

Demographic Details

First Name

Basem

Middle Name

Abdulla

Last Name *

Attum

Previous Name(s)

Social Security Number

Tax Identification Number


Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



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

Yes No

Nevada BIN

Historical File Number

Gender

Male  

Date of Birth

-1978 

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

#

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

2320 Fresno Street

ZIP / Postal Code

93402

Address Line 2

State / Province

California

City

Los Osos

Country

United States

County

CA

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(502) 468-7512

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)


County (Mailing)



County (Mailing)

Application Status

Applicant *


 

Application Number

License Issued?

Yes No

Application Status

Assigned To


Manual Paper Application?

Yes No


License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Obtained By


 

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date

Application Details


Application Type

Application Date *

Submitted Date


 

Application Step


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

Yes No


Reviewed Date


Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

Yes No

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

Yes No

Invoices

Application Invoice

Licensure Invoice

Application Payment Date

Licensure Payment Date

Attestations

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Child Support Attestation Type

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

Yes No

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

Yes No

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	Percent Clinical
Basem Attum	Mount Carmel Hospital System	Jul-01-2009	Jun-30-2010	100
Basem Attum	University of Louisville Orthopedic Surgery Residency	Jul-01-2010	Jun-30-2013	100
Basem Attum	Rehabilitation	Apr-01-2013	Jul-30-2014	0
Basem Attum	Vanderbilt Orthopedic Institute	Aug-14-2014	Aug-08-2018	0
Basem Attum	LA PAZ CLINICA	Sep-01-2016	Aug-01-2018	50
Basem Attum	UCSD	Aug-18-2018	Jan-31-2021	100
Basem Attum	NANOKNEE INSTITUTE (FELLOWSHIP)	Feb-01-2021	Aug-01-2022	100
Attum, Basem Abdulla	Private Practice (Self Employed)	Aug-01-2022	Jan-16-2024	100

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant


  

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *

#

Position

Application

Activity Type

Location Details

Street Address 1

Country


City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *


#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant


  

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *



#

Position

Application



Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date



 

Percent Clinical *



#

Position

Application


Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *


#

Position

Application

Activity Type

Location Details

Street Address 1

Country


City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant


 

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *


#

Position

Application


Activity Type

Location Details

Street Address 1

Country

City

State / Province


Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Attum, Basem Abdulla	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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Answer

Yes No

Answer Details

Ordinal


#	7
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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 -	- Attum, Basem Abdulla	▼	
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Renewal

		▼	
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Declaration

Licensee/Applicant

Attum, Basem Abdulla	▼	
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Declaration Question

MD – Q9 – Medical License Revoked	▼	
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Answer

Yes No

Answer Details

Ordinal


#	11
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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 -	- Attum, Basem Abdulla	▼	
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Renewal


	▼	
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Attum, Basem Abdulla	College/University	University of Louisville	Bachelor of Science	Aug-01-1996	May-12-2001	May-12-2001
Attum, Basem Abdulla	Graduate	University of Louisville	Master of Science	Aug-01-2001	May-14-2005	May-14-2005
Attum, Basem Abdulla	Medical School	University of Louisville School of Medicine	Medical Doctor Degree	Aug-15-2005	Apr-24-2009	May-09-2009

Education Details

Licensee/Applicant *

Address

City



State / Province

Zip / Postal Code


Country

Application


  

Specialty Type


  

Name of School

Education Type

Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant *

Address

City



State / Province

Zip / Postal Code



Country

Application

Specialty Type


  

Name of School

Education Type

Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant *

Address

City



State / Province

Zip / Postal Code



Country

Application

Specialty Type

Name of School

Education Type


Degree Attained

Date From


Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Attum, Basem Abdulla	United States Medical Licensing Examination (USMLE)	Jun-11-2007
Attum, Basem Abdulla	United States Medical Licensing Examination (USMLE)	Mar-03-2009
Attum, Basem Abdulla	United States Medical Licensing Examination (USMLE)	Apr-16-2009
Attum, Basem Abdulla	United States Medical Licensing Examination (USMLE)	Feb-11-2011

Examination Details

Licensee / Applicant *

Attum, Basem Abdulla 


Attended Date

Jun-11-2007 

Number of Attempts

1

Application

Application - - Attum, Basem Abdulla 


Location

KY

Result

224 (pass)

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Part 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *


Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Attum, Basem Abdulla 


Attended Date

Apr-16-2009 

Number of Attempts

1

Application

Application - - Attum, Basem Abdulla 


Location

KY

Result

226 (PASS)

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 (CK)

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *


Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Hospitals

Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	End Date ▼
Basem Attum	Sante Medical	Jul-01-2021	Feb-01-2023
Basem Attum	SEA Surgery Center	Sep-01-2022	Feb-11-2023
Basem Attum	New Horizon Surgical Center	Feb-01-2023	Feb-11-2023



Hospital Details

Licensee / Applicant


  

Name of Organization

Application

Start Date

End Date

Address Details

Street Address Line 1



State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



Hospital Details

Licensee / Applicant

Name of Organization


Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country



Hospital Details

Licensee / Applicant

Name of Organization


Application

Start Date

End Date

Address Details

Street Address Line 1

State / Province

Street Address Line 2

ZIP / Postal Code

City

Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Attum, Basem Abdulla	A-157233	N/A	Jul-19-2018	Jul-31-2024	California
Attum, Basem Abdulla	ME160174	N/A	Dec-13-2022	Jan-31-2025	Florida
Attum, Basem Abdulla	R2568	N/A	Dec-15-2011	Jun-30-2013	Kentucky
Attum, Basem Abdulla	IP123	N/A	Mar-17-2011	Jun-30-2012	Kentucky
Attum, Basem Abdulla	57.016873	N/A	Oct-15-2009	Jun-30-2010	Ohio
Attum, Basem Abdulla	53863	N/A	Mar-28-2016	Mar-31-2024	Tennessee

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country


Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country


Application

License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country


Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country

Application


License Type

License Status

Issue Date


Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority



License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date



Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ▼	Date To ↑ ▼	Program Type
Basem Attum	Mount Carmel Hospital System	Surgery, General	Jul-01-2009	Jun-30-2010	Internship
Attum, Basem Abdulla	University of Louisville School of Medicine	Surgery, Orthopaedic	Jul-01-2010	Jun-30-2013	Internship/Residency
Attum, Basem Abdulla	University of California (San Diego) Medical Center	Surgery, Orthopaedic	Aug-13-2018	Jan-31-2021	Residency

Postgraduate Training Details

Licensee / Applicant *

Program Type *


  

Date From

Name of School or Institution

Specialty Type

Other (Specialty)


Training Status *

Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province



County

Street Address 1



Zip / Postal Code

Country


  

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From



Name of School or Institution

Specialty Type

Other (Specialty)


Training Status *


Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province


County

Street Address 1



Zip / Postal Code

Country

Postgraduate Training Details


Licensee / Applicant *

Program Type *

Date From

Name of School or Institution

Specialty Type


  

Other (Specialty)

Training Status *


Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province



County

Street Address 1

Zip / Postal Code

Country

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Attum, Basem Abdulla	Surgery, Orthopaedic	Yes	Jul-01-2010	N/A

Specialty Details



Licensee / Applicant *

Effective Date



Application

Primary Specialty?

Yes No

Specialty Type *

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 Basem Attum

Sign your name _____

Date 9-19-23

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.

RECEIVED

SEP 25 2023

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

