

Demographic Details

First Name

Fatimah

Middle Name

Omar

Last Name *

Jah

Previous Name(s)

Sillah, Ndiaye

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

-1969 

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

101 Mission St

ZIP / Postal Code

94105

Address Line 2

Ste 800

State / Province

California

City

San Francisco

Country

United States

County

San Francisco

Is your physical address different from your mailing address?

Yes No

Public Phone

#

(800) 221-5140

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

- Paid in Full 

Licensure Invoice



Application Payment Date

Jan-09-2024 

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
Jah, Fatimah Omar	American Board	N/A	Family Medicine	Jul-13-2001	Nov-18-2015

Board Certification Details


Licensee / Applicant

Specialty

Certifying Board

Other Certifying Board

Initial Certification Date

Recertification Date


Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Activities

Licensee / Applicant ↑ ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Fatimah Jah	Break between MD school and residency	May-17-1998	Jun-30-1998	0
Fatimah Jah	PinnacleHealth - Harrisburg Hospital	Jul-01-1998	Jun-30-2001	100
Fatimah Jah	Relocation from PA to MD	Jul-01-2001	Aug-01-2001	0
Fatimah Jah	Walnut Street Community Center	Aug-01-2001	Nov-30-2004	100
Fatimah Jah	Seeking Employment and Credentialing	Dec-01-2004	Mar-31-2005	0
Fatimah Jah	Roxbury Correction Institute	Apr-01-2005	Jun-01-2006	100
Fatimah Jah	Family Medicine Centers of South Carolina	Jun-01-2006	Sep-30-2008	100
Fatimah Jah	Lexington Medical Center	Oct-01-2008	Aug-01-2012	100
Fatimah Jah	Doctors Care	Oct-01-2008	Oct-01-2010	100
Fatimah Jah	Lexington Medical Center Irmo	Oct-01-2008	Aug-01-2012	100
Fatimah Jah	Shaw Air Force Base Family Medicine Clinic	Dec-01-2010	Apr-30-2012	100
Fatimah Jah	Hartsville Medical Enrichment Services	Jan-01-2012	Jul-01-2015	100
Fatimah Jah	Palmetto GBA	May-01-2012	Nov-01-2012	0
Fatimah Jah	Online Care Network PC	Nov-01-2012	Jan-01-2014	100
Fatimah Jah	Teledoc Health	Apr-01-2015	Jul-01-2020	100
Fatimah Jah	Doctors Care	Apr-01-2015	Apr-01-2018	100
Fatimah Jah	ISelectMD	Jul-01-2015	Aug-01-2020	100
Fatimah Jah	Encore Telemedicine	May-01-2018	Dec-01-2019	100
Fatimah Jah	Plush Care, Inc.	Apr-01-2020	Jan-04-2024	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


Start Date

Percent Clinical *

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Application

Name of Organization / Institution

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End Date

Percent Clinical *


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Percent Clinical *



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

Declaration

Licensee/Applicant

Jah, Fatimah Omar	▼	
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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 -	- Jah, Fatimah Omar	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Jah, Fatimah Omar	▼	
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Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▼	
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Answer

Yes No

Answer Details

Ordinal

#	14
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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 -	- Jah, Fatimah Omar	▼	
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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
Fatimah Jah	College/University	Hampton University	Bachelor Degree	Jan-01-1990	May-01-1993	May-01-1993
Jah, Fatimah Omar	Medical School	Eastern Virginia Medical School	Medical Doctor Degree	Aug-13-1993	May-16-1998	May-16-1998

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 ↑
Jah, Fatimah Omar	United States Medical Licensing Examination (USMLE)	Jun-11-1996
Jah, Fatimah Omar	United States Medical Licensing Examination (USMLE)	Oct-15-1996
Jah, Fatimah Omar	United States Medical Licensing Examination (USMLE)	Aug-26-1997
Jah, Fatimah Omar	United States Medical Licensing Examination (USMLE)	Dec-15-1999

Examination Details

Licensee / Applicant *

Jah, Fatimah Omar 

Attended Date

Jun-11-1996 

Number of Attempts

2

Application

Application - - Jah, Fatimah Omar 


Location

VA

Result

166

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


Yes No

Steps


Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Jah, Fatimah Omar 


Attended Date

Oct-15-1996 

Number of Attempts

2

Application

Application - - Jah, Fatimah Omar 


Location

VA

Result

199

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 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 *


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

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Fatimah Jah	MD.32983	N/A	Jan-01-2014	Dec-31-2024	Alabama
Fatimah Jah	C-128068	N/A	Dec-10-2013	May-31-2025	California
Jah, Fatimah Omar	052642	N/A	Dec-24-2013	May-31-2015	Connecticut
Fatimah Jah	MD041462	N/A	Oct-01-2013	Dec-31-2014	District of Columbia
Fatimah Jah	ME118551	N/A	Jan-16-2014	Jan-31-2016	Florida
Fatimah Jah	70677	N/A	Sep-13-2013	May-31-2015	Georgia
Fatimah Jah	M-13676	N/A	Mar-15-2017	Jun-30-2024	Idaho
Fatimah Jah	036133947	N/A	Sep-12-2013	Jul-31-2014	Illinois
Fatimah Jah	01073260A	N/A	Oct-16-2013	Oct-31-2025	Indiana
Fatimah Jah	MD19879	N/A	Dec-17-2013	Aug-11-2015	Maine
Fatimah Jah	D57537	N/A	May-09-2001	Sep-30-2014	Maryland
Fatimah Jah	4301104273	N/A	Oct-17-2013	Jan-31-2015	Michigan
Fatimah Jah	22880	N/A	Sep-24-2013	Jun-30-2024	Mississippi
Fatimah Jah	25MA09409900	N/A	Nov-20-2013	Dec-31-2023	New Jersey
Fatimah Jah	272234	N/A	Sep-06-2013	Apr-30-2025	New York
Fatimah Jah	2014-00175	N/A	Jul-21-2016	May-08-2024	North Carolina
Fatimah Jah	35122866	N/A	Feb-12-2014	Oct-01-2024	Ohio
Fatimah Jah	MD07311L	N/A	Feb-09-2001	Dec-31-2014	Pennsylvania
Fatimah Jah	MT042592T	N/A	May-03-1999	Jun-30-2001	Pennsylvania
Fatimah Jah	MD14630	N/A	Jun-02-2014	Jun-30-2024	Rhode Island
Fatimah Jah	28985	N/A	Sep-15-2006	Jun-30-2025	South Carolina
Fatimah Jah	49673	N/A	Sep-26-2013	May-31-2025	Tennessee
Fatimah Jah	MD60666838	N/A	Jul-27-2016	May-08-2025	Washington
Fatimah Jah	25585	N/A	Nov-18-2013	Jun-30-2024	West Virginia

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

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License Type

License Status

Issue Date

Expiration Date

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Other License Details

Licensee/Applicant



  

Licensing Board or Regulatory Authority


License Number

State / Province

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Other License Details

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Licensing Board or Regulatory Authority


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Country


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Issue Date

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Licensee/Applicant



  

Licensing Board or Regulatory Authority



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Licensee/Applicant



  

Licensing Board or Regulatory Authority



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Other License Details

Licensee/Applicant



  

Licensing Board or Regulatory Authority



License Number

State / Province

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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 ▼
Jah, Fatimah Omar	UMPC Pinnacle Hospitals Program	Family Medicine	Jul-01-1998	Jun-30-2001	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

Specialties


Licensee / Applicant ▼	Specialty Type ▼	Primary Specialty? ▼	Effective Date ▼	End Date ▼
Fatimah Jah	Family Medicine	Yes	Jul-13-2001	N/A

Specialty Details



Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

JAN 16 2024

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.

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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 Fatimah Omar Jah, MD

Sign your name _____

Date 10/28/2023

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.

