Demographic Details

First Name	Gender		
Shahandeh	Female	•	7
Middle Name	Date of Birth		
	-1956		
Last Name *	Name Suffix		
Haghir			
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	ation)	
Is this person deceased?	Fublic information		
○ Yes ○ No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

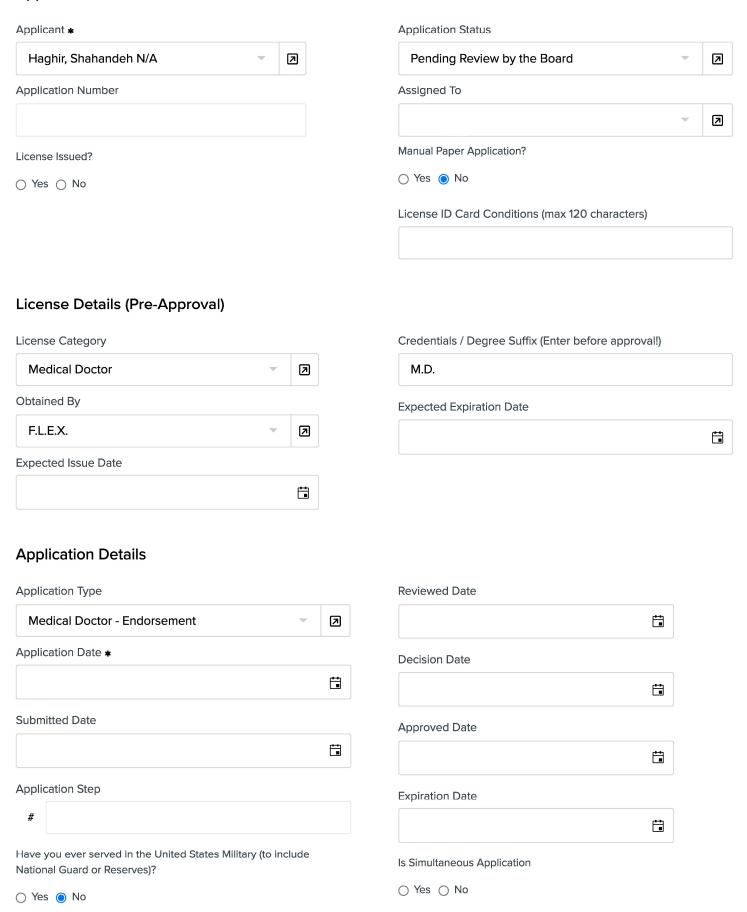
Military Detail

Have you ever served in the United States Military (to i	nclude 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
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
6632 Titanium Crest Street	89148
Address Line 2	State / Province
Address Effe 2	Nevada
City	Country
Las Vegas	United States
County	Is your physical address different from your mailing address?
Clark	○ Yes No
	Public Phone
	# (315) 489-9270

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		ä
Licensure Invoice	Licensure Payment Date	
	,	Ë
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 requirements found in Nevada Revised Statute 432E the abuse or neglect of a child. Solvent Technology (Polyago and State Board of Medical Examiners (Board) by for physicians and physician assistants who practice state of Nevada or via telemedicine and whose physicians outside the state of Nevada or the United States.	B.220 regarding process from the by electronic mail, a medicine in the sical presence
Yes ○ No	○ Yes ○ No	
I am willing to accept Board communications to me, to include	Child Support Attestation Type	
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	Not subject to a court order	7
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 underst am accountable for completing my application for m 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 whose name and signature voluntarily appears belo irrevocably agree to the Civil Applicant Waiver.	-
the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if	Yes ○ No	

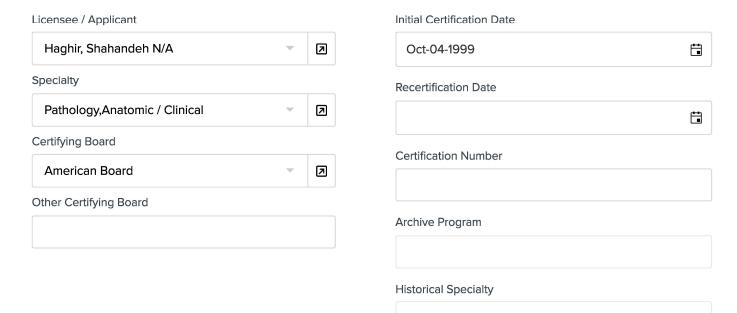
medicine in the state of Nevada.

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

Board Certifications

Licensee / Applicant	₹	Certifying Board	Ŧ	Other Certifying Board	T	Specialty	T	Initial Certification Date	T	Recertification Date
Haghir, Shahandeh N/A		American Board		N/A		Pathology,Anatomic / Clinical		Oct-04-1999		N/A

Board Certification Details



Connected Record

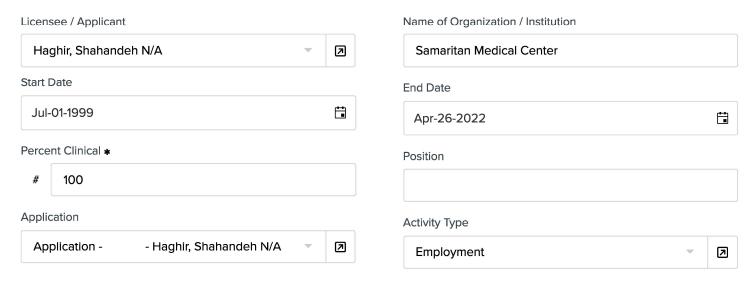
Application

Application - - Haghir, Shahandeh N/A 🔻 🗵

Activities

Licensee / Applicant	Ŧ	Name of Organization / Institution	Ŧ	Start Date	₹	End Date	T	Percent Clinical	
Haghir, Shahandeh N/A		Samaritan Medical Center		Jul-01-1999		Apr-26-2022		100	

Application Activity Details



Location Details

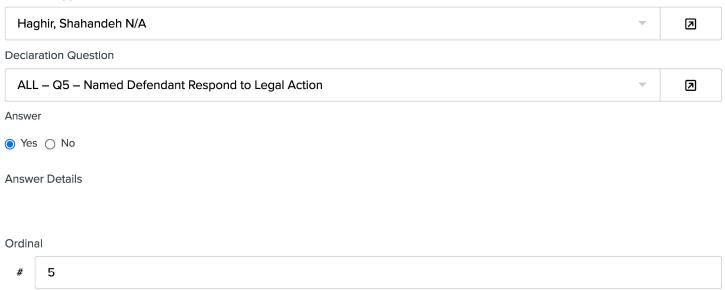


Declarations

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

Declaration

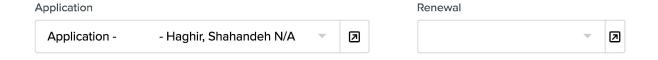
Licensee/Applicant



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?

Related To



Declaration

Licensee/Applicant



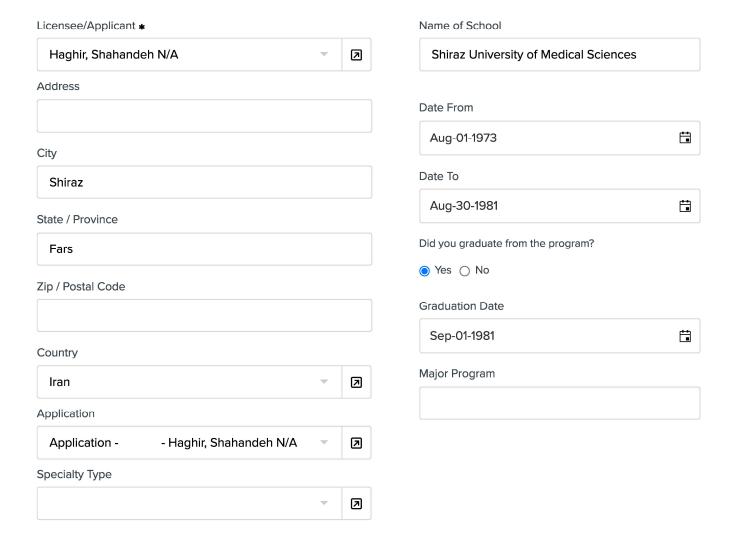
Related To



Education

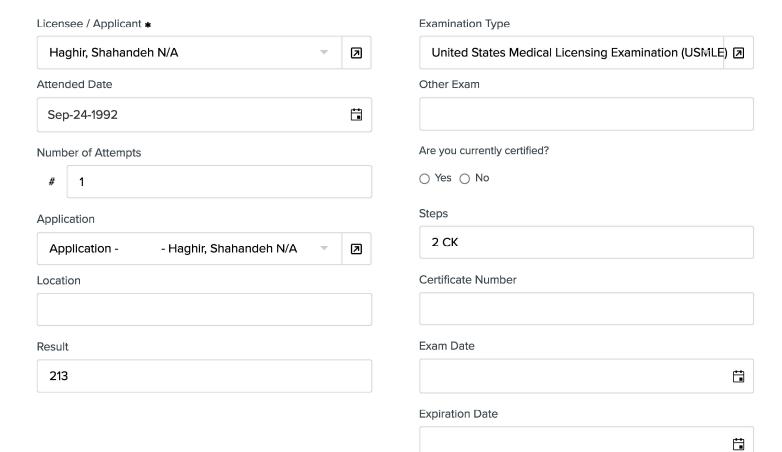
Licensee/Applicant	Education Type	Name of School	▼	Degree Attained	•	Date From	▼	Date To ↑	T	Graduation Date
Haghir, Shahandeh N/A	Medical School	Shiraz University of Medical Sciences		Medical Doctor Degree		Aug-01-1973		Aug-30-1981		Sep-01-1981

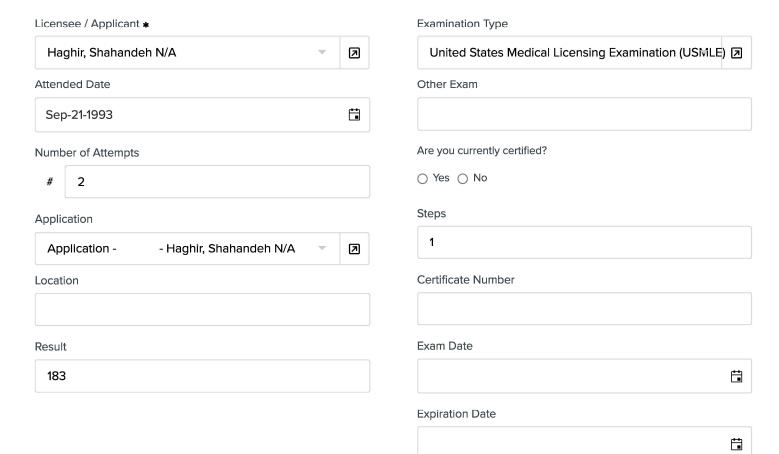
Education Details

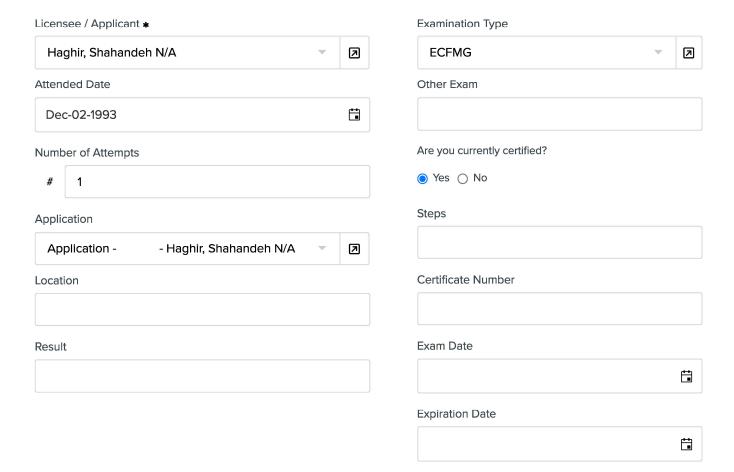


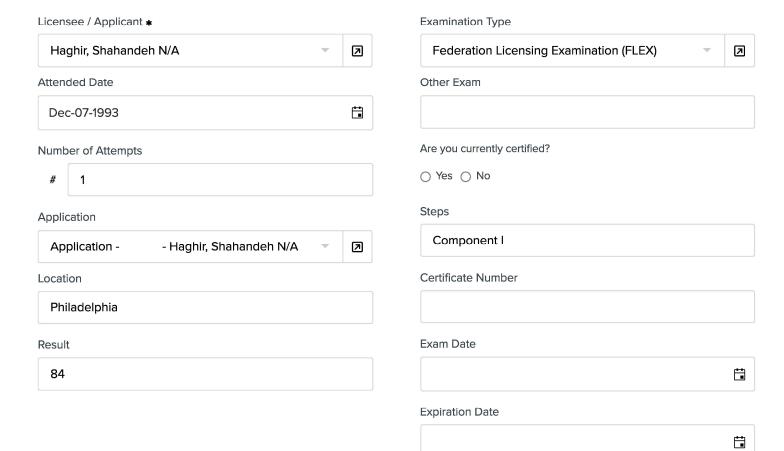
Examinations

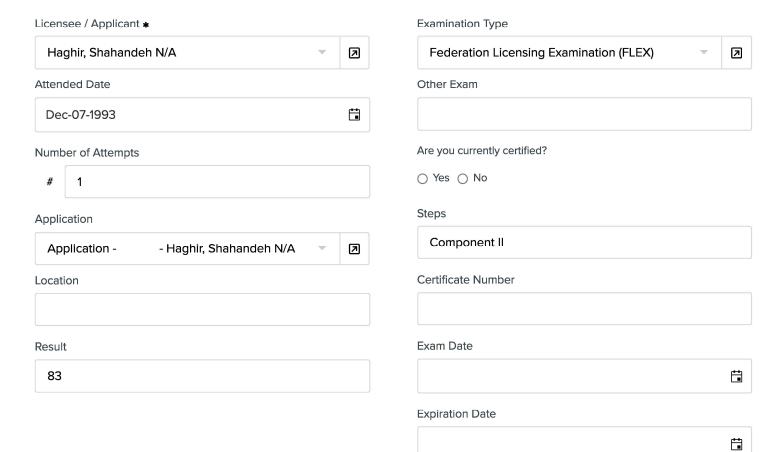
Licensee / Applicant ▼	Examination Type	Attended Date †		
Haghir, Shahandeh N/A	United States Medical Licensing Examination (USMLE)	Sep-24-1992		
Haghir, Shahandeh N/A	United States Medical Licensing Examination (USMLE)	Sep-21-1993		
Haghir, Shahandeh N/A	ECFMG	Dec-02-1993		
Haghir, Shahandeh N/A	Federation Licensing Examination (FLEX)	Dec-07-1993		
Haghir, Shahandeh N/A	Federation Licensing Examination (FLEX)	Dec-07-1993		







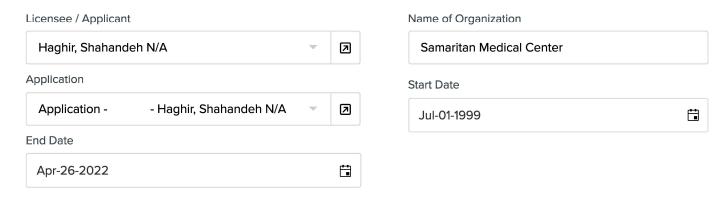




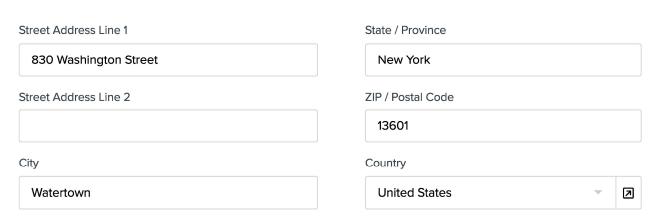
Hospitals

Licensee / Applicant	Name of Organization	Start Date †	End Date
Haghir, Shahandeh N/A	Samaritan Medical Center	Jul-01-1999	Apr-26-2022
Haghir, Shahandeh N/A	Lewis County General Hospital	Nov-01-2004	Nov-28-2008
Haghir, Shahandeh N/A	Clifton -Fine Hospital	Jul-01-2016	N/A

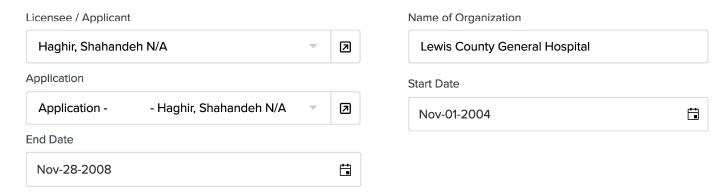
Hospital Details



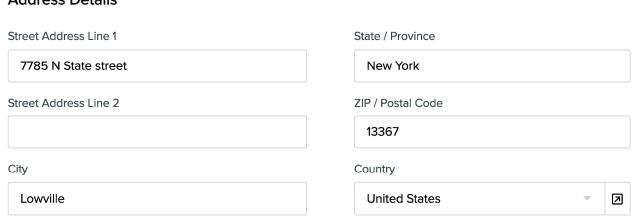
Address Details



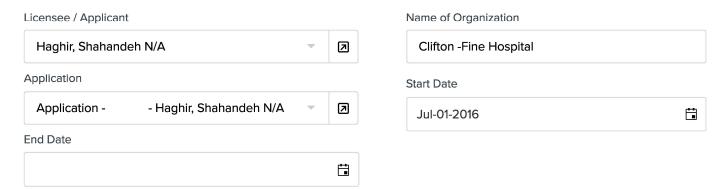
Hospital Details



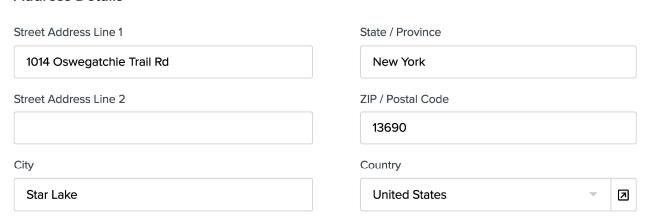
Address Details



Hospital Details

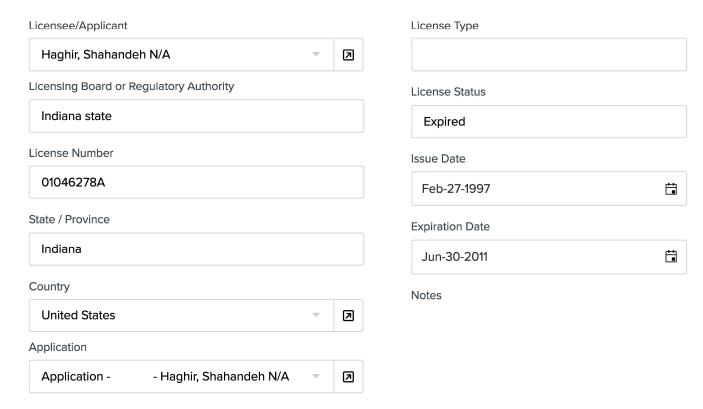


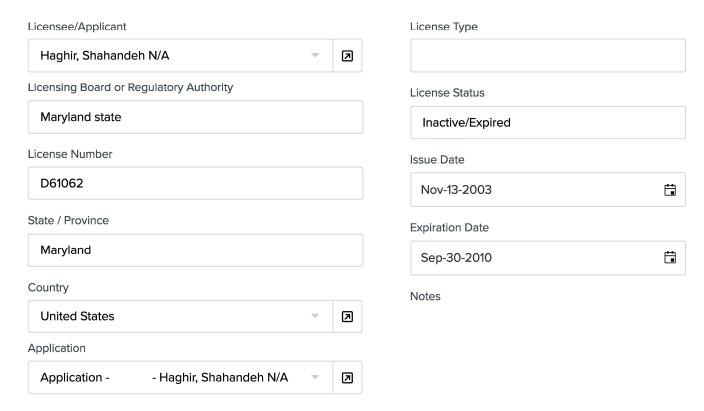
Address Details

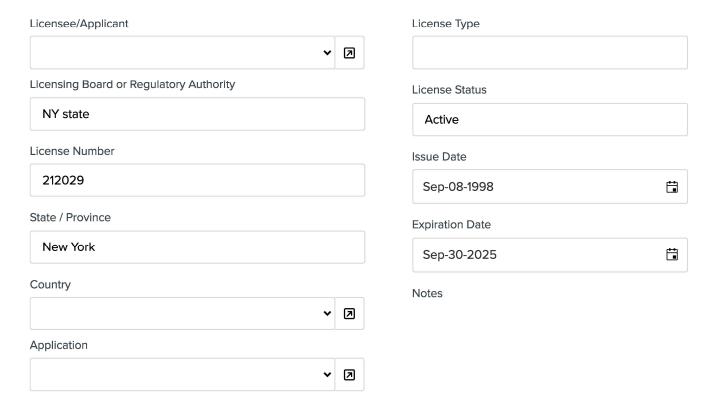


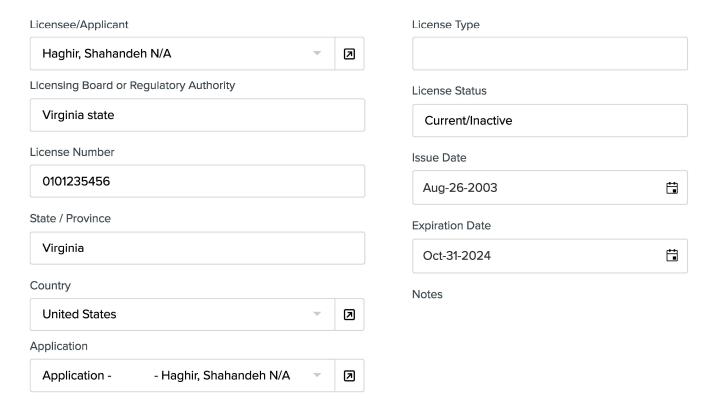
Other Licenses

Licensee/Applicant	License Number	License Type ▼	Issue Date	Expiration Date	State / Province †
Haghir, Shahandeh N/A	01046278A	N/A	Feb-27-1997	Jun-30-2011	Indiana
Haghir, Shahandeh N/A	D61062	N/A	Nov-13-2003	Sep-30-2010	Maryland
Haghir, Shahandeh N/A	212029	N/A	Sep-08-1998	Sep-30-2025	New York
Haghir, Shahandeh N/A	0101235456	N/A	Aug-26-2003	Oct-31-2024	Virginia









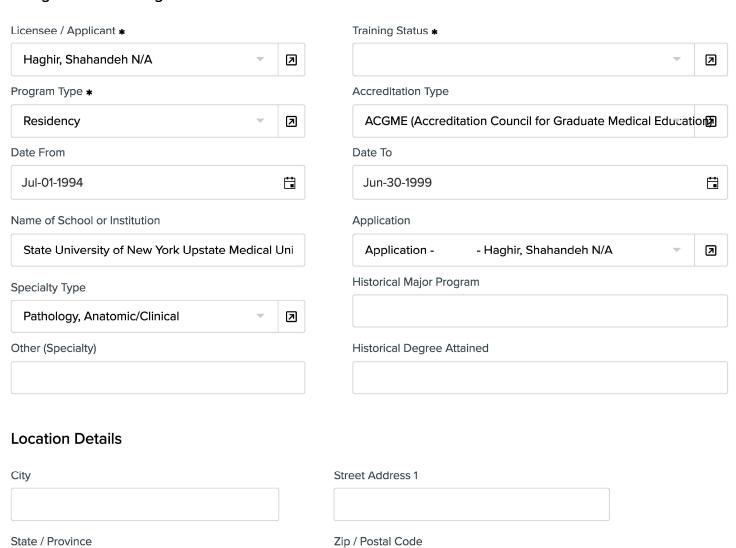
Postgraduate Training

Licensee / Applicant	Name of School or Institution	▼	Specialty Type	•	Date From	T	Date To ↑	T	Program Type
Haghir, Shahandeh N/A	Haghir, Shahandeh N/A State University of New York Upstate Medical University		Pathology, Anatomic/Clinical		Jul-01-1994		Jun-30-1999		Residency

Postgraduate Training Details

New York

County



Country

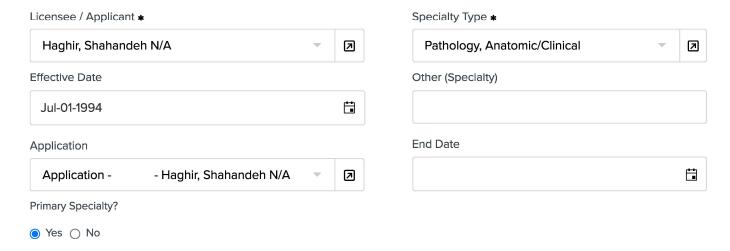
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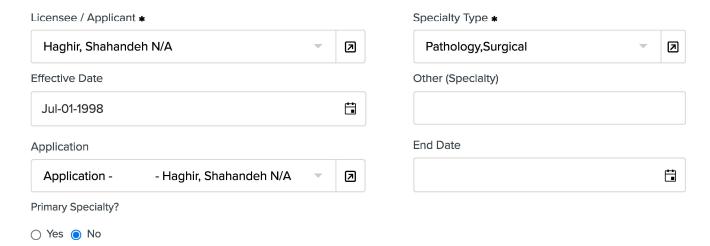
Specialties

Licensee / Applicant	▼ Specialty Type	T	Primary Specialty?	7	Effective Date	▼	End Date
Haghir, Shahandeh N/A	Pathology, Anatomic/Clinical		Yes		Jul-01-1994		N/A
Haghir, Shahandeh N/A	Pathology,Surgical		No		Jul-01-1998		N/A

Specialty Details



Specialty Details



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.

0

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

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.

RECEIVED

MAR 18 2024

NEVADA STATE BOARD OF MEDICAL EXAMINERS

