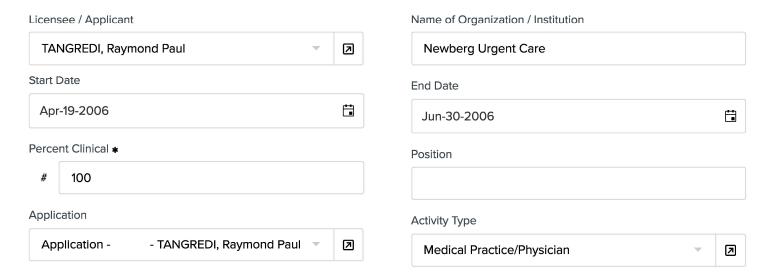




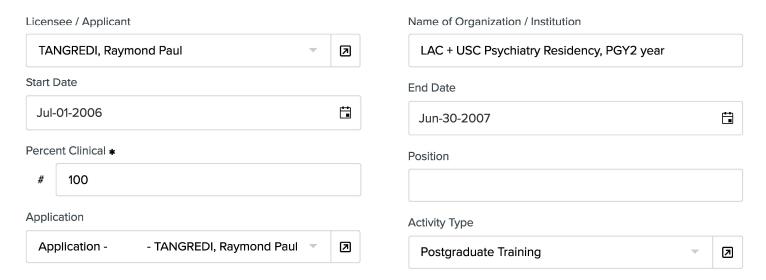


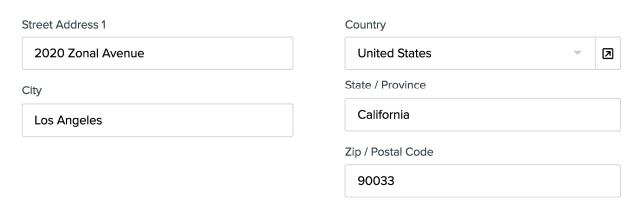


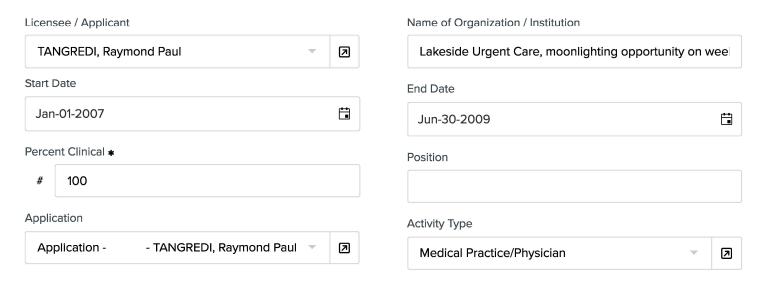


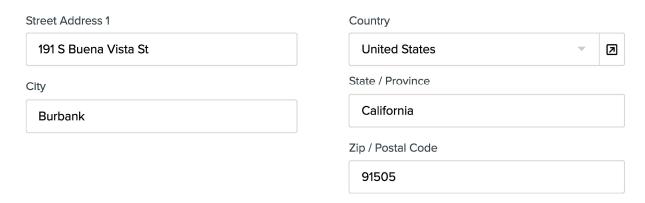


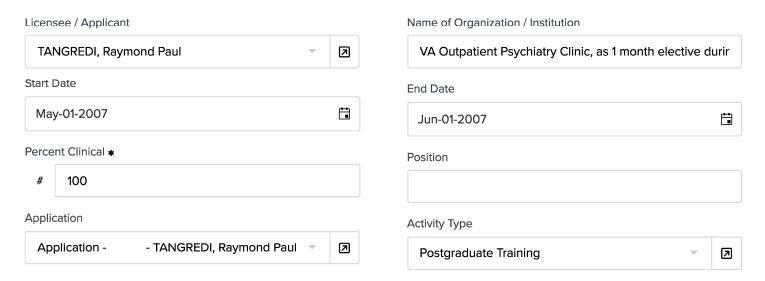


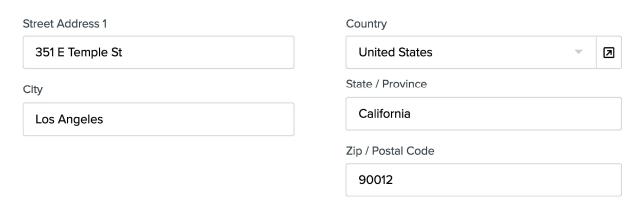


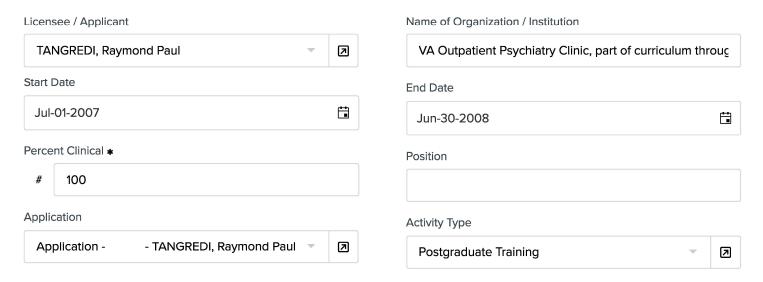


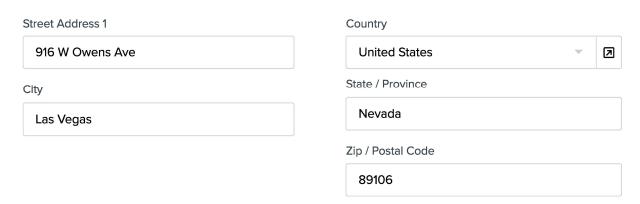


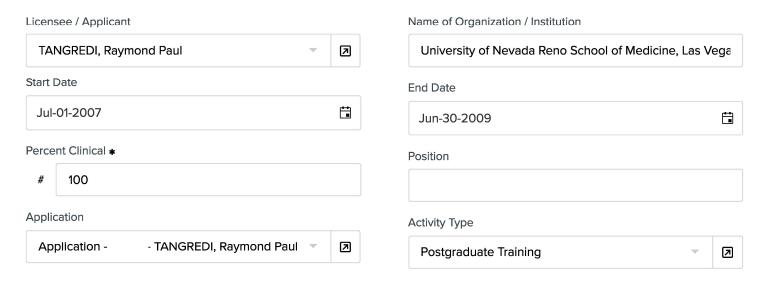




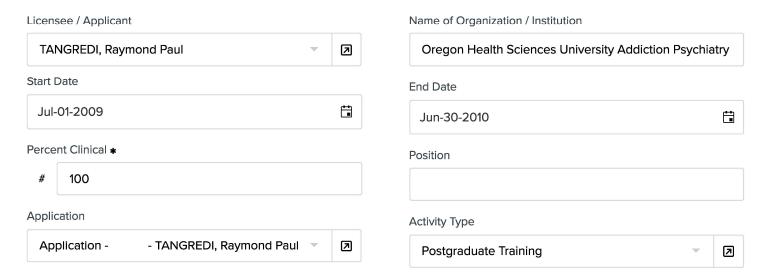


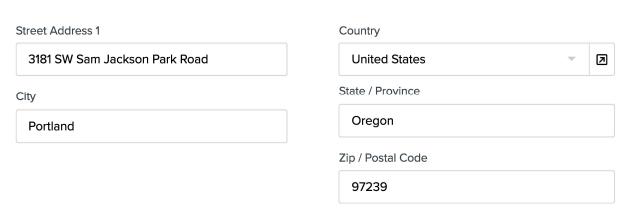


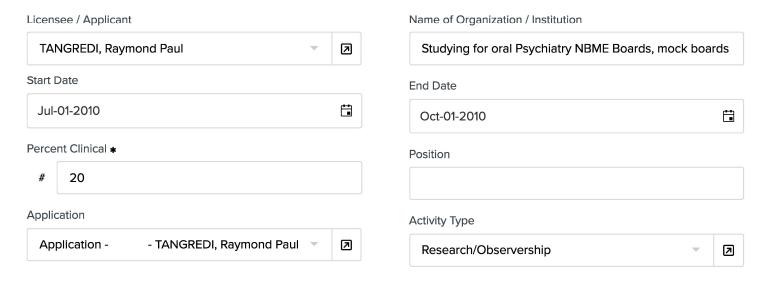


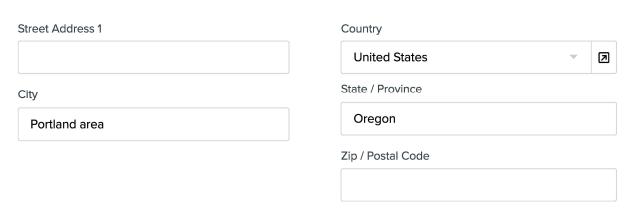


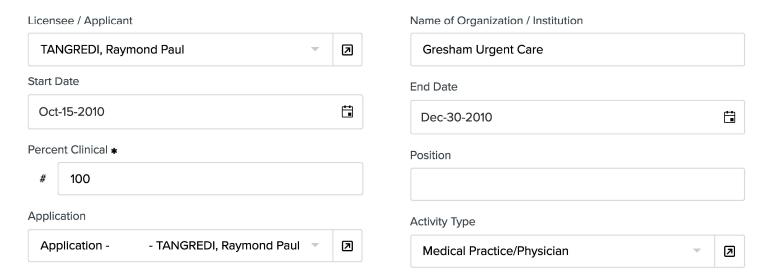


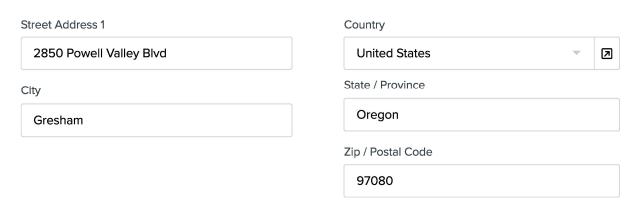


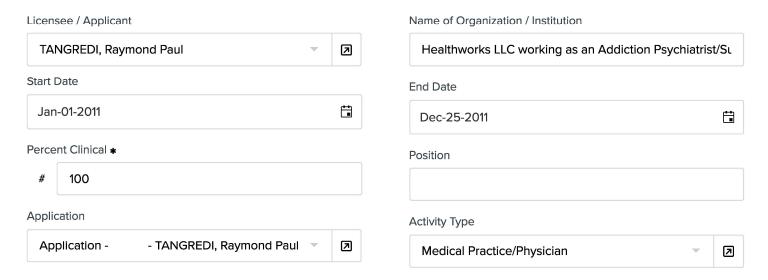


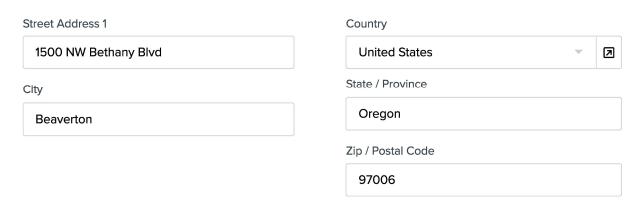


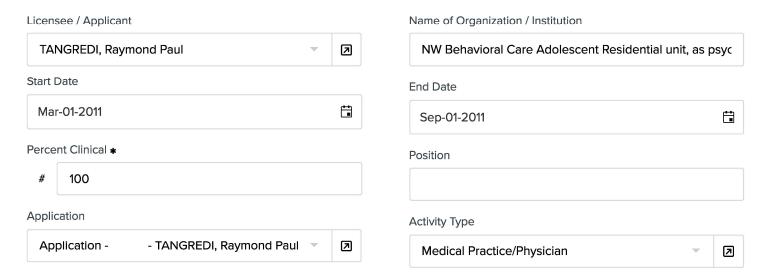




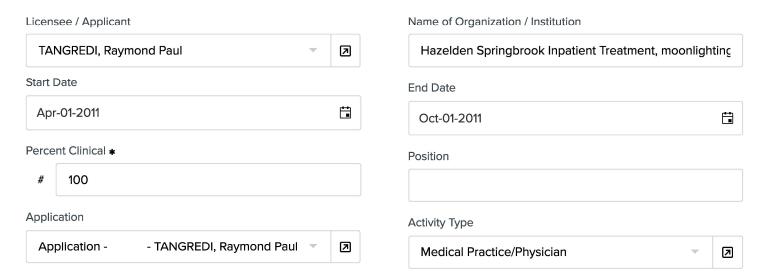


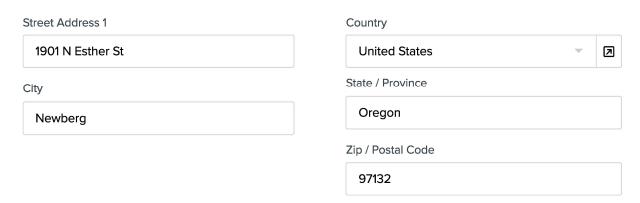


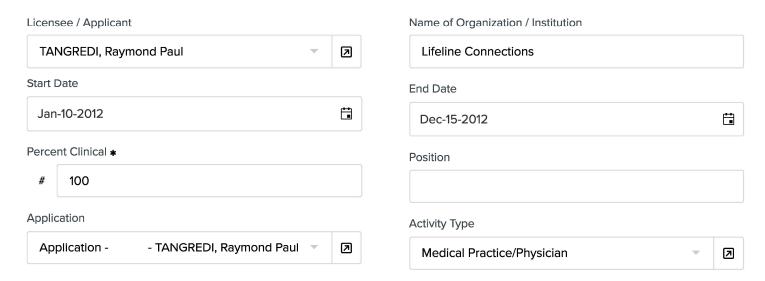


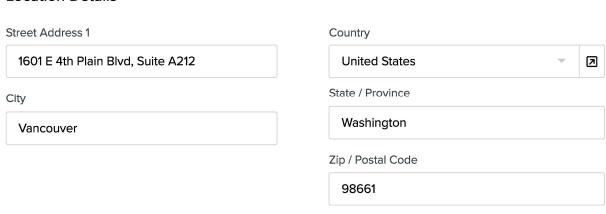


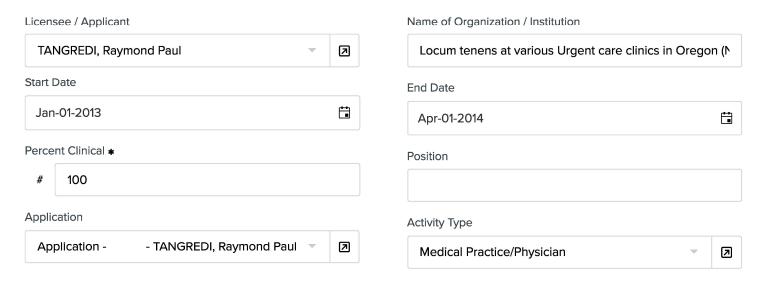




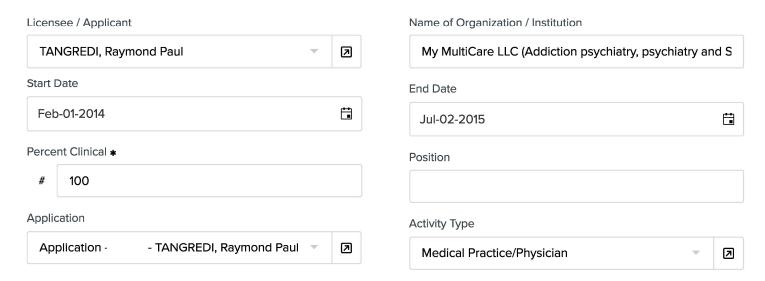


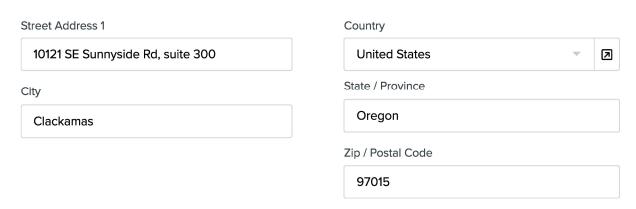


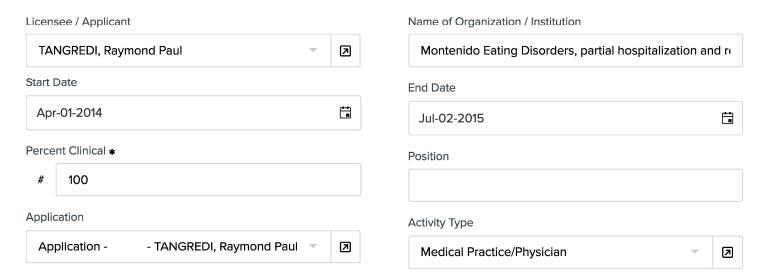


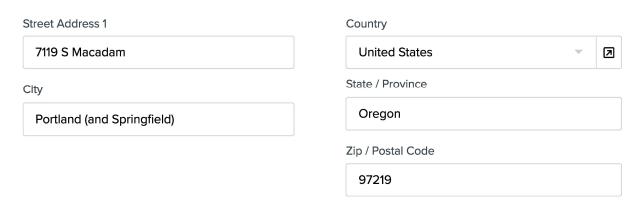


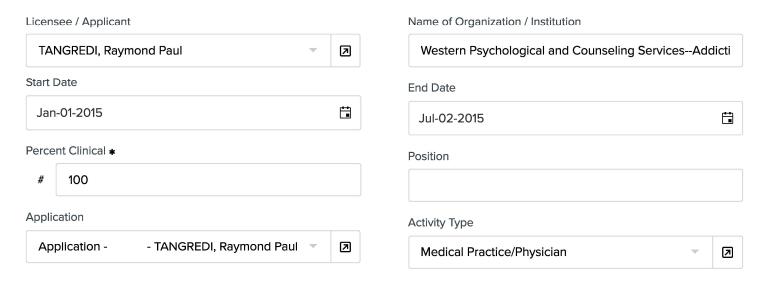


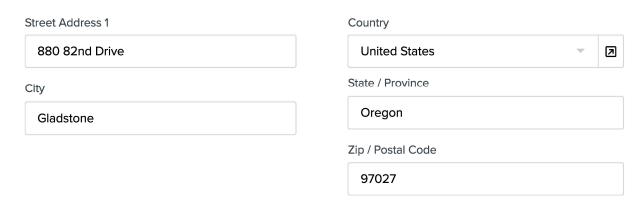


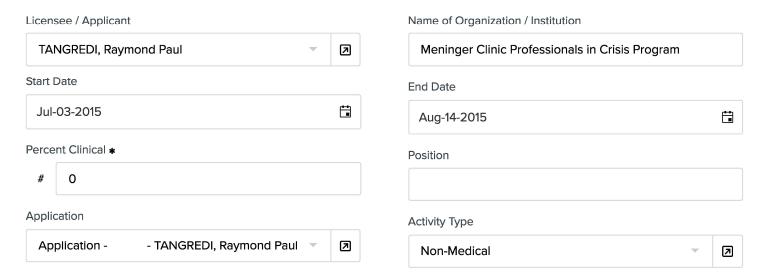


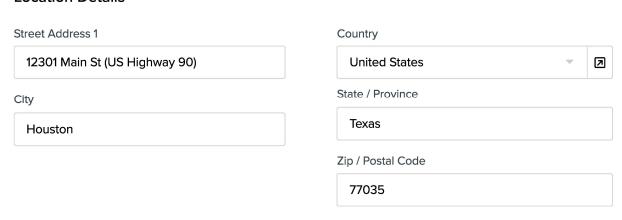


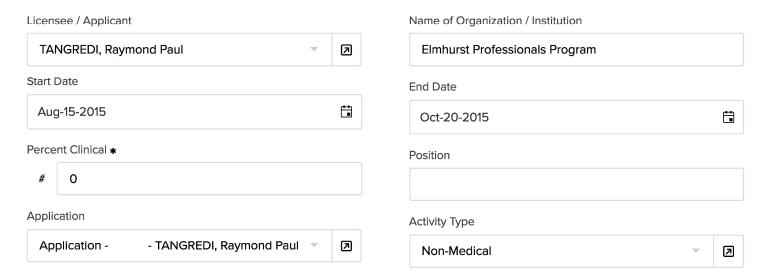


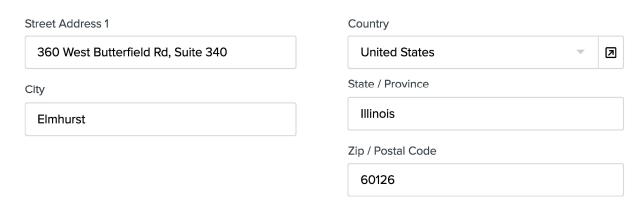


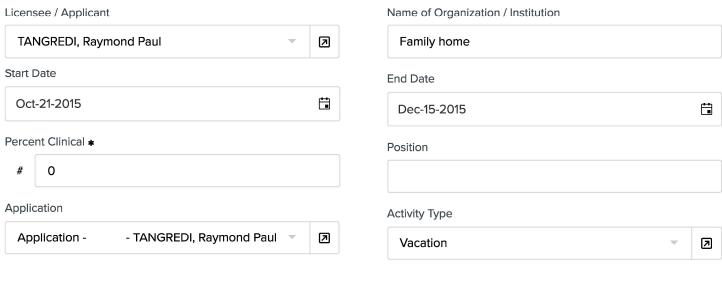




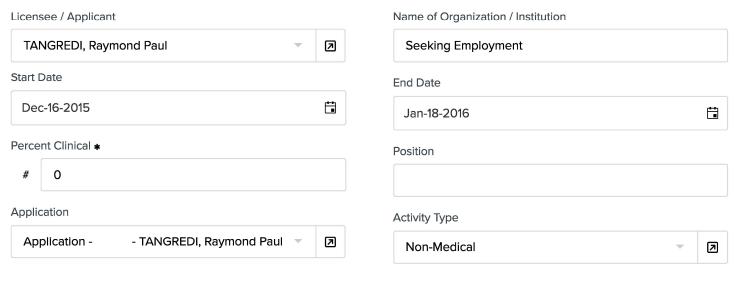


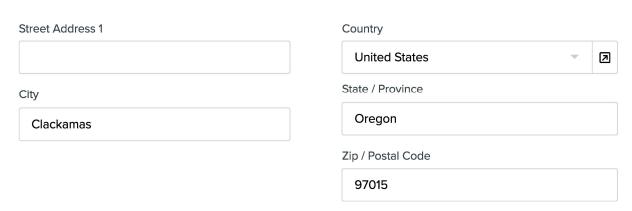


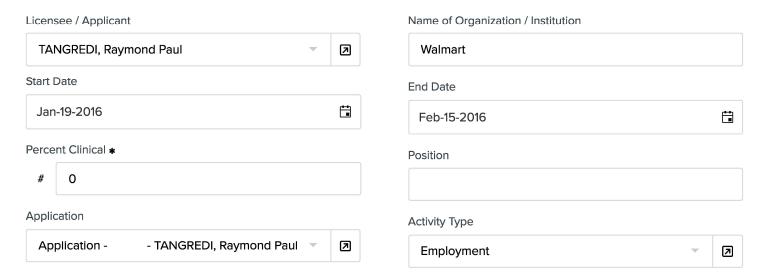




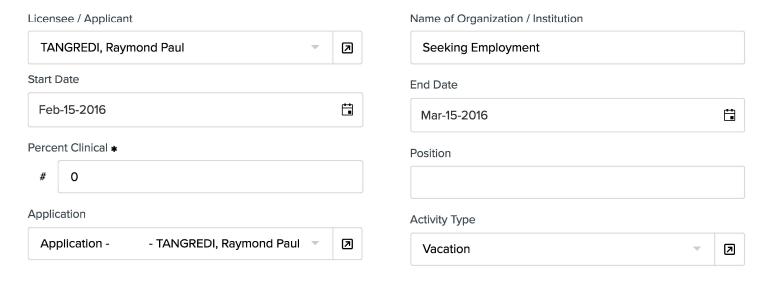


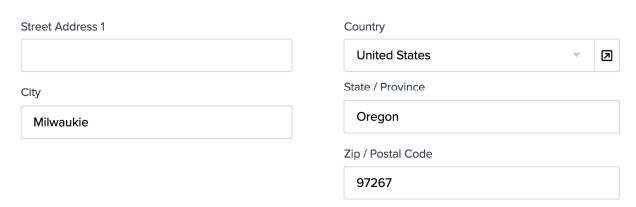


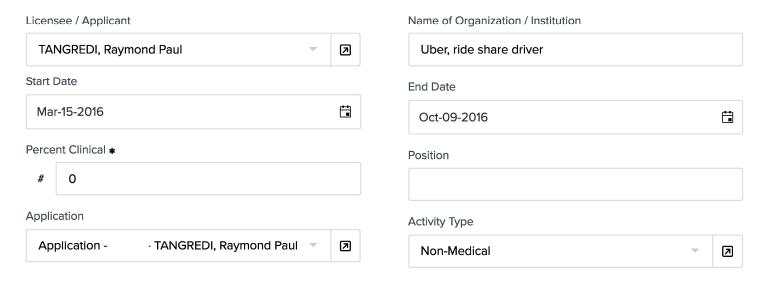


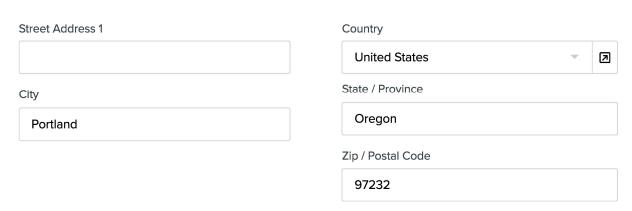


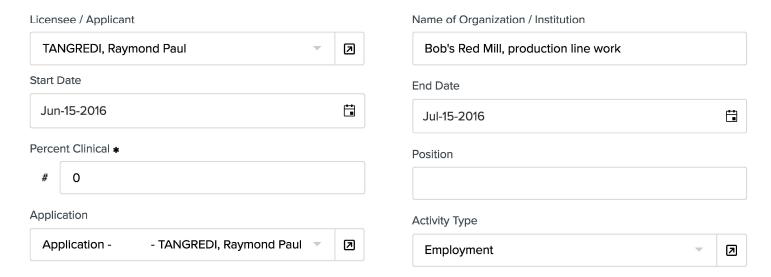


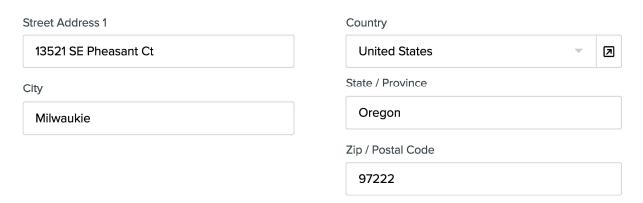


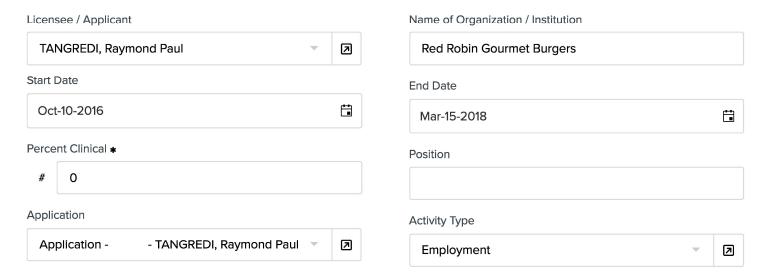




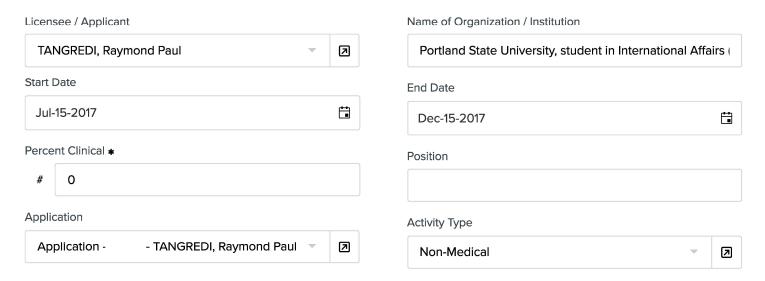




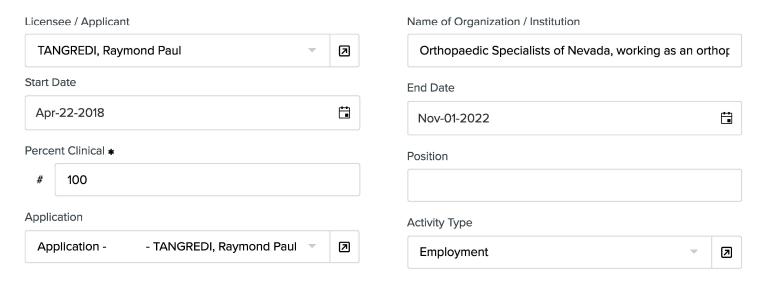




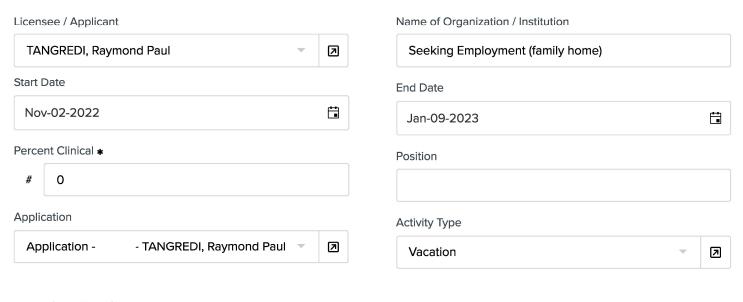




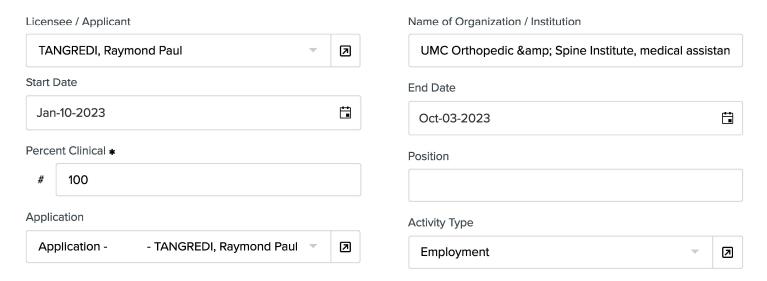








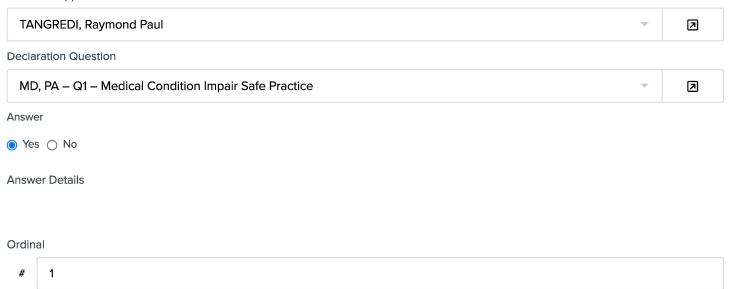






Ordinal †	•	Licensee/Applicant	<b>Y</b> 0	Declaration Question	•	Answer	<b>T</b>	Answer Details
1		TANGREDI, Raymond Paul	N	MD, PA – Q1 – Medical Condition Impair Safe Practice		Yes		
2		TANGREDI, Raymond Paul	N	MD, PA – Q2 – Medical Condition Field of Practice		Yes		
3		TANGREDI, Raymond Paul	N	MD, PA – Q3 – Chemical Substances Impair Safe Practice		No		
4		TANGREDI, Raymond Paul	N	MD, PA, LL – Q4 – Performance of Public Service Requirement		No		
5		TANGREDI, Raymond Paul	Δ	ALL – Q5 – Named Defendant Respond to Legal Action		Yes		
6		TANGREDI, Raymond Paul	Δ	ALL – Q6 – Malpractice Claim Paid		Yes		
7		TANGREDI, Raymond Paul	Δ	ALL – Q7 – Arrest Question		Yes		
8		TANGREDI, Raymond Paul	N	MD, Previously applied for licensure in Nevada.		Yes		
9		TANGREDI, Raymond Paul	N	MD – Investigation Disciplinary during Training Program		No		
10		TANGREDI, Raymond Paul	N	MD – Q8 – Denied License / Permission to Practice Medicine		No		
11		TANGREDI, Raymond Paul	N	MD – Q9 – Medical License Revoked		Yes		
12		TANGREDI, Raymond Paul	N	MD – Q11 – Voluntarily Surrendered a License		Yes		
13		TANGREDI, Raymond Paul	N	MD – Q12 – Denied Membership		No		
14		TANGREDI, Raymond Paul	N	MD – Q13 – Investigation – Respond To/Notify Of		Yes		
15		TANGREDI, Raymond Paul	N	MD, PA – Q10 – Controlled Substance Registration		Yes		
16		TANGREDI, Raymond Paul	N	MD, PA, CCP, Hospital Privileges Denied, Suspended.		No		

Licensee/Applicant

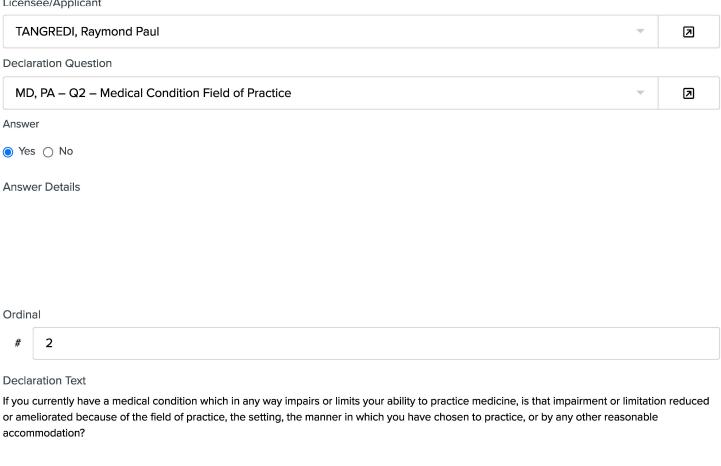


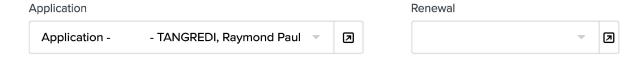
**Declaration Text** 

Do you currently have a medical condition which in any way impairs or limits your ability to practice medicine with reasonable skill and safety?

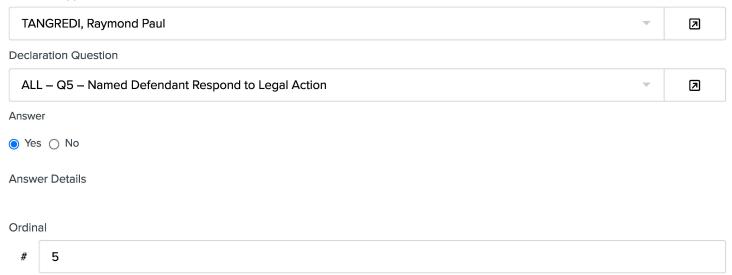


Licensee/Applicant





Licensee/Applicant

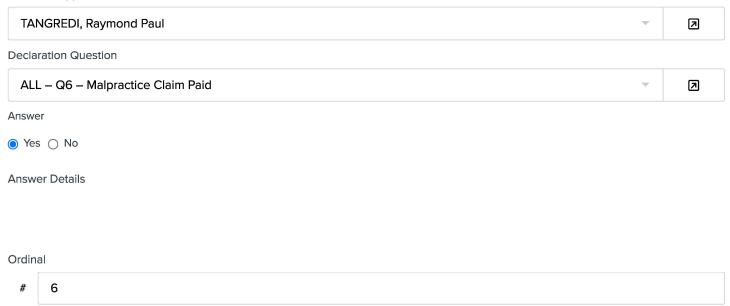


**Declaration Text** 

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?



Licensee/Applicant

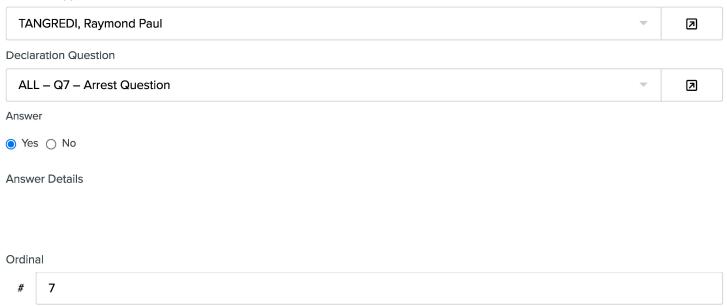


**Declaration Text** 

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?

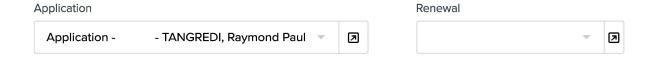


Licensee/Applicant

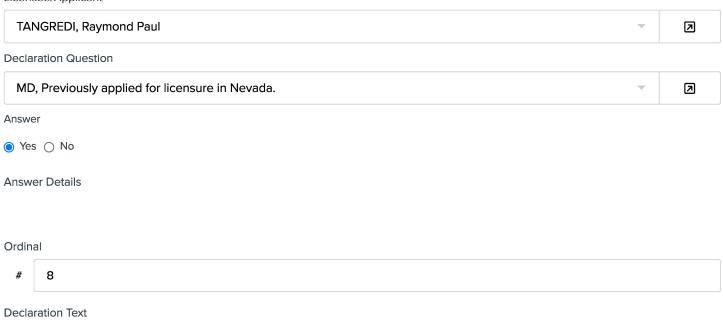


**Declaration Text** 

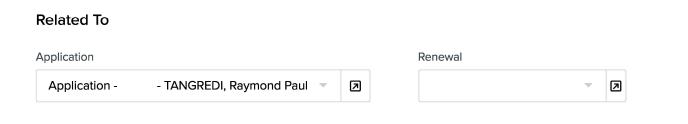
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.



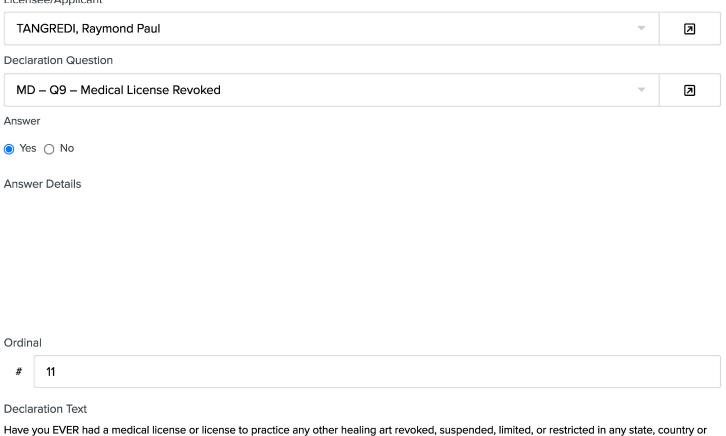
Licensee/Applicant



Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)



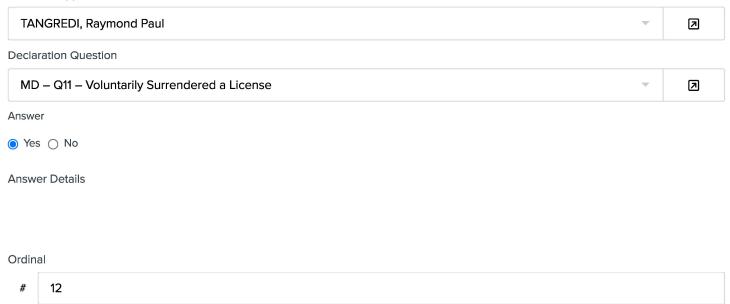
Licensee/Applicant



Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?



Licensee/Applicant



**Declaration Text** 

Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?



Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD - Q13 - Investigation - Respond To/Notify Of

Answer

Yes O No

Answer Details

**7** 

**a** 

Ordinal

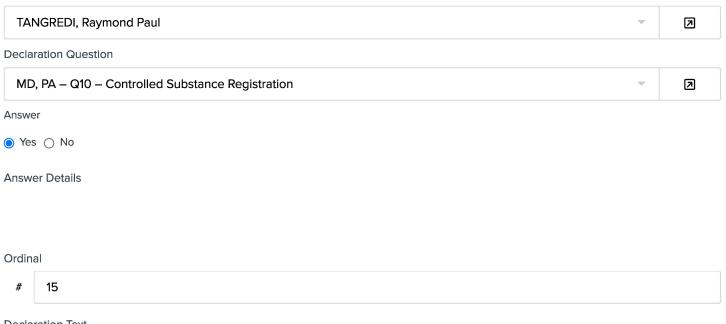
# 14

**Declaration Text** 

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?



Licensee/Applicant



**Declaration Text** 

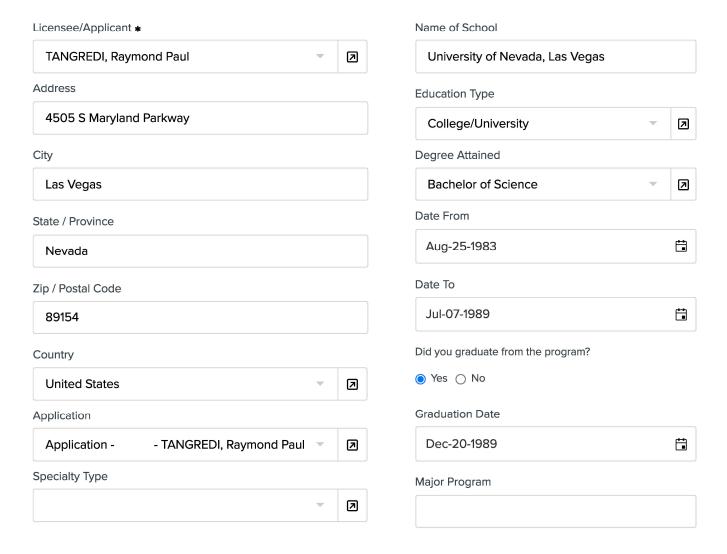
Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?



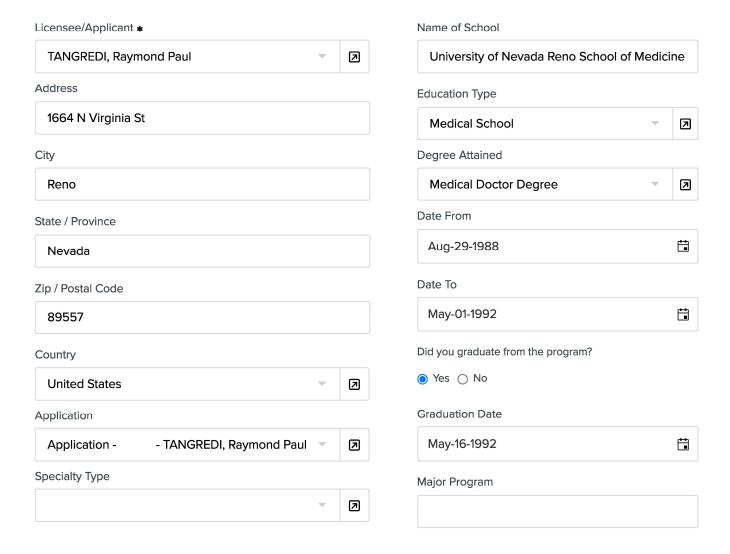
### Education

Licensee/Applicant	Education Type	Name of School	Degree Attained 🔻	Date From ▼	Date To ↑ ▼	Graduation Date
TANGREDI, Raymond Paul	College/University	University of Nevada, Las Vegas	Bachelor of Science	Aug-25-1983	Jul-07-1989	Dec-20-1989
TANGREDI, Raymond Paul	Medical School	University of Nevada Reno School of Medicine	Medical Doctor Degree	Aug-29-1988	May-01-1992	May-16-1992

#### **Education Details**

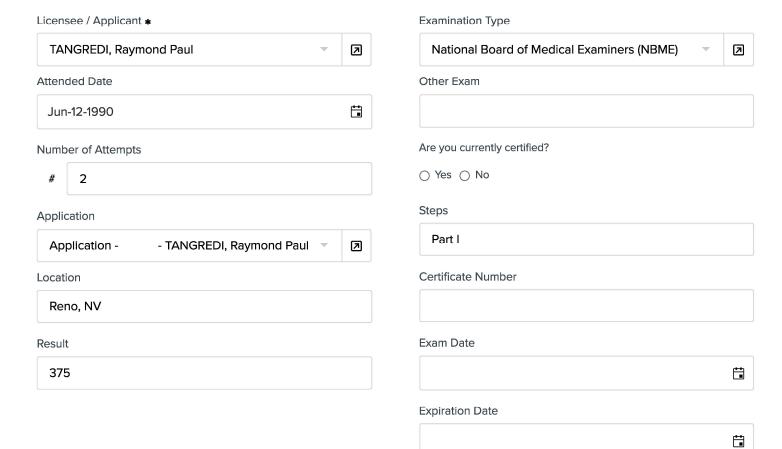


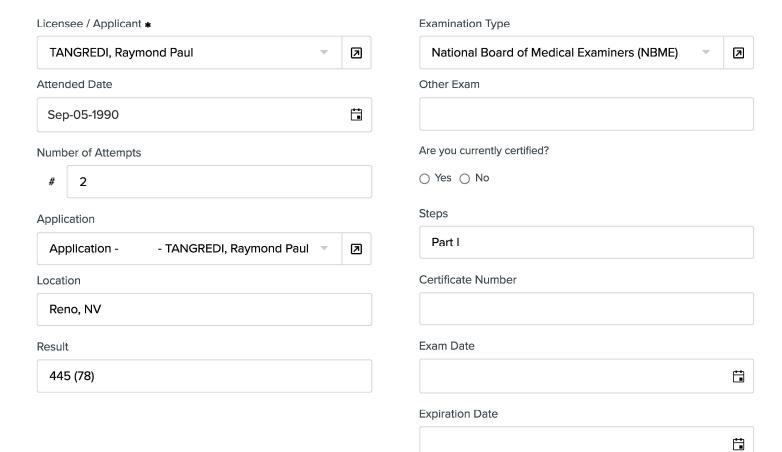
#### **Education Details**

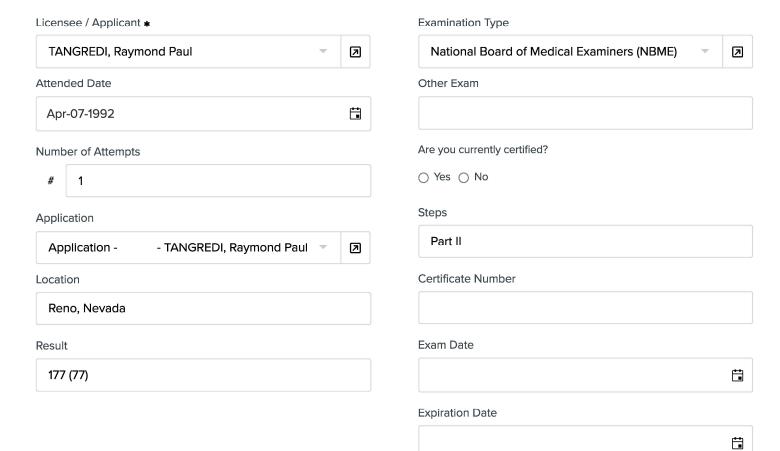


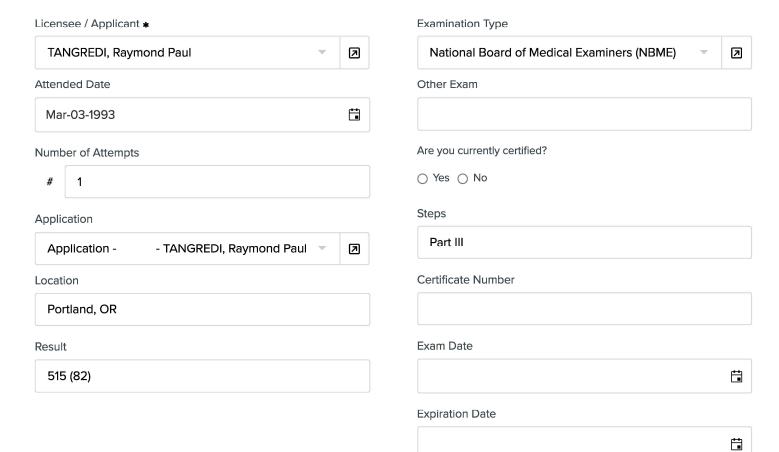
### Examinations

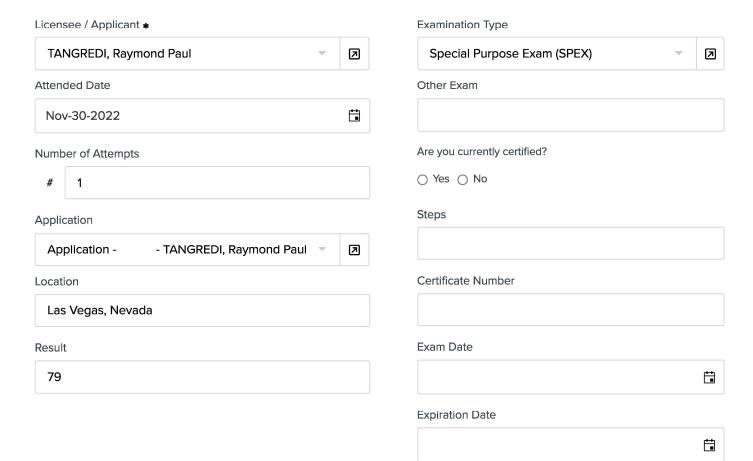
Licensee / Applicant ▼	Examination Type	Attended Date †
TANGREDI, Raymond Paul	National Board of Medical Examiners (NBME)	Jun-12-1990
TANGREDI, Raymond Paul	National Board of Medical Examiners (NBME)	Sep-05-1990
TANGREDI, Raymond Paul	National Board of Medical Examiners (NBME)	Apr-07-1992
TANGREDI, Raymond Paul	National Board of Medical Examiners (NBME)	Mar-03-1993
TANGREDI, Raymond Paul	Special Purpose Exam (SPEX)	Nov-30-2022





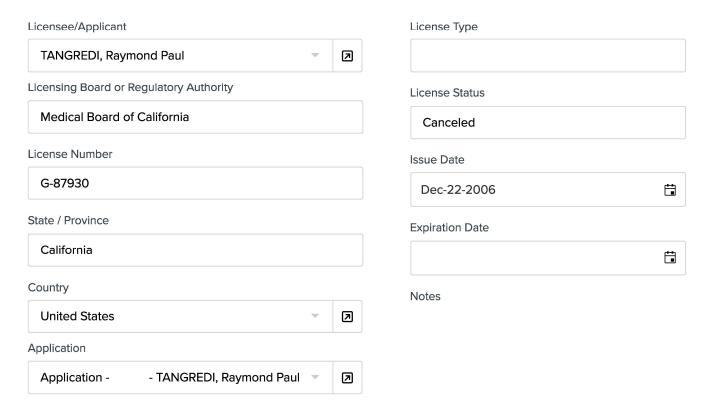


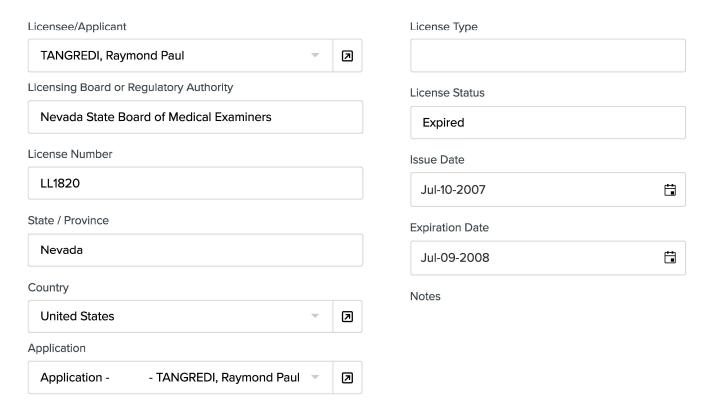


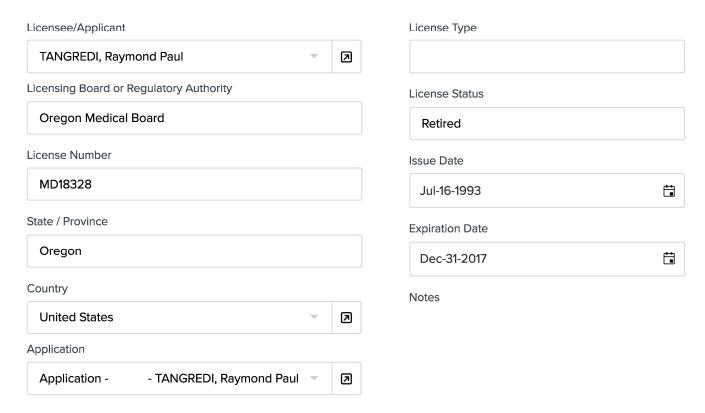


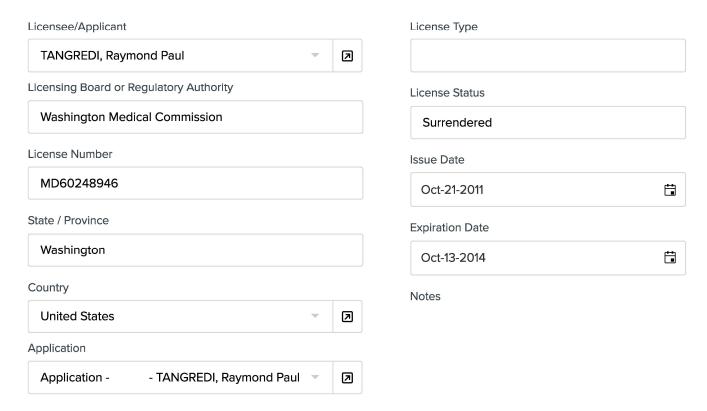
#### Other Licenses

Licensee/Applicant	License Number	Ŧ	License Type	*	Issue Date	<b>T</b>	Expiration Date	Ŧ	State / Province †
TANGREDI, Raymond Paul	G-87930		N/A		Dec-22-2006		N/A		California
TANGREDI, Raymond Paul	LL1820		N/A		Jul-10-2007		Jul-09-2008		Nevada
TANGREDI, Raymond Paul	MD18328		N/A		Jul-16-1993		Dec-31-2017		Oregon
TANGREDI, Raymond Paul	MD60248946		N/A		Oct-21-2011		Oct-13-2014		Washington



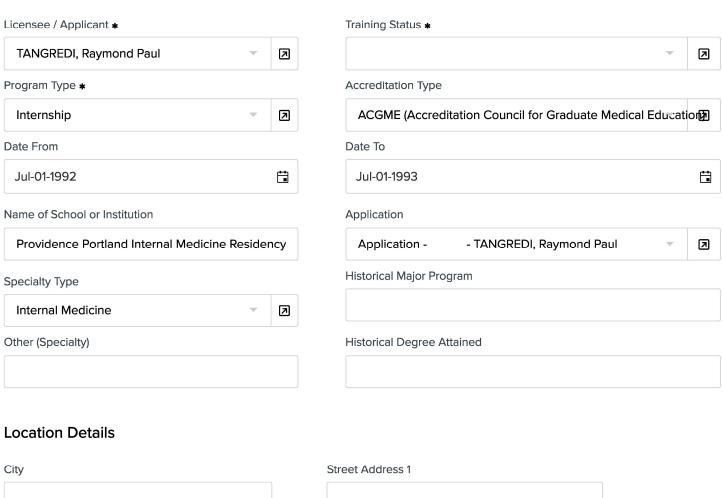


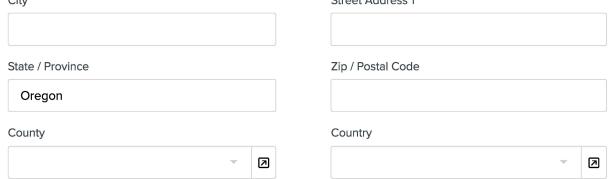




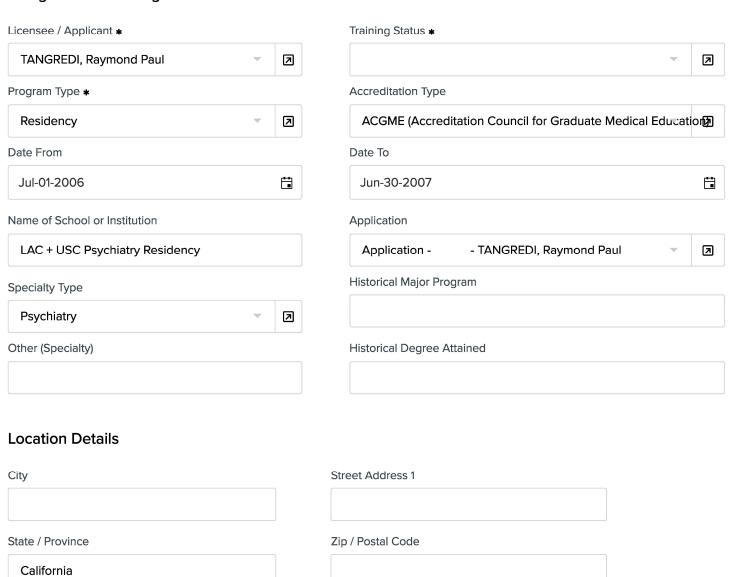
# Postgraduate Training

Licensee / Applicant	Name of School or Institution  ▼	Specialty Type ▼	Date From	Date To ↑ ▼	Program Type
TANGREDI, Raymond Paul	Providence Portland Internal Medicine Residency Program	Internal Medicine	Jul-01-1992	Jul-01-1993	Internship
TANGREDI, Raymond Paul	LAC + USC Psychiatry Residency	Psychiatry	Jul-01-2006	Jun-30-2007	Residency
TANGREDI, Raymond Paul	UNR School of Medicine	Psychiatry	Jul-01-2007	Jun-30-2009	Residency
TANGREDI, Raymond Paul	OHSU Addiction Psychiatry Fellowship	Addiction Psychiatry	Jul-01-2009	Jun-30-2010	Fellowship





County

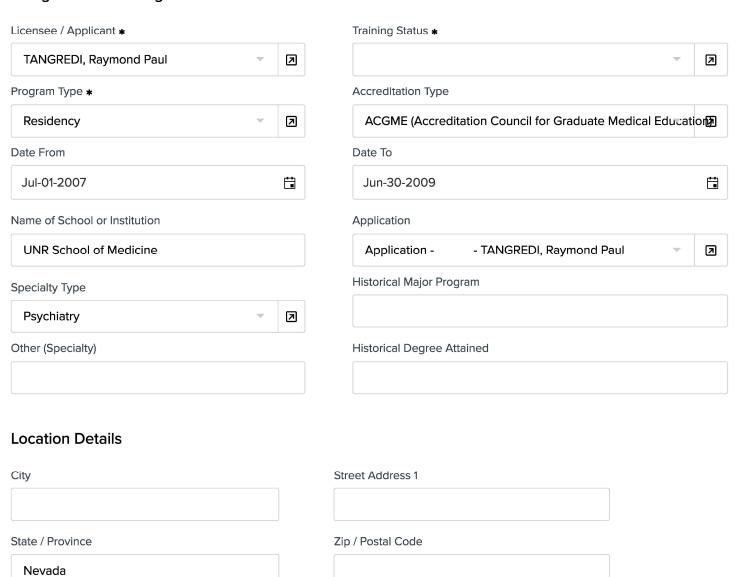


Country

7

**7** 

County

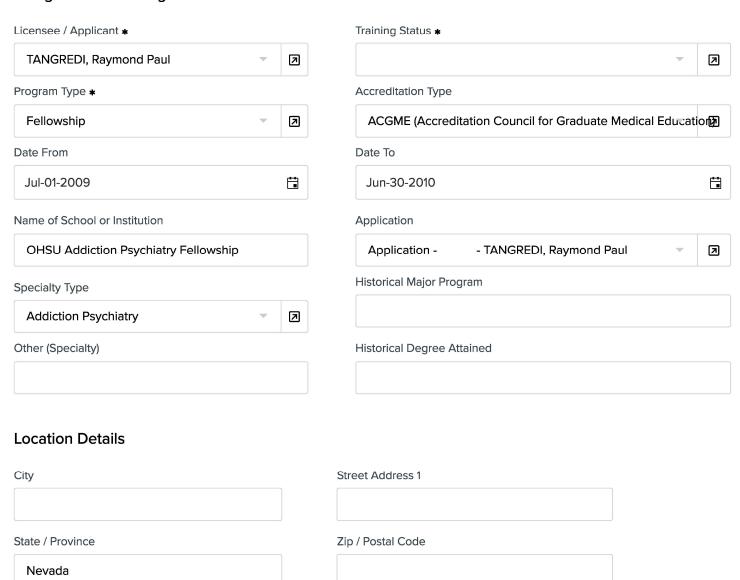


Country

7

**7** 

County



Country

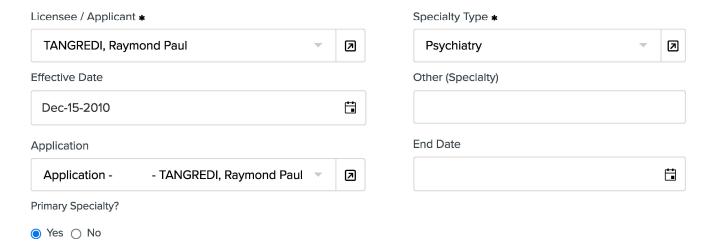
Z

**7** 

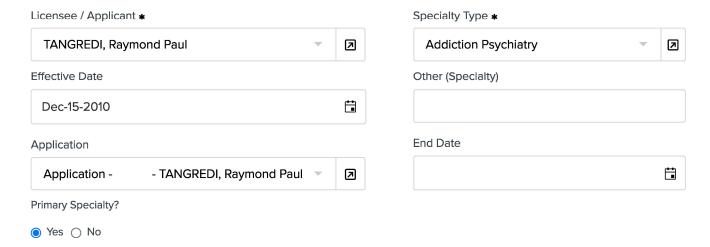
## Specialties

Licensee / Applicant	Specialty Type ▼	Primary Specialty?	Effective Date	End Date
TANGREDI, Raymond Paul	Psychiatry	Yes	Dec-15-2010	N/A
TANGREDI, Raymond Paul	Addiction Psychiatry	Yes	Dec-15-2010	N/A
TANGREDI, Raymond Paul	Urgent Care	No	Aug-15-1993	N/A

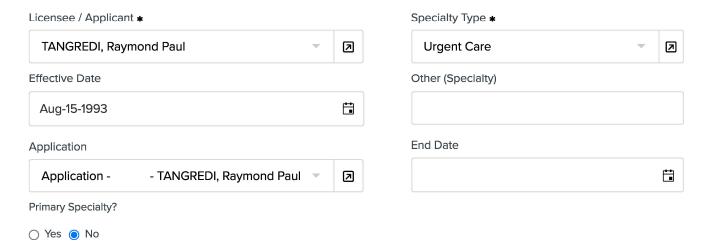
# **Specialty Details**



# **Specialty Details**



# **Specialty Details**



RECEIVED

# **ATTENTION APPLICANT!**

DEC 3 1 2608

NEVADA STATE BOAND OF MEDICAL EXAMINERS

# 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.

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	Raymond	Tungredi	MD	
Sign your name		<u> </u>	3 to 1 to	
Date	12/24/23			

O

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.

