Demographic Details

First Name	Gender		
Basem	Male	~	7
Middle Name	Date of Birth		
Abdulla	-1978		
Last Name ★	Name Suffix		
Attum			
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 inform	ation)	
Is this person deceased?	Tuble information		
○ Yes ○ No			
Date Deceased			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

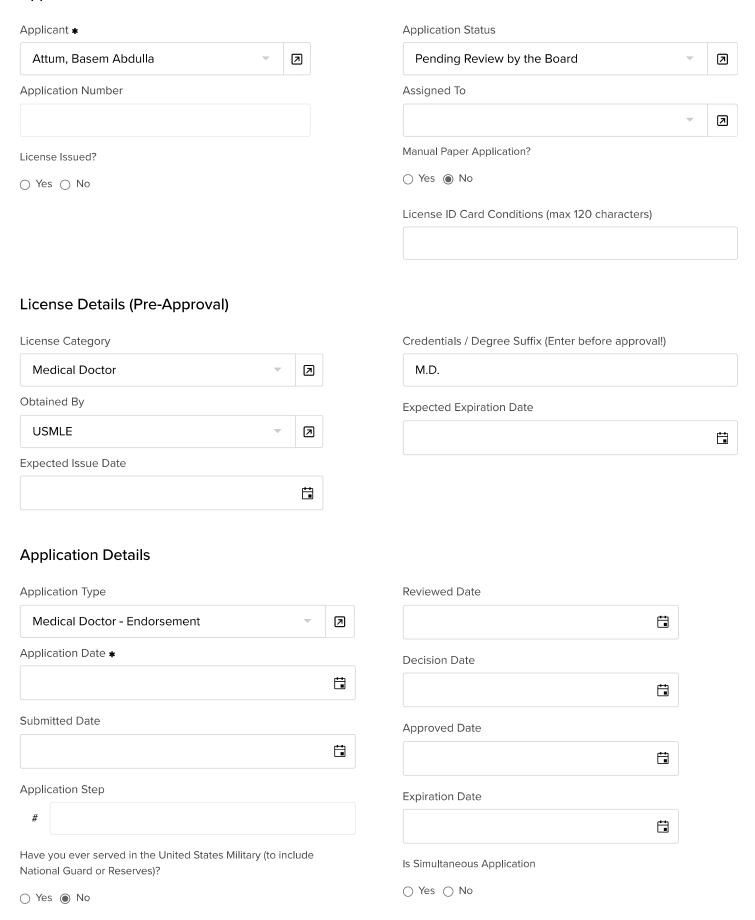
Military Detail

Have you ever served in the United States Milit	ry (to include National Guard or Reserves)?
○ Yes 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
	7
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
2320 Fresno Street	93402
Address Line 2	State / Province
	California
City	Country
Los Osos	United States
County	Is your physical address different from your mailing address?
CA	
	Public Phone
	# (502) 468-7512

Mailing Address

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

Application Status



Are you the spouse of an active duty member or surviving spouse of a veteran?	
○ Yes ○ No	
Invoices	
Application Invoice	Application Payment Date
- Paid in Full	
Licensure Invoice	Licensure Payment Date
V 2	
Attestations	
I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.	I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child. Yes No I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States. Yes No
I am willing to accept Board communications to me, to include	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).	Not subject to a court order
Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.	I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.
Yes ○ No	
The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that 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,	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.

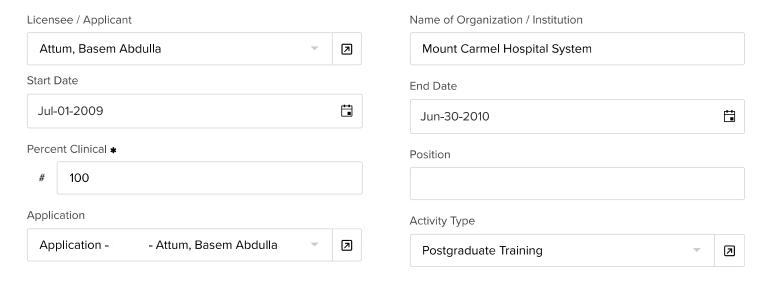
misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice

medicine in the state of Nevada.

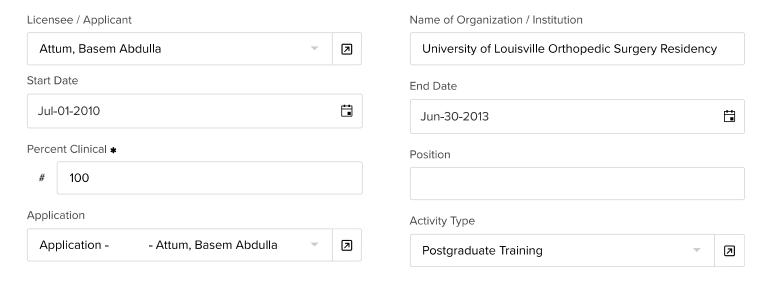
 $\ \ \, \bigcirc$ Yes $\ \ \, \bigcirc$ No

Activities

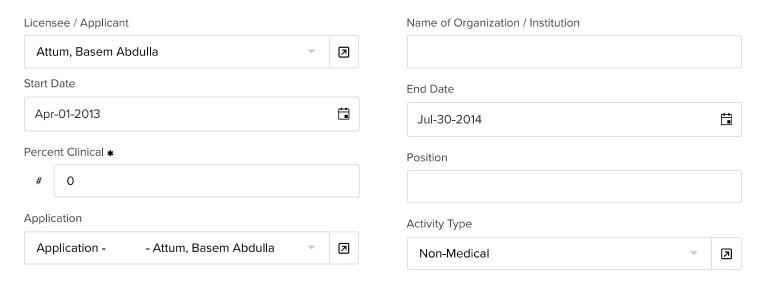
Licensee / Applicant	Name of Organization / Institution	▼ Start Date	Υ	End Date	T	Percent Clinical
Basem Attum	Mount Carmel Hospital System	Jul-01-2009		Jun-30-2010		100
Basem Attum	University of Louisville Orthopedic Surgery Residency	Jul-01-2010		Jun-30-2013		100
Basem Attum	Rehabilitation	Apr-01-2013		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-01-202		Aug-01-2022		100
Attum, Basem Abdulla	Private Practice (Self Employed)	Aug-01-202	2	Jan-16-2024		100

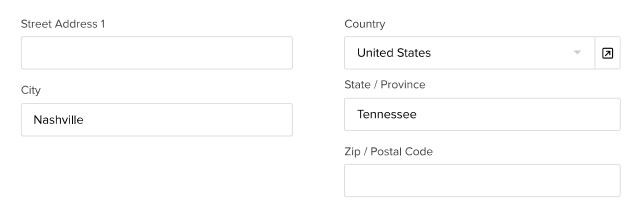


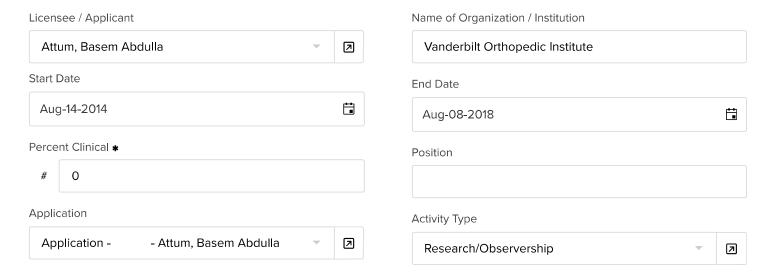


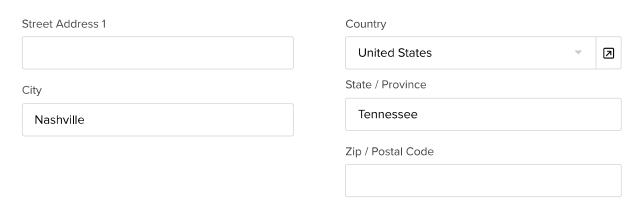


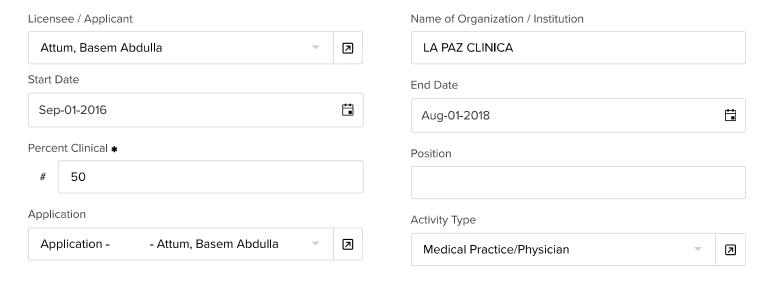


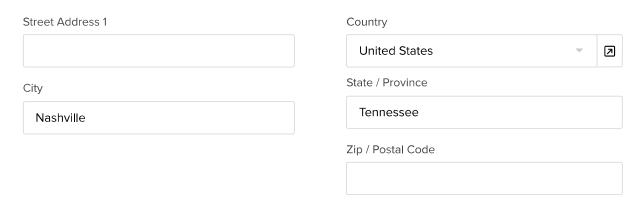


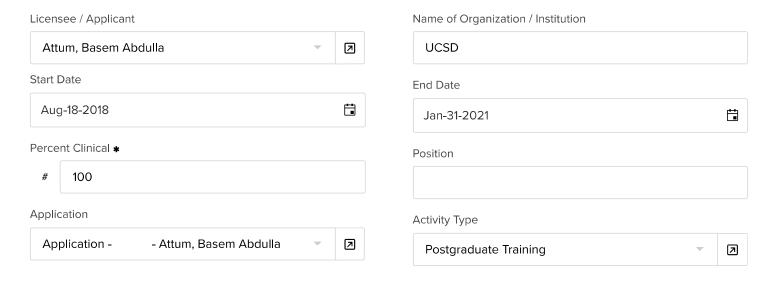


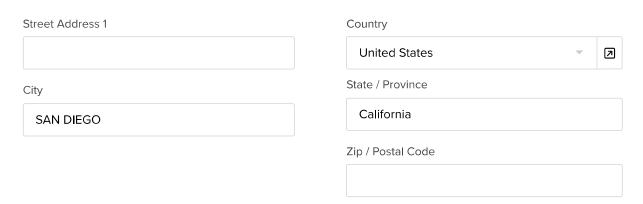


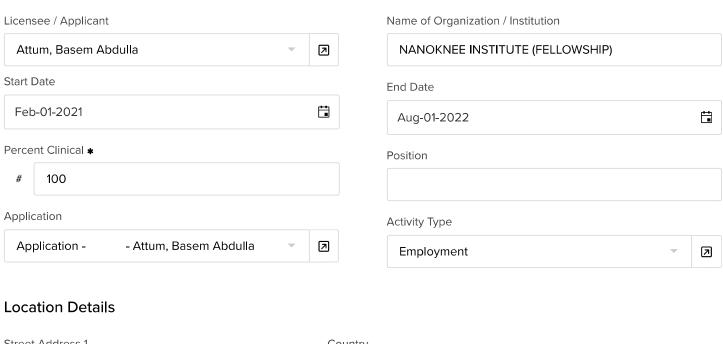


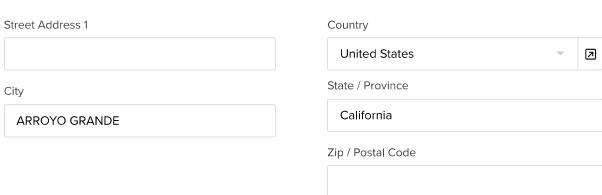


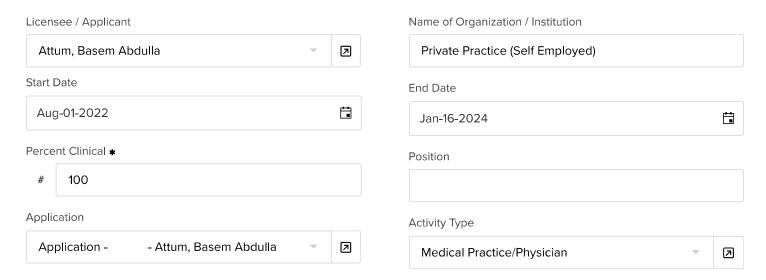


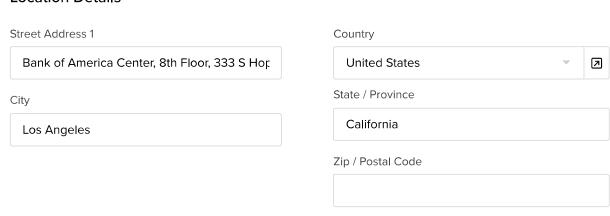












Declarations

Ordinal † T	Licensee/Applicant	Declaration Question	T	Answer	T	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	~	7
Declaration Question		
ALL – Q7 – Arrest Question	~	7

Answer

Yes ○ No

Answer Details

Ordinal

#

7

Declaration Text

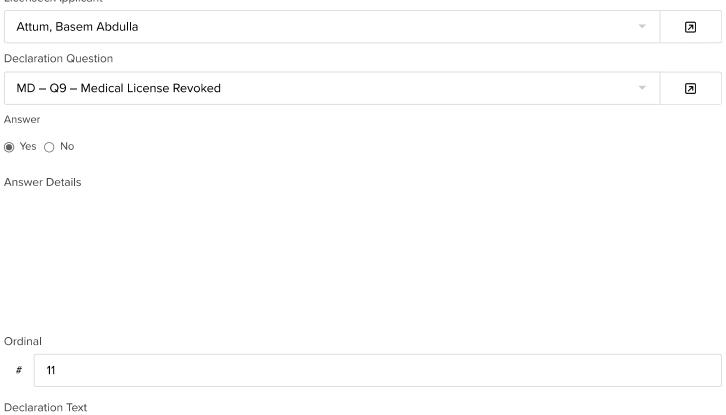
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, 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			Renewal		
Application -	- Attum, Basem Abdulla	~	7		7

Declaration

Licensee/Applicant



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

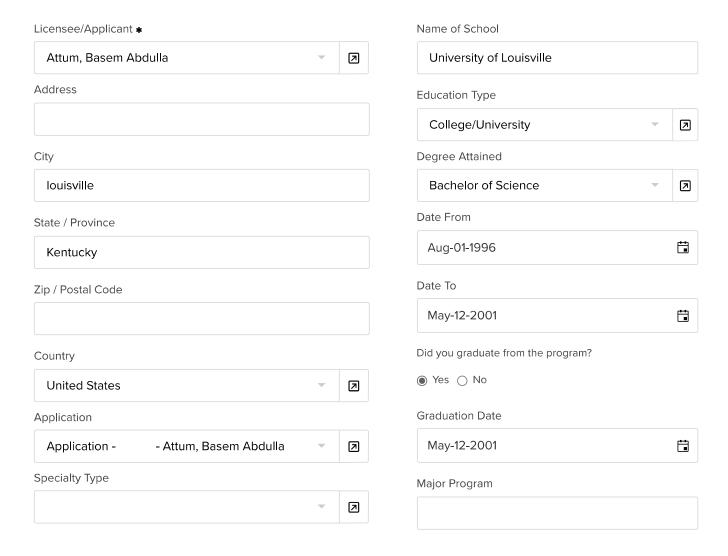
Related To



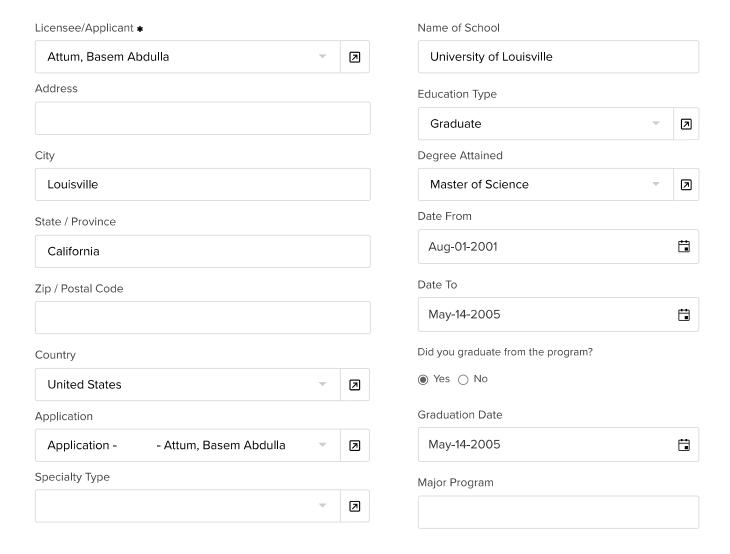
Education

Licensee/Applicant Y	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

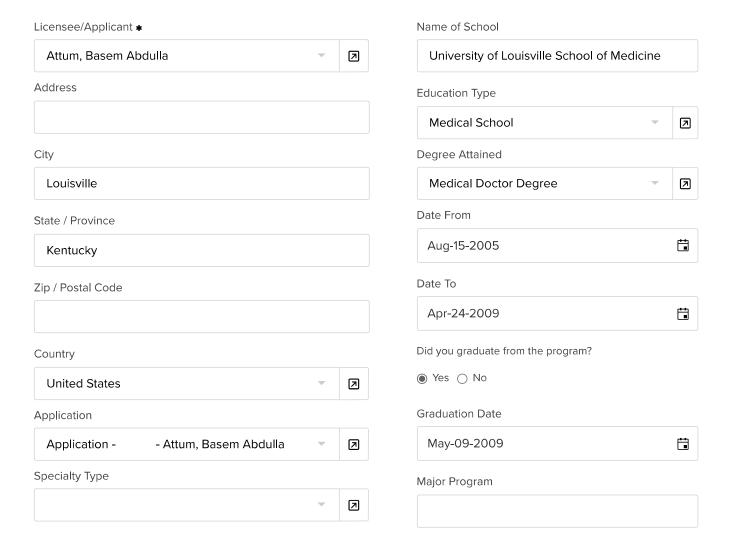
Education Details



Education Details

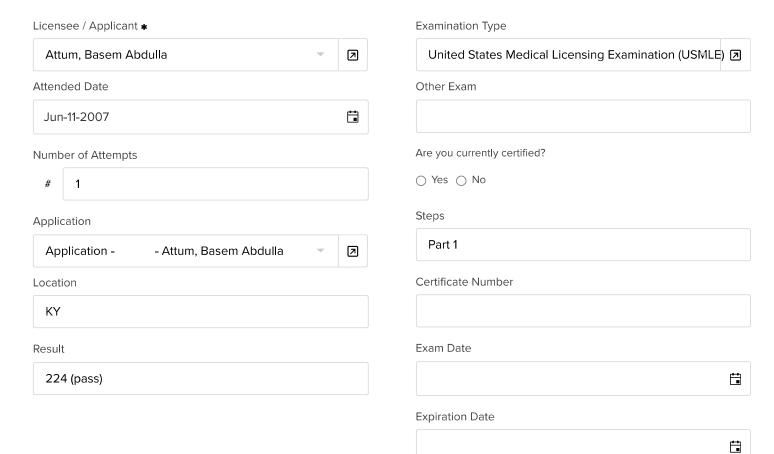


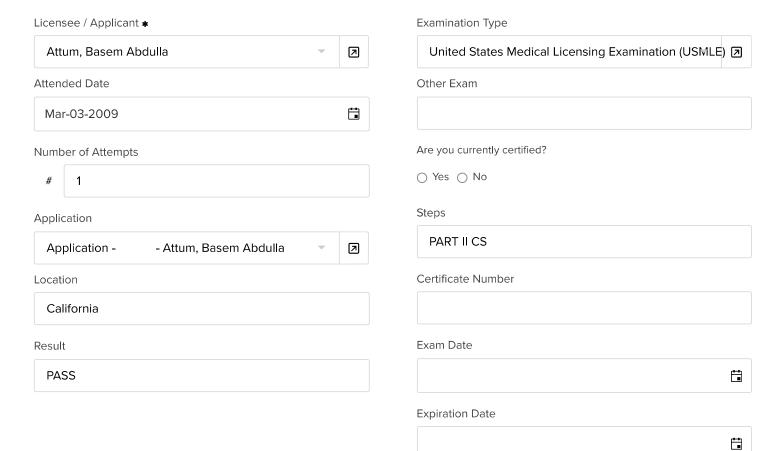
Education Details

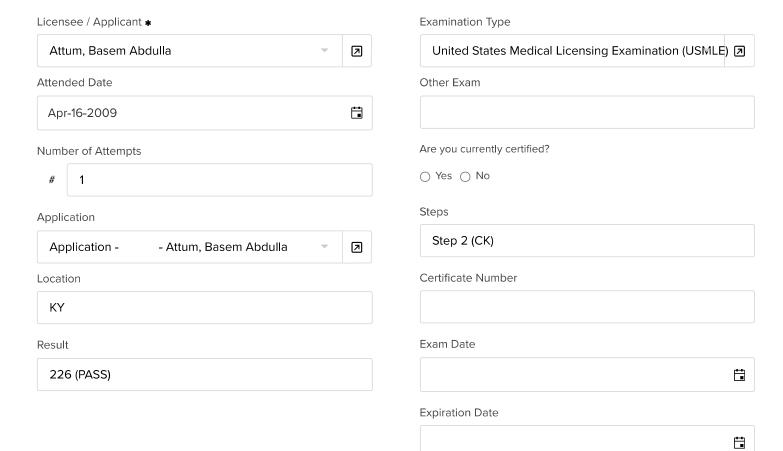


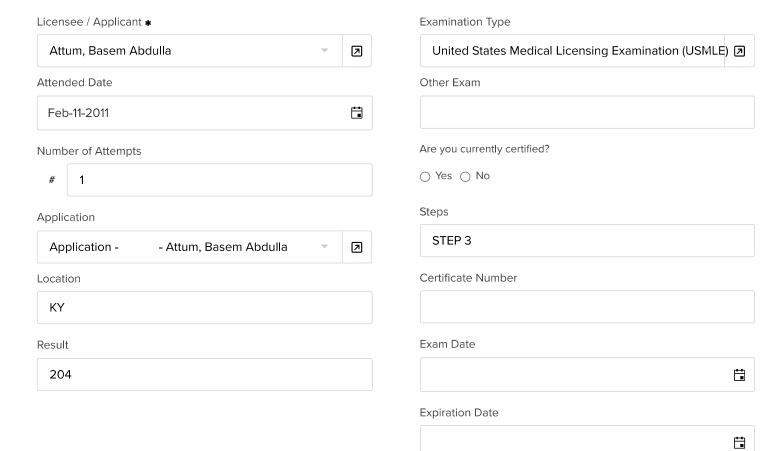
Examinations

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





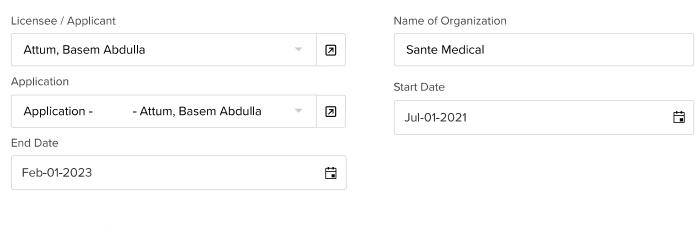




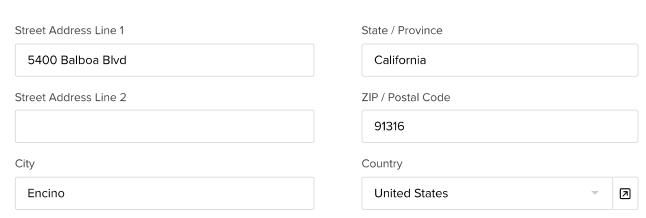
Hospitals

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

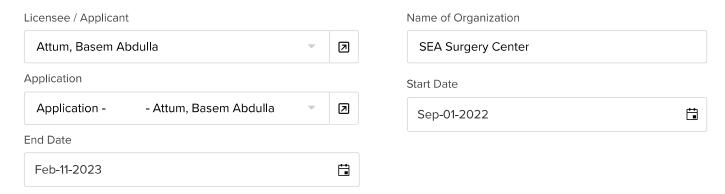
Hospital Details



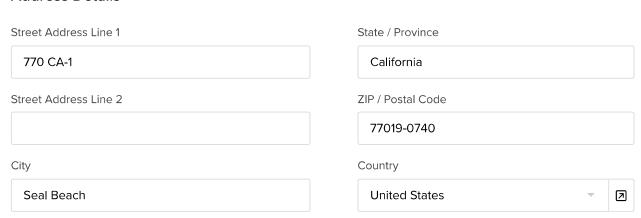
Address Details



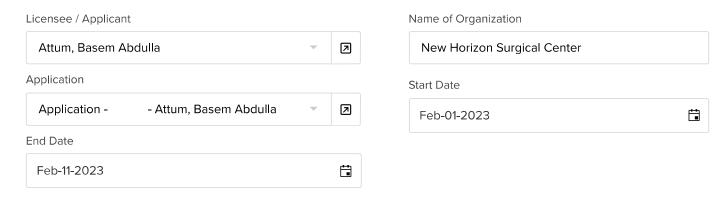
Hospital Details

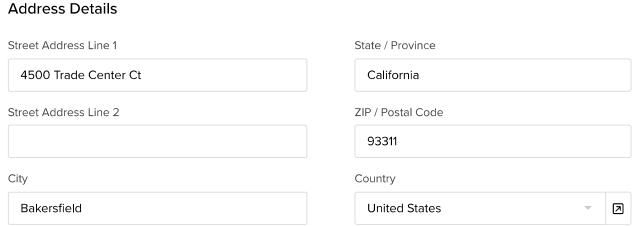


Address Details



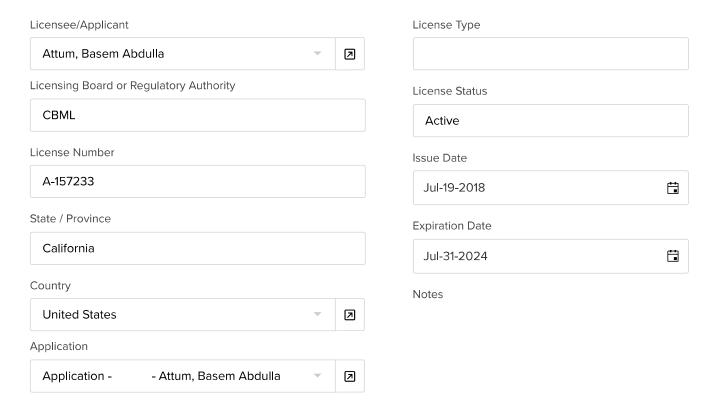
Hospital Details

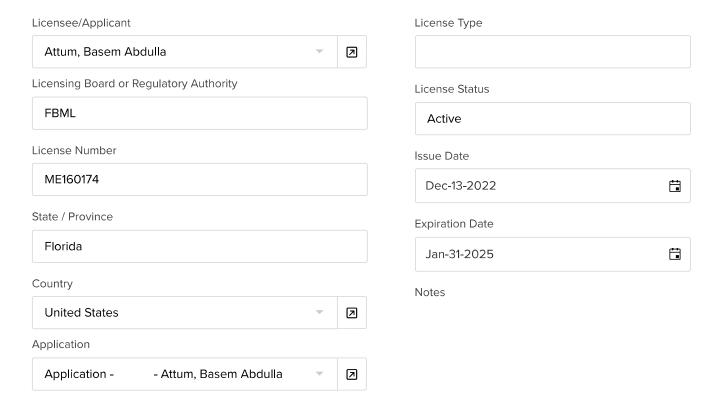


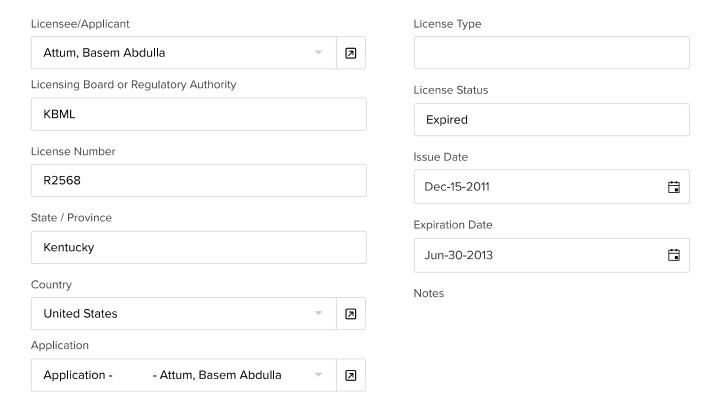


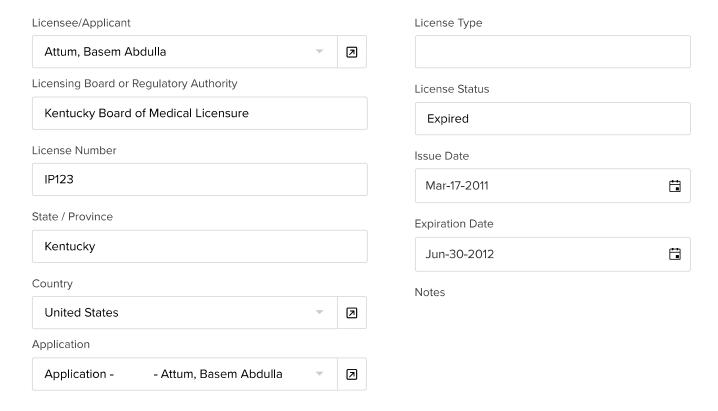
Other Licenses

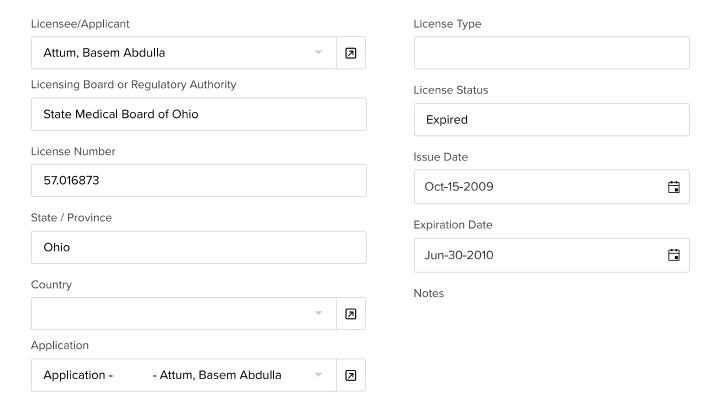
Licensee/Applicant	License Number	▼ License Type ▼	Issue Date	T	Expiration Date	State / Province †
Attum, Basem Abdulla	A-157233	N/A	Jul-19-2018		Jul-31-2024	California
Attum, Basem Abdulla	ME160174	N/A	Dec-13-2022		Jan-31-2025	Florida
Attum, Basem Abdulla	R2568	N/A	Dec-15-2011		Jun-30-2013	Kentucky
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

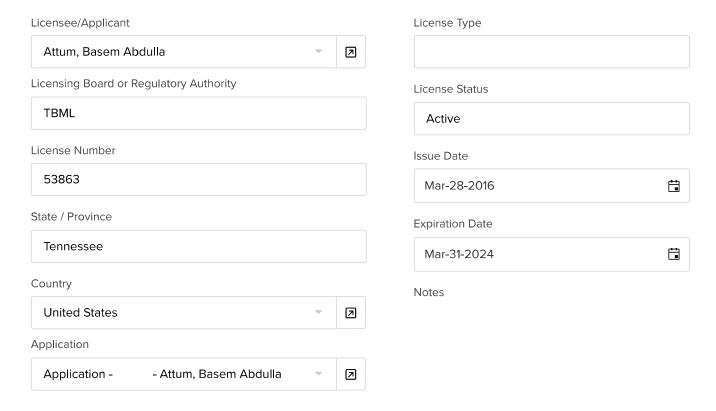










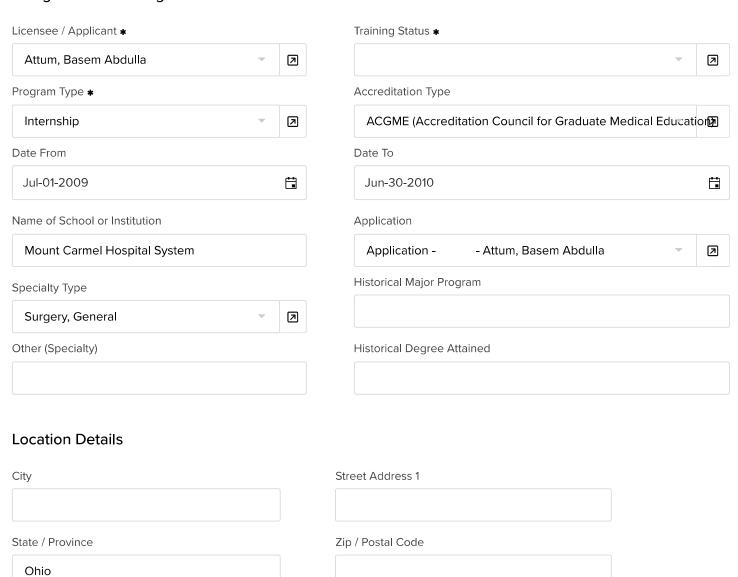


Postgraduate Training

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

County

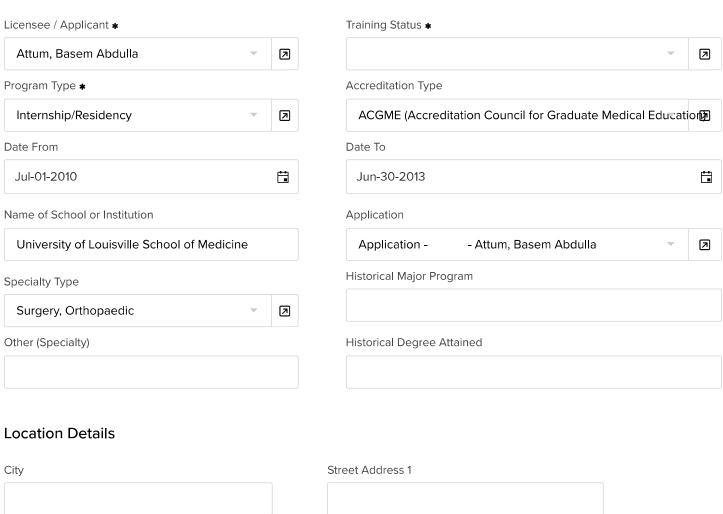


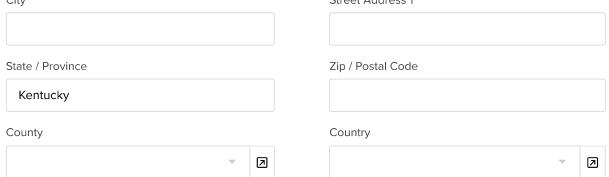
Country

7

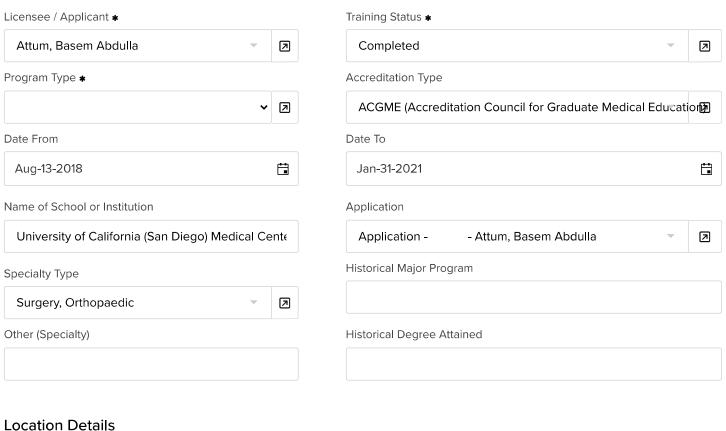
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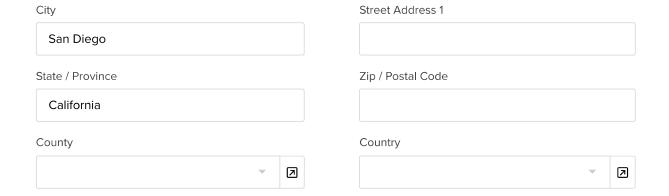
Postgraduate Training Details





Postgraduate Training Details

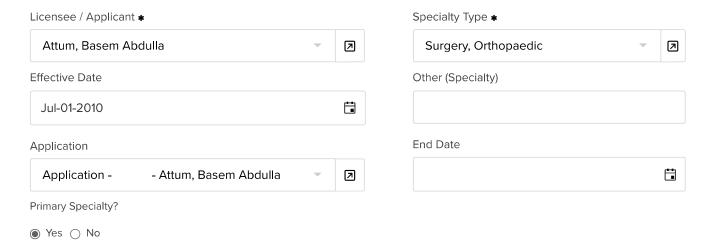




Specialties

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

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.

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 2 5 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

