

Demographic Details

First Name

Shahandeh

Middle Name

Last Name *

Haghir

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

☐ Yes ☐ No

Date Deceased

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

☐ Yes ☐ No

Nevada BIN

Historical File Number

Gender

Female

Date of Birth

-1956

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Military Detail

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

☐ Yes ☒ No

Discipline / SPL

Disciplinary Action?

☐ Yes ☐ No

SPL?

☐ Yes ☐ No

Date of SPL Issuance



Contact Information

Primary Phone

#

Primary Phone Extension

Primary E-mail Address



Cell Phone

#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

6632 Titanium Crest Street

Address Line 2

City

Las Vegas

County

Clark

ZIP / Postal Code

89148

State / Province

Nevada

Country

United States



Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(315) 489-9270

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Haghir, Shahandeh N/A

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

F.L.E.X.

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Endorsement

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

Board Certifications

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

Board Certification Details

Licensee / Applicant

Haghir, Shahandeh N/A

Specialty

Pathology,Anatomic / Clinical

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Oct-04-1999

Recertification Date

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - Haghir, Shahandeh N/A

Activities

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

Application Activity Details

Licensee / Applicant

Haghir, Shahandeh N/A

▼



Name of Organization / Institution

Samaritan Medical Center

Start Date

Jul-01-1999



End Date

Apr-26-2022



Percent Clinical *

#

100


Position

Application

Application -

- Haghir, Shahandeh N/A

▼



Activity Type

Employment

▼



Location Details

Street Address 1

Country

United States

▼



City

Watertown

State / Province

New York

Zip / Postal Code

13601

Declarations

Ordinal ↑	Licensee/Applicant	Declaration Question	Answer	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

Haghir, Shahandeh N/A	▼	
-----------------------	---	---

Declaration Question

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

Answer

☒ Yes ☐ No

Answer Details

Ordinal


#	5
---	---

Declaration Text


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

Related To

Application

Application -	- Haghir, Shahandeh N/A	▼	
---------------	-------------------------	---	---

Renewal

	▼	
--	---	---

Declaration

Licensee/Applicant

Haghir, Shahandeh N/A

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 - - Haghir, Shahandeh N/A

Renewal

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	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

Licensee/Applicant *

Haghir, Shahandeh N/A

Address

City

Shiraz

State / Province

Fars

Zip / Postal Code

Country

Iran

Application

Application -

- Haghir, Shahandeh N/A

Specialty Type

Name of School

Shiraz University of Medical Sciences

Date From

Aug-01-1973

Date To

Aug-30-1981

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Sep-01-1981

Major Program

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

Examination Details

Licensee / Applicant *

Haghir, Shahandeh N/A

▼

Attended Date

Sep-24-1992

Number of Attempts

#

1

Application

Application -

- Haghir, Shahandeh N/A

▼

Location

Result

213

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

2 CK

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Haghir, Shahandeh N/A

▼

Attended Date

Sep-21-1993

Number of Attempts

#

2

Application

Application -

- Haghir, Shahandeh N/A

▼

Location

Result

183

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Haghir, Shahandeh N/A

Attended Date

Dec-02-1993

Number of Attempts

#

1

Application

Application -

- Haghir, Shahandeh N/A

Location

Result

Examination Type

ECFMG

Other Exam

Are you currently certified?

☒ Yes

☐ No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Haghir, Shahandeh N/A

Attended Date

Dec-07-1993

Number of Attempts

#

1

Application

Application -

- Haghir, Shahandeh N/A

Location

Philadelphia

Result

84

Examination Type

Federation Licensing Examination (FLEX)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Component I

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Haghir, Shahandeh N/A

Attended Date

Dec-07-1993

Number of Attempts

#

1

Application

Application -

- Haghir, Shahandeh N/A

Location

Result

83

Examination Type

Federation Licensing Examination (FLEX)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Component II

Certificate Number

Exam Date

Expiration Date

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

Licensee / Applicant

Haghir, Shahandeh N/A

▼



Name of Organization

Samaritan Medical Center

Application

Application -

- Haghir, Shahandeh N/A

▼



Start Date

Jul-01-1999



End Date

Apr-26-2022



Address Details

Street Address Line 1

830 Washington Street

State / Province

New York

Street Address Line 2

ZIP / Postal Code

13601

City

Watertown

Country

United States

▼



Hospital Details

Licensee / Applicant

Haghir, Shahandeh N/A

▼



Name of Organization

Lewis County General Hospital

Application

Application -

- Haghir, Shahandeh N/A

▼



Start Date

Nov-01-2004



End Date

Nov-28-2008



Address Details

Street Address Line 1

7785 N State street

State / Province

New York

Street Address Line 2

ZIP / Postal Code

13367

City

Lowville

Country

United States

▼



Hospital Details

Licensee / Applicant

Haghir, Shahandeh N/A

▼



Name of Organization

Clifton -Fine Hospital

Application

Application -

- Haghir, Shahandeh N/A

▼




Start Date

Jul-01-2016



End Date



Address Details

Street Address Line 1

1014 Oswegatchie Trail Rd

State / Province

New York

Street Address Line 2

ZIP / Postal Code

13690

City

Star Lake

Country

United States

▼



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

Other License Details

Licensee/Applicant

Haghir, Shahandeh N/A

▼



Licensing Board or Regulatory Authority

Indiana state

License Number

01046278A

State / Province

Indiana

Country

United States

▼




Application

Application -

- Haghir, Shahandeh N/A

▼



License Type

License Status

Expired

Issue Date

Feb-27-1997



Expiration Date

Jun-30-2011



Notes

Other License Details

Licensee/Applicant

Haghir, Shahandeh N/A

Licensing Board or Regulatory Authority

Maryland state

License Number

D61062

State / Province

Maryland

Country

United States

Application

Application - - Haghir, Shahandeh N/A

License Type

License Status

Inactive/Expired

Issue Date

Nov-13-2003

Expiration Date

Sep-30-2010

Notes

Other License Details

Licensee/Applicant

▼



Licensing Board or Regulatory Authority

NY state

License Number

212029

State / Province

New York

Country

▼



Application

▼




License Type

License Status

Active

Issue Date

Sep-08-1998



Expiration Date

Sep-30-2025



Notes

Other License Details

Licensee/Applicant

Haghir, Shahandeh N/A

▼



Licensing Board or Regulatory Authority

Virginia state

License Number

0101235456

State / Province

Virginia

Country

United States

▼



Application

Application -

- Haghir, Shahandeh N/A

▼



License Type

License Status

Current/Inactive

Issue Date

Aug-26-2003



Expiration Date

Oct-31-2024



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
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

Licensee / Applicant *

Haghir, Shahandeh N/A	▼	
-----------------------	---	---

Program Type *

Residency	▼	
-----------	---	---


Date From

Jul-01-1994	
-------------	---

Name of School or Institution

State University of New York Upstate Medical Uni
--

Specialty Type

Pathology, Anatomic/Clinical	▼	
------------------------------	---	---


Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

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

Date To

Jun-30-1999	
-------------	---

Application

Application -	- Haghir, Shahandeh N/A	▼	
---------------	-------------------------	---	---

Historical Major Program

--

Historical Degree Attained

--

Location Details

City

--

State / Province

New York

County

	▼	
--	---	---

Street Address 1

--

Zip / Postal Code

--

Country

	▼	
--	---	---

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	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

Licensee / Applicant *

Haghir, Shahandeh N/A

▼



Effective Date

Jul-01-1994



Application

Application -

- Haghir, Shahandeh N/A

▼



Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Pathology, Anatomic/Clinical

▼



Other (Specialty)

End Date



Specialty Details

Licensee / Applicant *

Haghir, Shahandeh N/A

▼

Effective Date

Jul-01-1998

Application

Application -

- Haghir, Shahandeh N/A

▼

Primary Specialty?

☐ Yes ☒ No

Specialty Type *

Pathology,Surgical

▼

Other (Specialty)

End Date

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 SHAHANDEH HAGHIR

Sign your name _____

Date 03/14/2024

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

