

## Demographic Details

First Name

Raymond

Gender

Male



Middle Name

Paul

Date of Birth

-1965



Last Name \*

TANGREDI

Name Suffix

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)

Public Information

Is this person deceased?

☐ Yes ☒ No

Date Deceased



Do you have a Nevada Business License in your individual name?

☐ Yes ☐ No

Nevada BIN

Historical File Number

## Military Detail

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

☐ Yes ☒ No

## Discipline / SPL

Disciplinary Action?

☐ Yes ☐ No

SPL?

☐ Yes ☐ No

Date of SPL Issuance



## Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

## Public Address

Street Address

3180 Bel Air Drive

Address Line 2

City

Las Vegas

County

Clark

ZIP / Postal Code

89109

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

503-462-4956

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

## Application Status

Applicant \*

TANGREDI, Raymond Paul ▼




Application Number

License Issued?

☐ Yes ☐ No

Application Status

Pending Review by the Board ▼



Assigned To



Manual Paper Application?

☐ Yes ☒ No

License ID Card Conditions (max 120 characters)

## License Details (Pre-Approval)


License Category

Medical Doctor ▼




Obtained By

SPEX ▼



Expected Issue Date



Credentials / Degree Suffix (Enter before approval!)

M.D.


Expected Expiration Date




## Application Details

Application Type

Medical Doctor - Active ▼



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

- Paid in Full

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

Not subject to a court order

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

☒ Yes ☐ No

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
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, McMinnville, 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

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

May-15-1992



Percent Clinical \*

# 0

Application

Application - - TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Move from Reno, Nevada to Las Vegas for vacation at hc

End Date

Jun-29-1992



Position

Activity Type

Non-Medical ▼



## Location Details

Street Address 1

City

Las Vegas

Country

United States ▼



State / Province

Nevada


Zip / Postal Code

89109

## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Providence Portland Internal Medicine Residency, PGY1



Start Date

Jun-30-1992



End Date

Jun-30-1993



Percent Clinical \*

# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Postgraduate Training ▼



## Location Details

Street Address 1

5050 NE Hoyt, Suite 540

Country

United States ▼



City

Portland

State / Province


Oregon

Zip / Postal Code

97132

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Start Date

Jul-01-1993 

Percent Clinical \*

# 0

Application

Application - - TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Vacation, seeking employment, awaiting Oregon state m

End Date

Jul-18-1993 

Position

Activity Type

Vacation ▼ 

## Location Details

Street Address 1

City

West Linn

Country

United States ▼ 

State / Province

Oregon


Zip / Postal Code

97068

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jul-19-1993



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼



Name of Organization / Institution

MedSource LLC, locum tenens agency working at variou

End Date


Oct-28-1993



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

6345 SW Shakespeare

City

Lake Oswego

Country

United States ▼



State / Province


Oregon

Zip / Postal Code

97035

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Start Date

Oct-30-1993 

Percent Clinical \*

# 100


Application

Application - - TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Sanyati Baptist Hospital

End Date

Feb-28-1994 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

Private Bag 735

City

Kadoma

Country

Zimbabwe ▼ 

State / Province

Sanyati District, Mashonaland


Zip / Postal Code



## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Mar-01-1994



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼




Name of Organization / Institution

MedSource LLC, locums at various clinics in Oregon in th

End Date


Mar-01-1996



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

6345 SW Shakespeare Rd

City

Lake Oswego

Country

United States ▼



State / Province

Oregon

Zip / Postal Code

97035

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Mar-01-1996



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼




Name of Organization / Institution

Various Primary Care and Urgent Care Clinics in Oregon

End Date

Apr-17-1998



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

City

Portland area

Country

United States ▼



State / Province


Oregon

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼




Name of Organization / Institution

Geary Street Urgent Care/Samaritan Health

Start Date

Apr-18-1998



End Date

Apr-18-2006



Percent Clinical \*

# 100

Position


Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

1700 SE Geary St

Country

United States ▼



City

Albany

State / Province


Oregon

Zip / Postal Code

97322

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼	
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Name of Organization / Institution

Sanyati Baptist Hospital
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Start Date

Jul-01-2005	
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End Date

Aug-15-2005	
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Percent Clinical \*

#	100
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Position

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Application

Application -	- TANGREDI, Raymond Paul ▼	
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Activity Type

Medical Practice/Physician ▼	
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## Location Details

Street Address 1

Private Bag 735
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Country

Zimbabwe ▼	
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City

Kadoma
--------

State / Province


Sanyati District, Mashonaland
-------------------------------

Zip / Postal Code

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## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Newberg Urgent Care

Start Date

Apr-19-2006 

End Date

Jun-30-2006 

Percent Clinical \*


# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

2880 Hayes St

Country

United States ▼ 

City

Newberg

State / Province

Oregon


Zip / Postal Code

97132

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

LAC + USC Psychiatry Residency, PGY2 year

Start Date

Jul-01-2006



End Date

Jun-30-2007



Percent Clinical \*

# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Postgraduate Training ▼



## Location Details

Street Address 1

2020 Zonal Avenue

Country

United States ▼



City

Los Angeles

State / Province

California


Zip / Postal Code

90033

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Lakeside Urgent Care, moonlighting opportunity on wee

Start Date

Jan-01-2007



End Date

Jun-30-2009



Percent Clinical \*

# 100

Position


Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

191 S Buena Vista St

Country

United States ▼



City

Burbank

State / Province

California


Zip / Postal Code

91505

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

VA Outpatient Psychiatry Clinic, as 1 month elective durir

Start Date

May-01-2007



End Date

Jun-01-2007



Percent Clinical \*

# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Postgraduate Training ▼



## Location Details

Street Address 1

351 E Temple St

Country

United States ▼



City

Los Angeles

State / Province

California

Zip / Postal Code


90012



## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jul-01-2007



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼




Name of Organization / Institution

VA Outpatient Psychiatry Clinic, part of curriculum throug

End Date


Jun-30-2008



Position

Activity Type

Postgraduate Training ▼



## Location Details

Street Address 1

916 W Owens Ave

City

Las Vegas

Country

United States ▼



State / Province

Nevada

Zip / Postal Code


89106

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Start Date

Jul-01-2007 

Percent Clinical \*

# 100

Application

Application - - TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

University of Nevada Reno School of Medicine, Las Vega

End Date

Jun-30-2009 

Position

Activity Type

Postgraduate Training ▼ 

## Location Details

Street Address 1

625 Shadow Lane

City

Las Vegas

Country

United States ▼ 

State / Province

Nevada


Zip / Postal Code

89106

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jul-01-2009



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼




Name of Organization / Institution

Oregon Health Sciences University Addiction Psychiatry

End Date

Jun-30-2010



Position

Activity Type

Postgraduate Training ▼



## Location Details

Street Address 1

3181 SW Sam Jackson Park Road

City

Portland

Country

United States ▼



State / Province

Oregon


Zip / Postal Code

97239

## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jul-01-2010



Percent Clinical \*

#

20

Application

Application -

- TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Studying for oral Psychiatry NBME Boards, mock boards

End Date

Oct-01-2010



Position

Activity Type

Research/Observership ▼



## Location Details

Street Address 1

City

Portland area

Country

United States ▼



State / Province


Oregon

Zip / Postal Code

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼




Name of Organization / Institution

Gresham Urgent Care

Start Date

Oct-15-2010



End Date

Dec-30-2010



Percent Clinical \*

# 100

Position


Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

2850 Powell Valley Blvd

Country

United States ▼



City

Gresham

State / Province


Oregon

Zip / Postal Code

97080

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Healthworks LLC working as an Addiction Psychiatrist/Sl

Start Date

Jan-01-2011 

End Date

Dec-25-2011 

Percent Clinical \*


# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

1500 NW Bethany Blvd

Country

United States ▼ 

City

Beaverton

State / Province

Oregon


Zip / Postal Code

97006

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Mar-01-2011



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼



Name of Organization / Institution

NW Behavioral Care Adolescent Residential unit, as psyc

End Date


Sep-01-2011



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

18000 Webster Rd

Country

United States ▼



City

Gladstone

State / Province

Oregon


Zip / Postal Code

97027

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Hazelden Springbrook Inpatient Treatment, moonlighting

Start Date

Apr-01-2011



End Date

Oct-01-2011



Percent Clinical \*

# 100

Position


Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

1901 N Esther St

Country

United States ▼



City

Newberg

State / Province

Oregon


Zip / Postal Code

97132



## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Lifeline Connections

Start Date

Jan-10-2012 

End Date

Dec-15-2012 

Percent Clinical \*


# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

1601 E 4th Plain Blvd, Suite A212

Country

United States ▼ 

City

Vancouver

State / Province

Washington

Zip / Postal Code

98661

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jan-01-2013



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Locum tenens at various Urgent care clinics in Oregon (↑)

End Date

Apr-01-2014



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

City

Redmond

Country

United States ▼



State / Province

Oregon


Zip / Postal Code

98052

## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Feb-01-2014



Percent Clinical \*

#

100

Application

Application · - TANGREDI, Raymond Paul ▼



Name of Organization / Institution

My MultiCare LLC (Addiction psychiatry, psychiatry and S

End Date


Jul-02-2015



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

10121 SE Sunnyside Rd, suite 300

City

Clackamas

Country

United States ▼



State / Province

Oregon


Zip / Postal Code

97015

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Apr-01-2014



Percent Clinical \*

#

100

Application

Application -

- TANGREDI, Raymond Paul ▼




Name of Organization / Institution

Montenido Eating Disorders, partial hospitalization and r

End Date


Jul-02-2015



Position

Activity Type

Medical Practice/Physician ▼



## Location Details

Street Address 1

7119 S Macadam

City

Portland (and Springfield)

Country

United States ▼



State / Province


Oregon

Zip / Postal Code

97219

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Start Date

Jan-01-2015 

Percent Clinical \*

# 100

Application

Application - - TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution


Western Psychological and Counseling Services--Addicti 

End Date

Jul-02-2015 

Position

Activity Type

Medical Practice/Physician ▼ 

## Location Details

Street Address 1

880 82nd Drive

City

Gladstone

Country

United States ▼ 

State / Province

Oregon


Zip / Postal Code

97027

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Meninger Clinic Professionals in Crisis Program

Start Date

Jul-03-2015



End Date

Aug-14-2015



Percent Clinical \*

# 0

Position


Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Non-Medical ▼



## Location Details

Street Address 1

12301 Main St (US Highway 90)

Country

United States ▼



City

Houston

State / Province


Texas

Zip / Postal Code

77035

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Elmhurst Professionals Program

Start Date

Aug-15-2015 

End Date

Oct-20-2015 

Percent Clinical \*


# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Non-Medical ▼ 

## Location Details

Street Address 1

360 West Butterfield Rd, Suite 340

Country

United States ▼ 

City

Elmhurst

State / Province


Illinois

Zip / Postal Code

60126

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Family home

Start Date

Oct-21-2015 

End Date

Dec-15-2015 

Percent Clinical \*

# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Vacation ▼ 

## Location Details

Street Address 1

Country

United States ▼ 

City

Las Vegas

State / Province

Nevada


Zip / Postal Code

89109



## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Seeking Employment

Start Date

Dec-16-2015 

End Date

Jan-18-2016 

Percent Clinical \*

# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Non-Medical ▼ 

## Location Details

Street Address 1

Country

United States ▼ 

City

Clackamas

State / Province

Oregon

Zip / Postal Code

97015

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Start Date

Jan-19-2016 

Percent Clinical \*

# 0

Application

Application - - TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Walmart

End Date

Feb-15-2016 

Position

Activity Type

Employment ▼ 

## Location Details

Street Address 1

14504 NE Fourth Plain Blvd

City

Vancouver

Country

United States ▼ 

State / Province


Washington

Zip / Postal Code

98682

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Seeking Employment

Start Date

Feb-15-2016 

End Date

Mar-15-2016 

Percent Clinical \*

# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Vacation ▼ 

## Location Details

Street Address 1

Country

United States ▼ 

City

Milwaukie

State / Province

Oregon


Zip / Postal Code

97267

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Uber, ride share driver

Start Date

Mar-15-2016



End Date

Oct-09-2016



Percent Clinical \*

# 0

Position

Application

Application - TANGREDI, Raymond Paul ▼



Activity Type

Non-Medical ▼



## Location Details

Street Address 1

Country

United States ▼



City

Portland

State / Province


Oregon

Zip / Postal Code

97232

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Bob's Red Mill, production line work

Start Date

Jun-15-2016 

End Date

Jul-15-2016 

Percent Clinical \*


# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Employment ▼ 

## Location Details

Street Address 1

13521 SE Pheasant Ct

Country

United States ▼ 

City

Milwaukie

State / Province

Oregon


Zip / Postal Code

97222

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Red Robin Gourmet Burgers

Start Date

Oct-10-2016



End Date

Mar-15-2018



Percent Clinical \*

# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Employment ▼



## Location Details

Street Address 1

1139 NE Grand Ave

Country

United States ▼



City

Portland

State / Province

Oregon


Zip / Postal Code

97232

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Start Date

Jul-15-2017



Percent Clinical \*

# 0

Application

Application - - TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Portland State University, student in International Affairs (

End Date

Dec-15-2017



Position

Activity Type

Non-Medical ▼



## Location Details

Street Address 1

1825 SW Broadway

City

Portland

Country

United States ▼



State / Province

Oregon


Zip / Postal Code

97201

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

Orthopaedic Specialists of Nevada, working as an orthop

Start Date

Apr-22-2018



End Date

Nov-01-2022



Percent Clinical \*

# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Employment ▼



## Location Details

Street Address 1

3233 W Charleston Blvd, Suite 101

Country

United States ▼



City

Las Vegas

State / Province

Nevada


Zip / Postal Code

89102



## Application Activity Details


Licensee / Applicant

TANGREDI, Raymond Paul ▼ 

Name of Organization / Institution

Seeking Employment (family home)

Start Date

Nov-02-2022 

End Date

Jan-09-2023 

Percent Clinical \*

# 0

Position

Application

Application - - TANGREDI, Raymond Paul ▼ 

Activity Type

Vacation ▼ 

## Location Details

Street Address 1

Country

United States ▼ 

City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89109

## Application Activity Details

Licensee / Applicant

TANGREDI, Raymond Paul ▼



Name of Organization / Institution

UMC Orthopedic & Spine Institute, medical assistan


Start Date

Jan-10-2023



End Date

Oct-03-2023



Percent Clinical \*

# 100

Position

Application

Application - - TANGREDI, Raymond Paul ▼



Activity Type

Employment ▼



## Location Details

Street Address 1

2231 West Charleston Blvd

Country

United States ▼



City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89102

## Declarations

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

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#1

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?

Related To

Application

Application - - TANGREDI, Raymond Paul


Renewal

## Declaration

Licensee/Applicant

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice	▼	
---	---	---

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	2
---	---

Declaration Text

If you currently have a medical condition which in any way impairs or limits your ability to practice medicine, is that impairment or limitation reduced or ameliorated because of the field of practice, the setting, the manner in which you have chosen to practice, or by any other reasonable accommodation?

## Related To

Application

Application -	- TANGREDI, Raymond Paul	▼	
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Renewal

	▼	
--	---	---

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul	▼	
------------------------	---	--

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 -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	--

Renewal

	▼	
--	---	--

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

▾

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 -

- TANGREDI, Raymond Paul

▾

Renewal


▾

## Declaration

Licensee/Applicant

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Declaration Question

ALL – Q7 – Arrest Question	▼	
----------------------------	---	---

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	7
---	---

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.

## Related To

Application

Application -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	---

Renewal

	▼	
--	---	---



Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD, Previously applied for licensure in Nevada.

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#

8

Declaration Text

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

Related To

Application

Application -

- TANGREDI, Raymond Paul

Renewal

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD – Q9 – Medical License Revoked

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#11

Declaration Text

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?

Related To

Application

Application - - TANGREDI, Raymond Paul

Renewal

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD – Q11 – Voluntarily Surrendered a License

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#12

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?

Related To

Application

Application -

- TANGREDI, Raymond Paul

Renewal

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of

Answer

☒ Yes ☐ No

Answer Details

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?

Related To

Application

Application -

- TANGREDI, Raymond Paul

Renewal

Declaration

Licensee/Applicant

TANGREDI, Raymond Paul

Declaration Question

MD, PA – Q10 – Controlled Substance Registration

Answer

☒ Yes ☐ No

Answer Details

Ordinal

#15

Declaration Text

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

Related To

Application

Application - - TANGREDI, Raymond Paul

Renewal

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

Licensee/Applicant \*

TANGREDI, Raymond Paul

▼



Address

4505 S Maryland Parkway

City

Las Vegas

State / Province

Nevada

Zip / Postal Code

89154

Country

United States

▼



Application

Application -

- TANGREDI, Raymond Paul

▼



Specialty Type

▼



Name of School

University of Nevada, Las Vegas

Education Type

College/University

▼



Degree Attained

Bachelor of Science

▼



Date From

Aug-25-1983



Date To

Jul-07-1989



Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Dec-20-1989



Major Program

Education Details

Licensee/Applicant \*

TANGREDI, Raymond Paul

▼



Address

1664 N Virginia St

City

Reno

State / Province

Nevada

Zip / Postal Code

89557

Country

United States

▼



Application

Application -

- TANGREDI, Raymond Paul

▼



Specialty Type

▼



Name of School

University of Nevada Reno School of Medicine

Education Type

Medical School

▼



Degree Attained

Medical Doctor Degree

▼



Date From

Aug-29-1988



Date To

May-01-1992




Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

May-16-1992



Major Program



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

Examination Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼



Attended Date

Jun-12-1990



Number of Attempts

#


2

Application

Application -

- TANGREDI, Raymond Paul

▼



Location

Reno, NV


Result

375

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼



Attended Date

Sep-05-1990



Number of Attempts

#

2

Application

Application -

- TANGREDI, Raymond Paul

▼



Location

Reno, NV


Result

445 (78)

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part I

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼

Attended Date

Apr-07-1992

Number of Attempts

#

1

Application

Application -

- TANGREDI, Raymond Paul

▼

Location

Reno, Nevada

Result

177 (77)

Examination Type

National Board of Medical Examiners (NBME)

▼

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part II

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼



Attended Date

Mar-03-1993



Number of Attempts

#

1

Application

Application -

- TANGREDI, Raymond Paul

▼



Location

Portland, OR


Result

515 (82)

Examination Type

National Board of Medical Examiners (NBME)

▼



Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Part III

Certificate Number

Exam Date




Expiration Date



## Examination Details

Licensee / Applicant \*

TANGREDI, Raymond Paul ▼ 

Attended Date

Nov-30-2022 

Number of Attempts

# 1

Application

Application - - TANGREDI, Raymond Paul ▼ 

Location

Las Vegas, Nevada

Result

79

Examination Type

Special Purpose Exam (SPEX) ▼ 

Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	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

Other License Details

Licensee/Applicant

TANGREDI, Raymond Paul

▼



Licensing Board or Regulatory Authority

Medical Board of California

License Number

G-87930

State / Province

California

Country

United States

▼



Application

Application -

- TANGREDI, Raymond Paul

▼




License Type

License Status

Canceled

Issue Date

Dec-22-2006



Expiration Date



Notes



Other License Details

Licensee/Applicant

TANGREDI, Raymond Paul

▼



Licensing Board or Regulatory Authority

Nevada State Board of Medical Examiners

License Number

LL1820

State / Province

Nevada

Country

United States

▼




Application

Application -

- TANGREDI, Raymond Paul

▼



License Type

License Status

Expired

Issue Date

Jul-10-2007



Expiration Date

Jul-09-2008



Notes

Other License Details

Licensee/Applicant

TANGREDI, Raymond Paul

▼



Licensing Board or Regulatory Authority

Oregon Medical Board

License Number

MD18328

State / Province

Oregon

Country

United States

▼



Application

Application -

- TANGREDI, Raymond Paul

▼



License Type

License Status

Retired

Issue Date

Jul-16-1993



Expiration Date

Dec-31-2017



Notes

Other License Details

Licensee/Applicant

TANGREDI, Raymond Paul

▼



Licensing Board or Regulatory Authority

Washington Medical Commission

License Number

MD60248946

State / Province

Washington

Country

United States

▼



Application

Application -

- TANGREDI, Raymond Paul

▼



License Type

License Status

Surrendered

Issue Date

Oct-21-2011



Expiration Date

Oct-13-2014



Notes

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

## Postgraduate Training Details

Licensee / Applicant \*

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Program Type \*

Internship	▼	
------------	---	---

Date From

Jul-01-1992	
-------------	---

Name of School or Institution

Providence Portland Internal Medicine Residency
---

Specialty Type

Internal Medicine	▼	
-------------------	---	---

Other (Specialty)

--

Training Status \*

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jul-01-1993	
-------------	---

Application

Application -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

## Location Details


City

--

State / Province

Oregon
--------

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code


--

Country

	▼	
--	---	---

## Postgraduate Training Details

Licensee / Applicant \*

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Program Type \*

Residency	▼	
-----------	---	---

Date From

Jul-01-2006	
-------------	---

Name of School or Institution

LAC + USC Psychiatry Residency
--------------------------------

Specialty Type

Psychiatry	▼	
------------	---	---

Other (Specialty)

--

Training Status \*

	▼	
--	---	---

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2007	
-------------	---

Application

Application -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

## Location Details

City

--

State / Province

California
------------

County

	▼	
--	---	---


Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

## Postgraduate Training Details

Licensee / Applicant \*

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Program Type \*

Residency	▼	
-----------	---	---

Date From

Jul-01-2007	
-------------	---

Name of School or Institution

UNR School of Medicine
------------------------

Specialty Type

Psychiatry	▼	
------------	---	---

Other (Specialty)

--

Training Status \*

	▼	
--	---	---

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2009	
-------------	---

Application

Application -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

## Location Details


City

--

State / Province

Nevada
--------

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code


--

Country

	▼	
--	---	---

## Postgraduate Training Details

Licensee / Applicant \*

TANGREDI, Raymond Paul	▼	
------------------------	---	---

Program Type \*

Fellowship	▼	
------------	---	---

Date From

Jul-01-2009	
-------------	---

Name of School or Institution

OHSU Addiction Psychiatry Fellowship
--------------------------------------

Specialty Type

Addiction Psychiatry	▼	
----------------------	---	---

Other (Specialty)

--

Training Status \*

	▼	
--	---	---

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2010	
-------------	---

Application

Application -	- TANGREDI, Raymond Paul	▼	
---------------	--------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

## Location Details

City

--

State / Province

Nevada
--------

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---



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

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼



Effective Date

Dec-15-2010



Application

Application -

- TANGREDI, Raymond Paul

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type \*


Psychiatry

▼



Other (Specialty)

End Date



Specialty Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼

Effective Date

Dec-15-2010

Application

Application -

- TANGREDI, Raymond Paul

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type \*

Addiction Psychiatry

▼

Other (Specialty)

End Date

Specialty Details

Licensee / Applicant \*

TANGREDI, Raymond Paul

▼

Effective Date

Aug-15-1993

Application

Application -

- TANGREDI, Raymond Paul

▼

Primary Specialty?

☐ Yes ☒ No

Specialty Type \*

Urgent Care

▼

Other (Specialty)

End Date

RECEIVED

DEC 31 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 Raymond Tangredi MD

Sign your name \_\_\_\_\_

Date 12/24/23

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.

