Demographic Details

First Name	Gender		
Fatimah	Female	▼	7
Middle Name	Date of Birth		
Omar	-1969	Ē	•
Last Name *	Name Suffix		
Jah			
Previous Name(s)	City of Birth		
Sillah, Ndiaye			
Social Security Number	Place of Birth		
Tax Identification Number	Weight (in lbs)		
Height	Eye Color		
Hair Color	Comments (non-public informa	ation)	
	Public Information		
Is this person deceased?			
○ Yes ○ No			
Date Deceased			
ä			
Do you have a Nevada Business License in your individual name?			
○ Yes ○ No			
Nevada BIN			
Historical File Number			

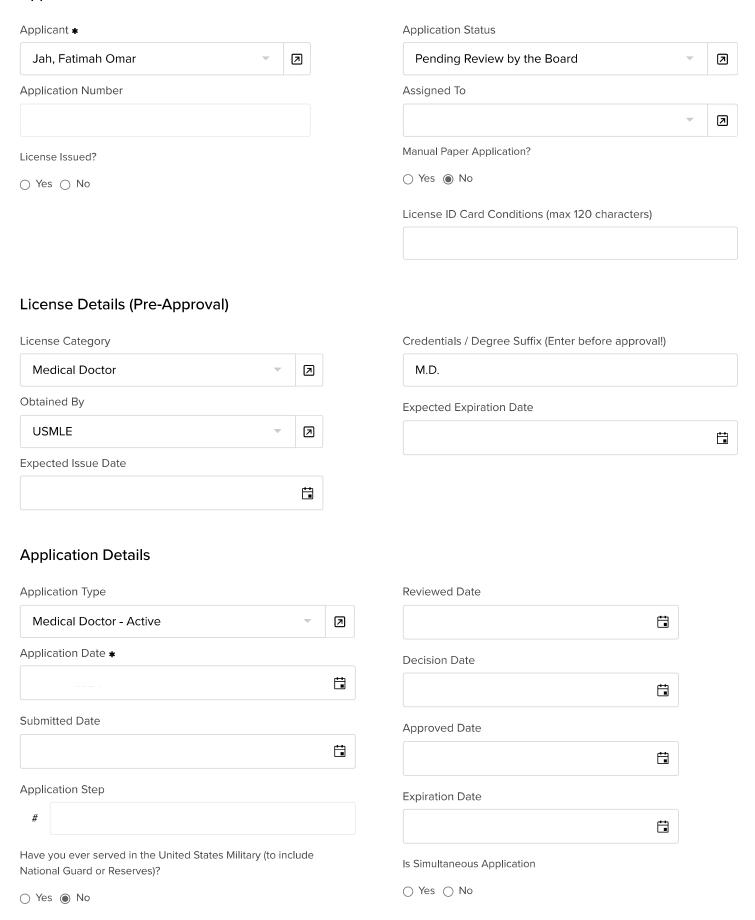
Military Detail

Have you ever served in the United States Milli	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
☑	
Cell Phone	Fax
#	#
Public Address	
Street Address	ZIP / Postal Code
101 Mission St	94105
Address Line 2	State / Province
Ste 800	California
City	Country
San Francisco	United States ✓
County	Is your physical address different from your mailing address?
San Francisco	
	Public Phone
	# (800) 221-5140

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	Jan-09-2024	
Licensure Invoice	Licensure Payment Date	
7		
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	I attest and affirm that I am aware of and understand the representation requirements found in Nevada Revised Statute 432B.220 rethe abuse or neglect of a child.	_
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 consent to accept communications and service of process Nevada State Board of Medical Examiners (Board) by electr for physicians and physician assistants who practice medici state of Nevada or via telemedicine and whose physical pre exists outside the state of Nevada or the United States.	ronic mail, ine in the
Yes No	○ Yes ○ No	
I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS)	Child Support Attestation Type	
630.344, via electronic mail (more commonly known as e-mail).	Not subject to a court order	7
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 the am accountable for completing my application for medical I in Nevada.	
	Yes O 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	In consideration for processing my application I, the unders whose name and signature voluntarily appears below; do h irrevocably agree to the Civil Applicant Waiver.	_
examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent,		

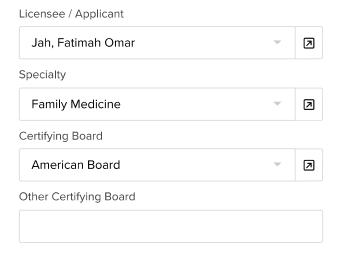
medicine in the state of Nevada.

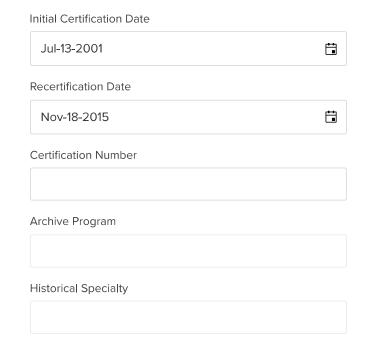
misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted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

Board Certifications

Licensee / Applicant	T	Certifying Board	T	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





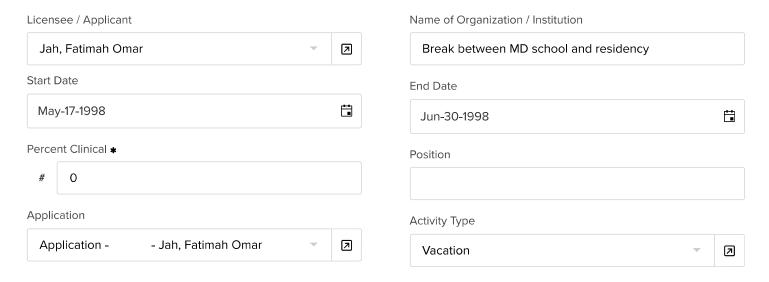
Connected Record

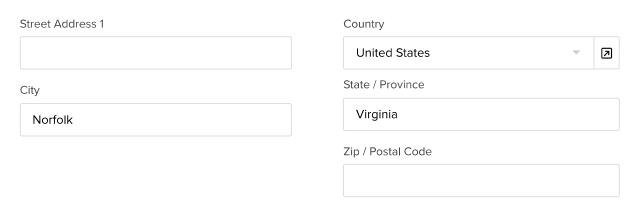
Application

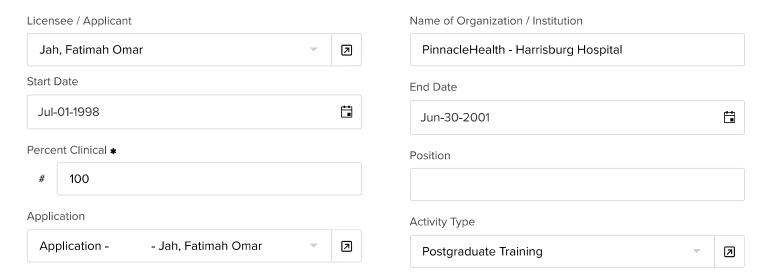


Activities

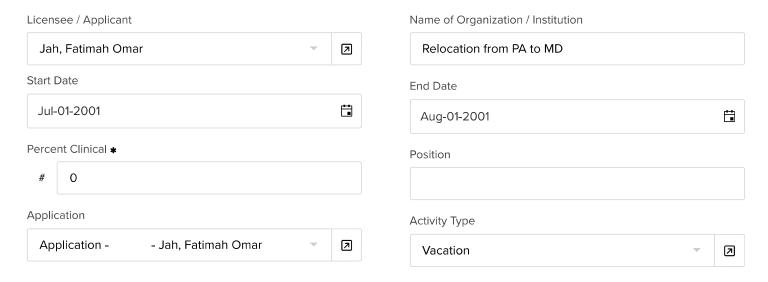
Licensee / Applicant †	Name of Organization / Institution	Start Date †	End Date	Percent Clinical
Fatimah Jah	Break between MD school and residency	May-17-1998	Jun-30-1998	0
Fatimah Jah	PinnacleHealth - Harrisburg Hospital	Jul-01-1998	Jun-30-2001	100
Fatimah Jah	Relocation from PA to MD	Jul-01-2001	Aug-01-2001	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



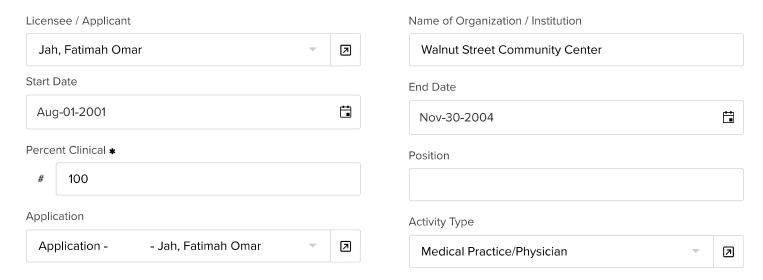


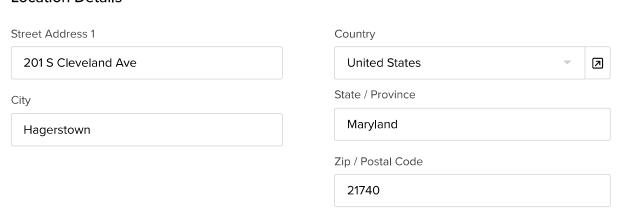


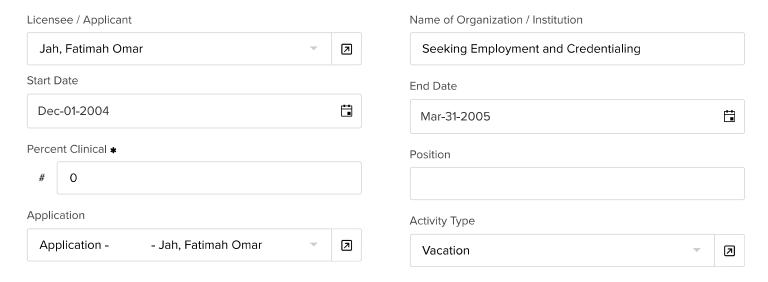


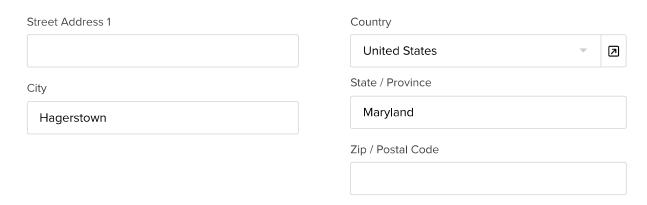


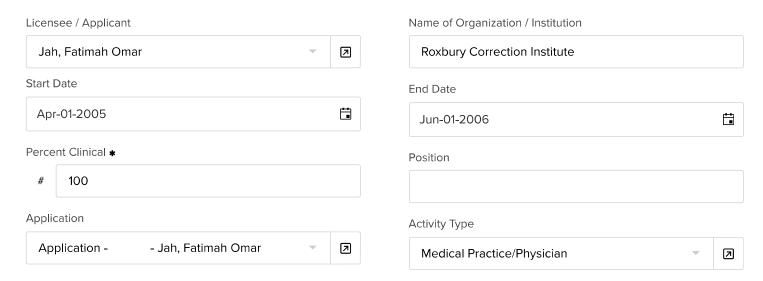




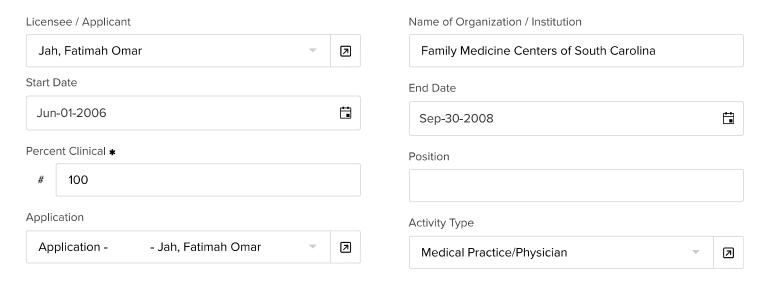




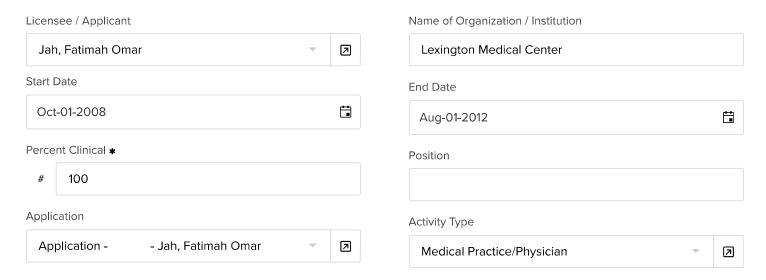




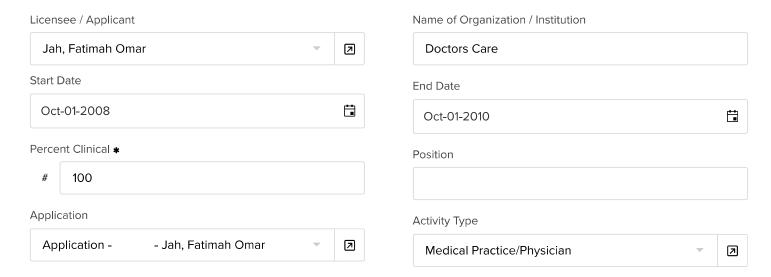




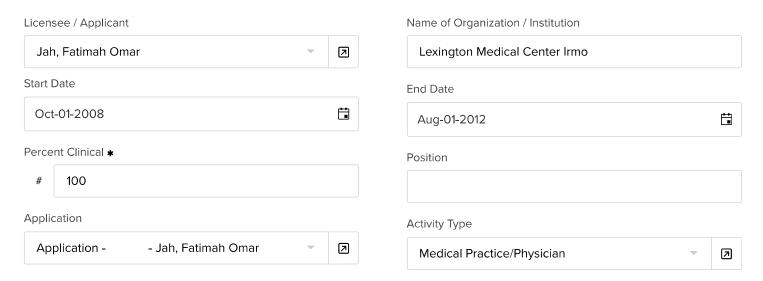




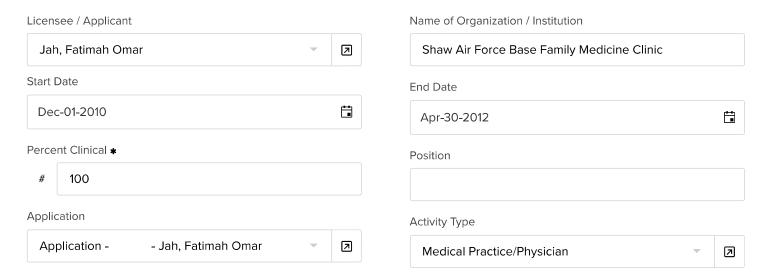


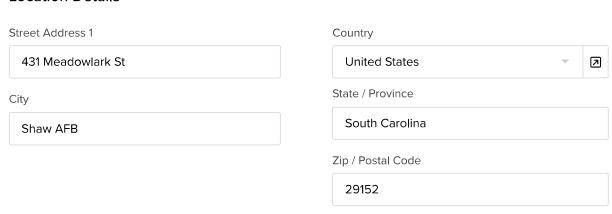


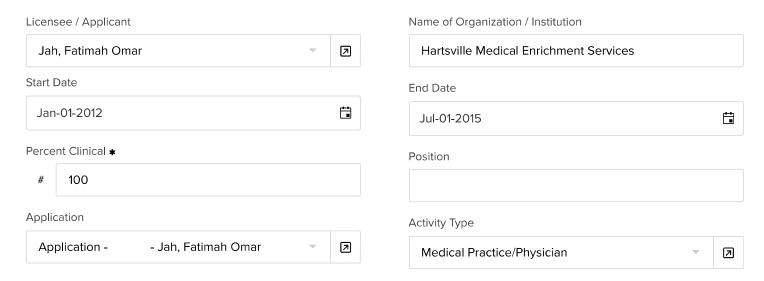


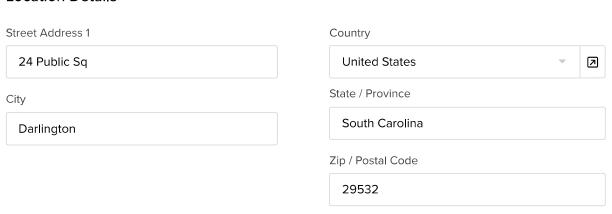


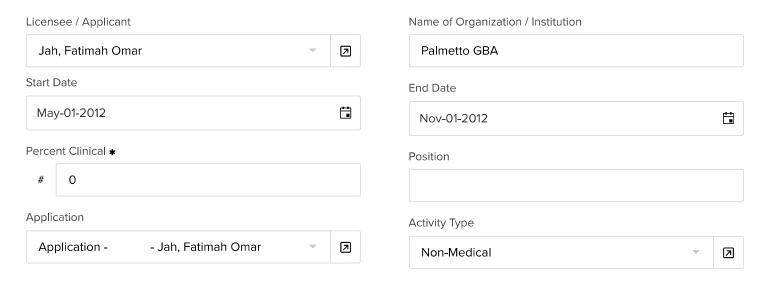


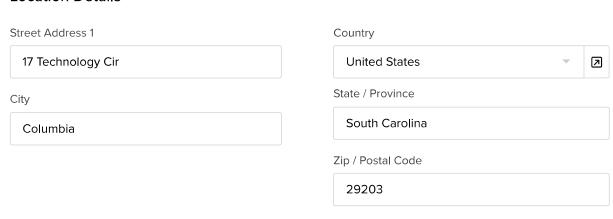


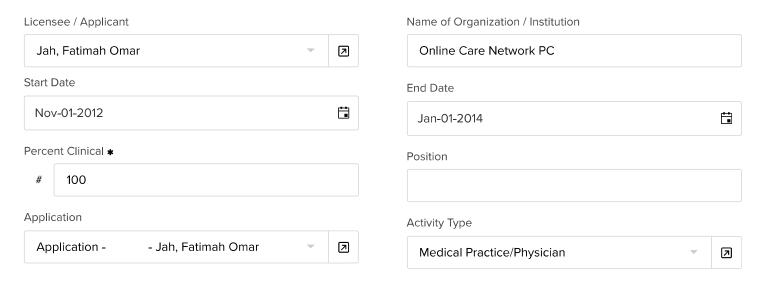


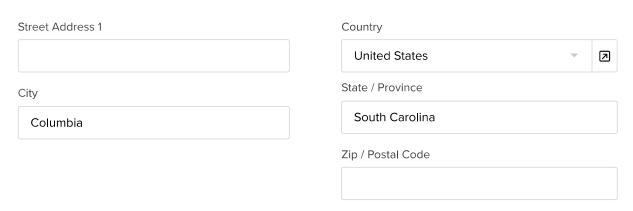


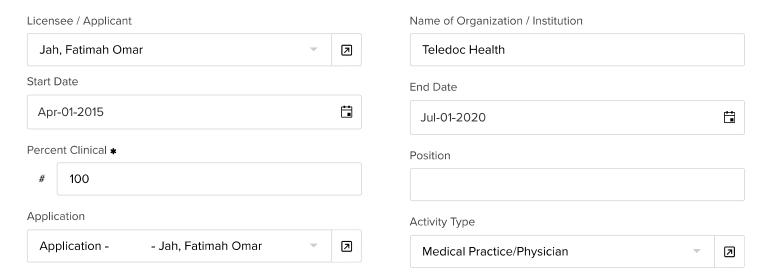


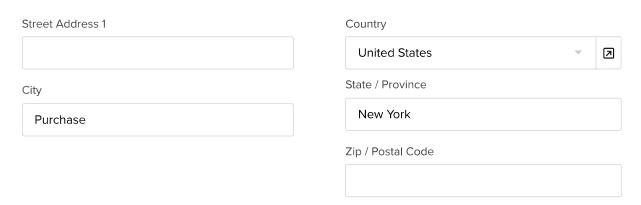


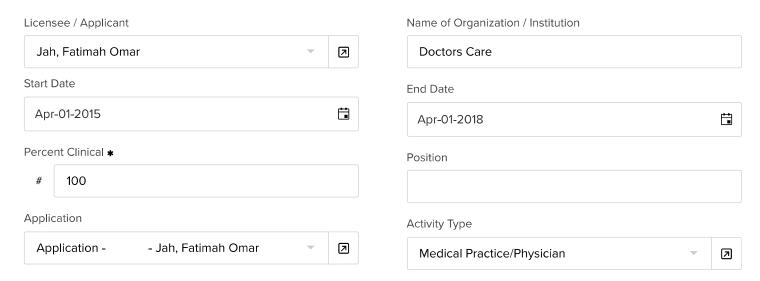


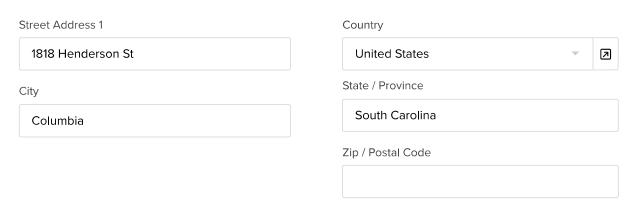


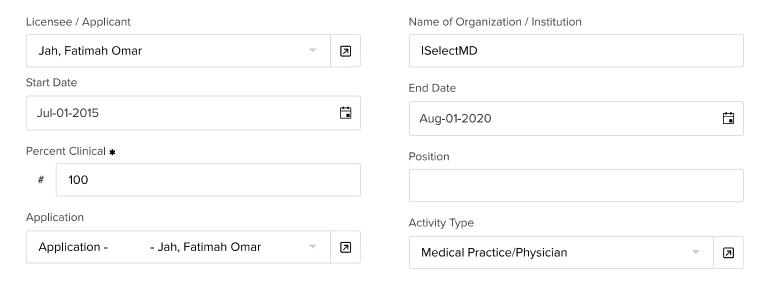


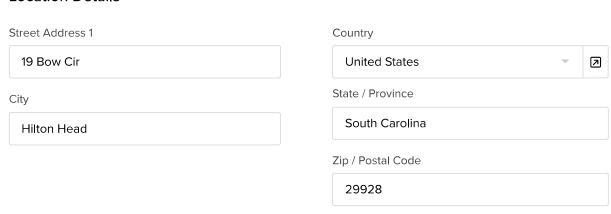


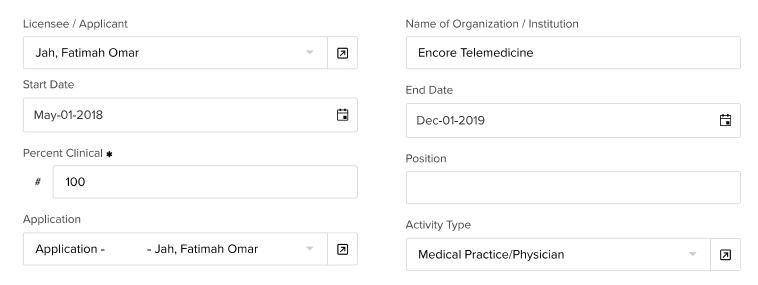


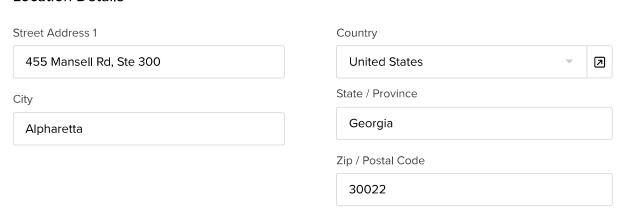


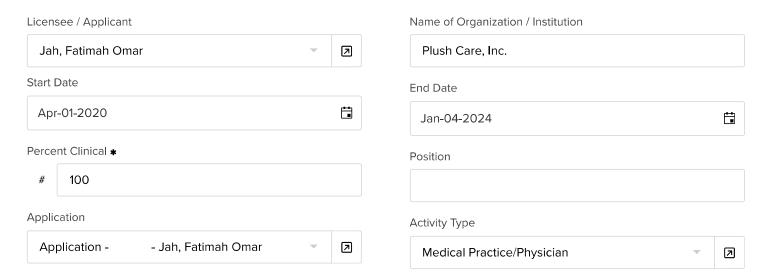


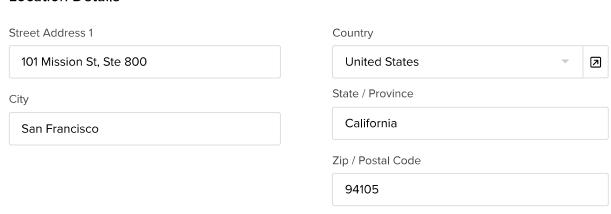










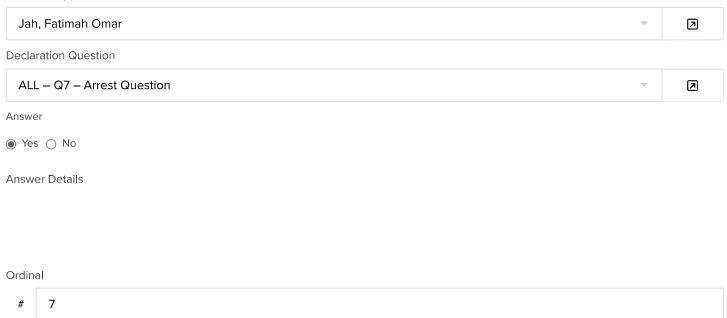


Declarations

Ordinal † **	Licensee/Applicant Y	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



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



Declaration

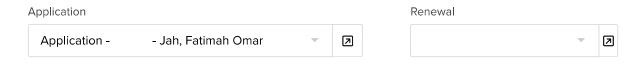
Licensee/Applicant



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?

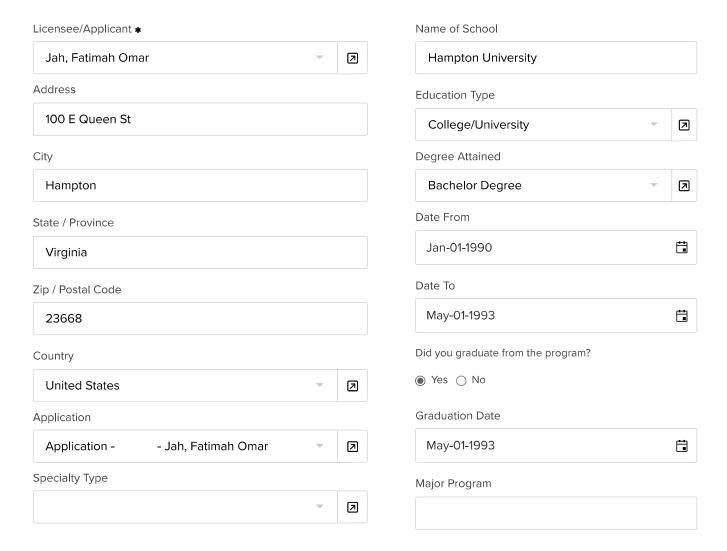
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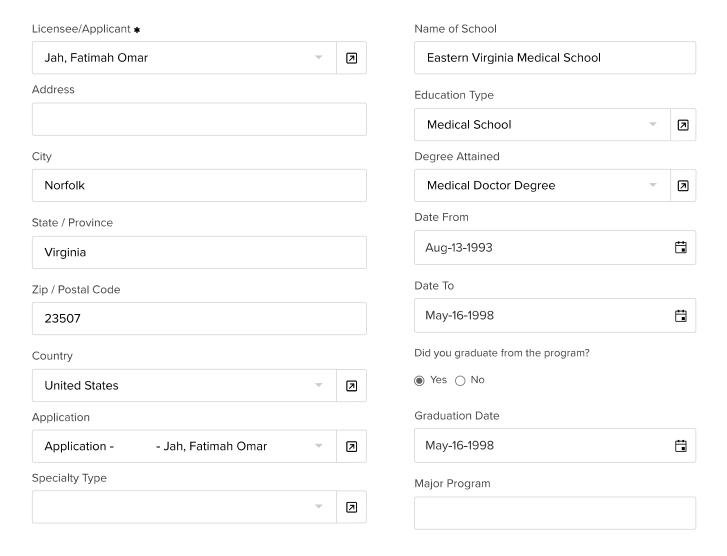
Education

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



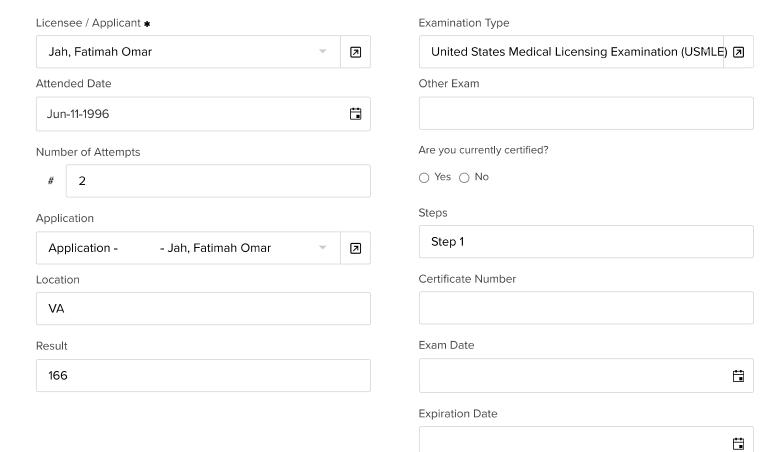
Education Details



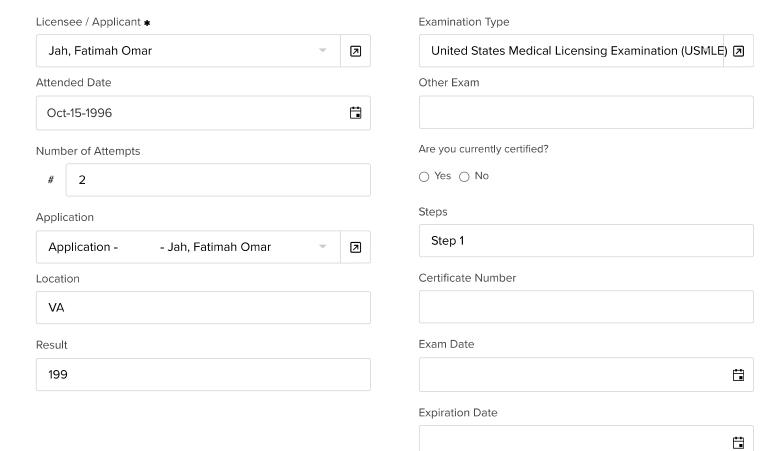
Examinations

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

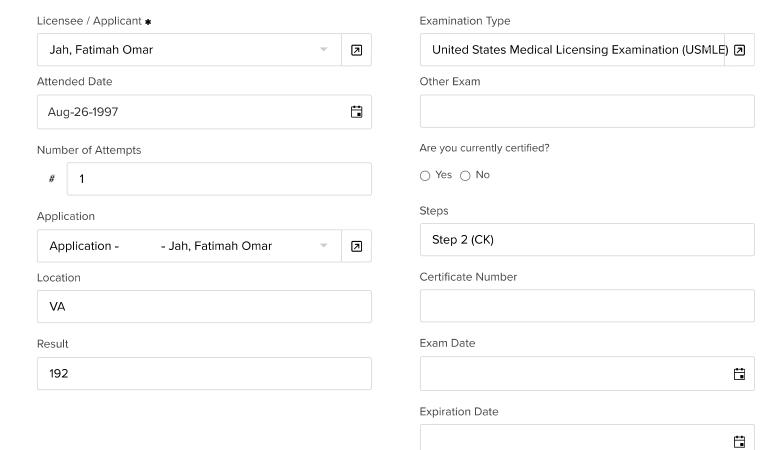
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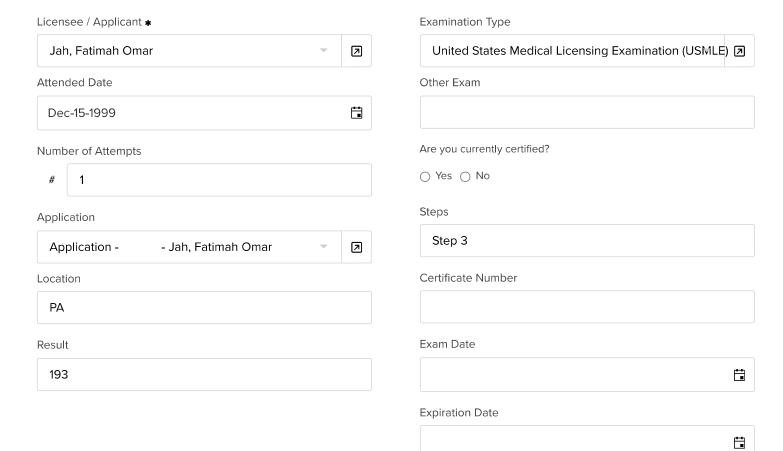
Examination Details



Examination Details

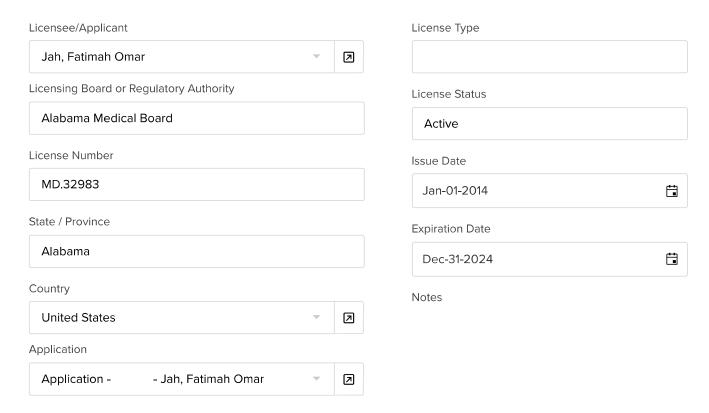


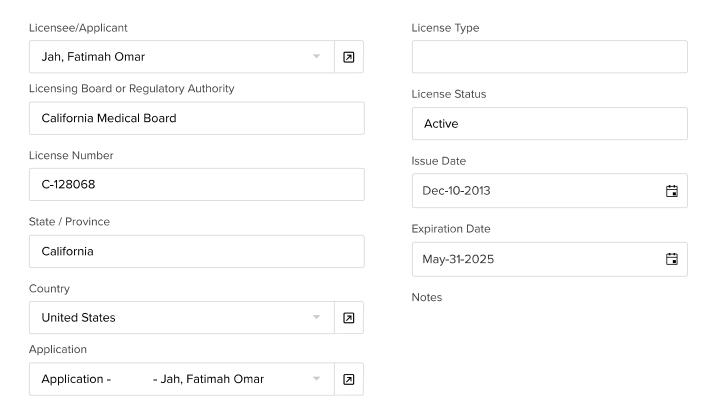
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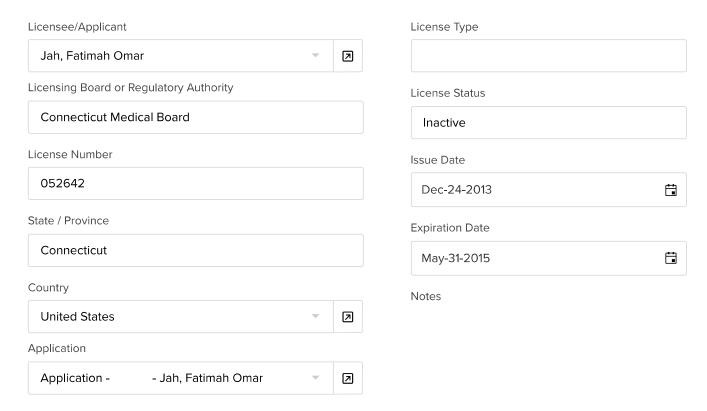


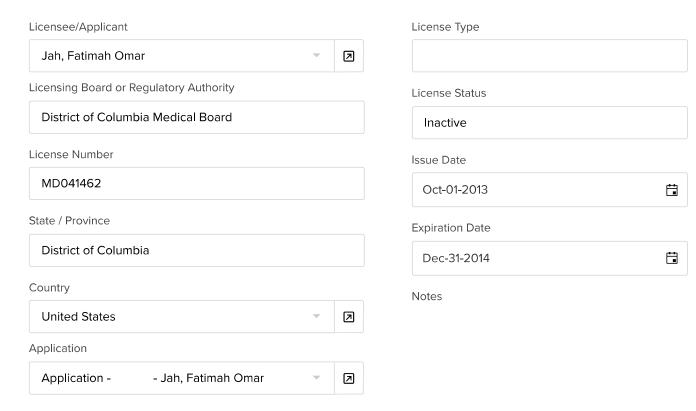
Other Licenses

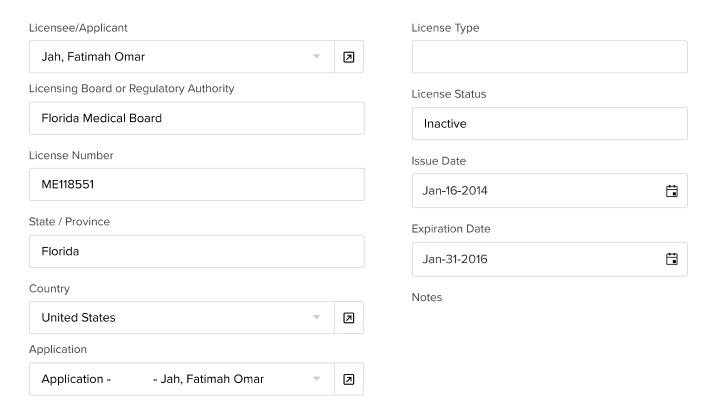
Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province †
Fatimah Jah	MD.32983	N/A	Jan-01-2014 Dec-31-2024		Alabama
Fatimah Jah	C-128068	N/A	Dec-10-2013	May-31-2025	California
Jah, Fatimah Omar	052642	N/A	Dec-24-2013	ec-24-2013 May-31-2015	
Fatimah Jah	MD041462	N/A	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		ldaho
Fatimah Jah	036133947	N/A	Sep-12-2013 Jul-31-2014 I		Illinois
Fatimah Jah	01073260A	N/A	Oct-16-2013	-16-2013 Oct-31-2025	
Fatimah Jah	MD19879	N/A	Dec-17-2013	Aug-11-2015	
Fatimah Jah	D57537	N/A	May-09-2001	Sep-30-2014	Maryland
Fatimah Jah	4301104273	N/A	Oct-17-2013	Jan-31-2015 N	
Fatimah Jah	22880	N/A	Sep-24-2013 Jun-30-2024		Mississippi
Fatimah Jah	25MA09409900	N/A	Nov-20-2013 Dec-31-2023 N		New Jersey
Fatimah Jah	272234	N/A	Sep-06-2013 Apr-30-2025 New		New York
Fatimah Jah	2014-00175	N/A	Jul-21-2016 May-08-2024 N		North Carolina
Fatimah Jah	35.122866	N/A	Feb-12-2014 Oct-01-2024 C		Ohio
Fatimah Jah	MD073111L	N/A	Feb-09-2001 Dec-31-2014 Pe		Pennsylvania
Fatimah Jah	MT042592T	N/A	May-03-1999 Jun-30-2001		Pennsylvania
Fatimah Jah	MD14630	N/A	Jun-02-2014 Jun-30-2024 Rh		Rhode Island
Fatimah Jah	28985	N/A	Sep-15-2006 Jun-30-2025 South Ca		South Carolina
Fatimah Jah	49673	N/A	Sep-26-2013 May-31-2025 Tennessee		Tennessee
Fatimah Jah	MD60666838	N/A	Jul-27-2016 May-08-2025 Washington		Washington
Fatimah Jah	25585	N/A	Nov-18-2013	Jun-30-2024	West Virginia

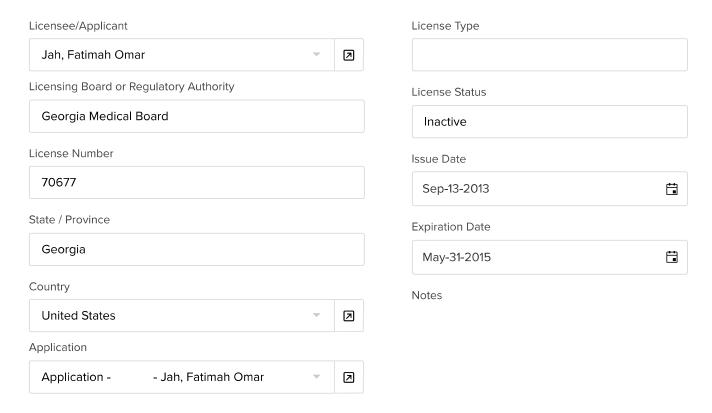


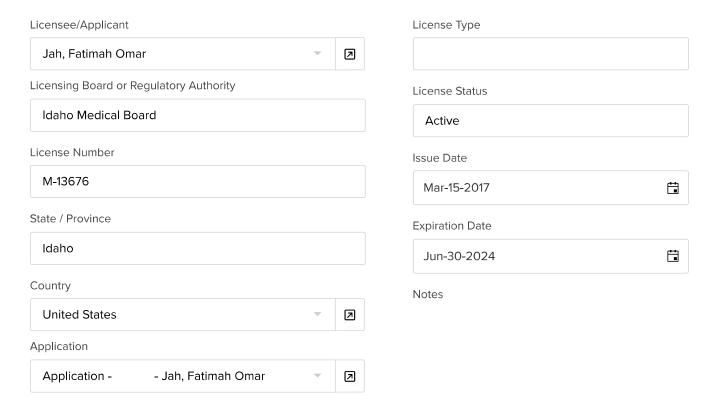


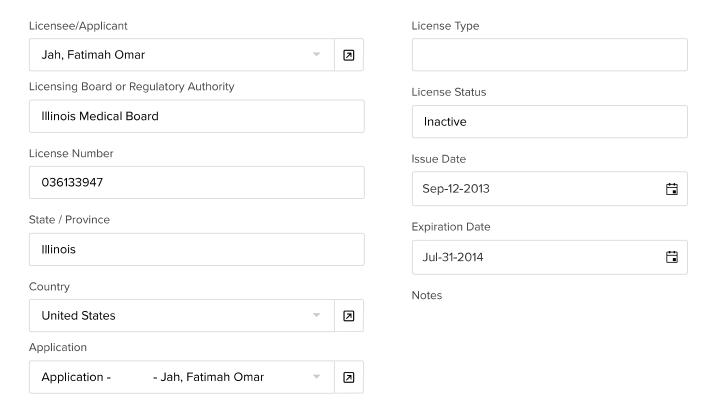


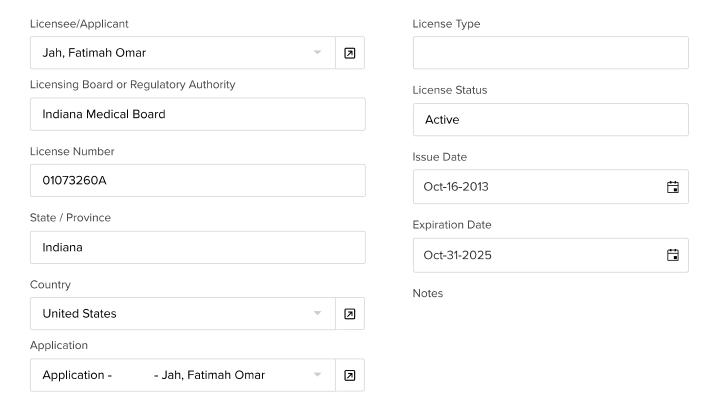


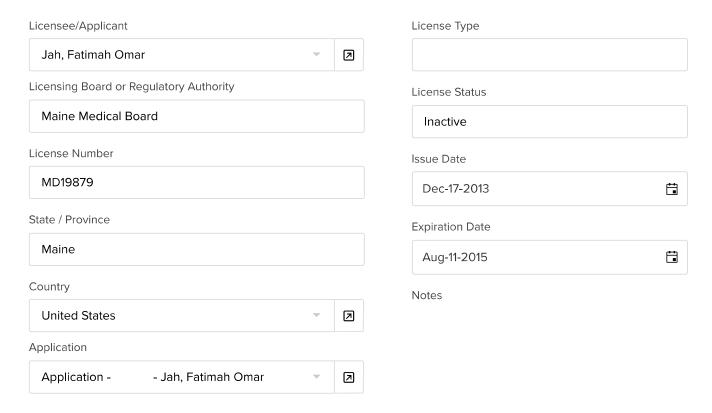


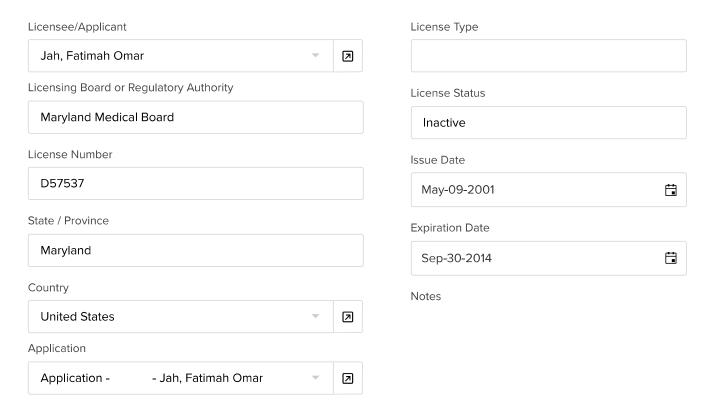


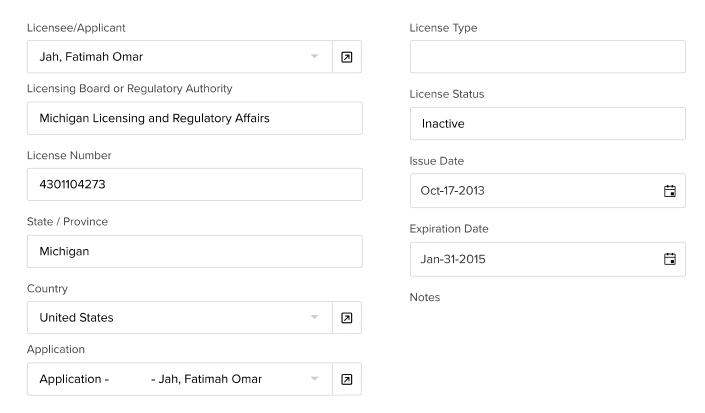


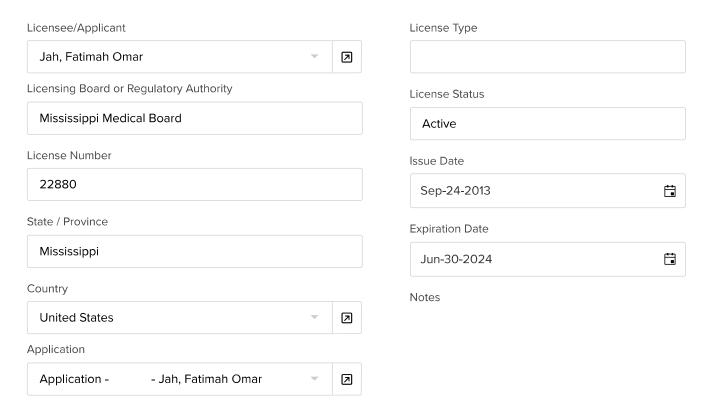


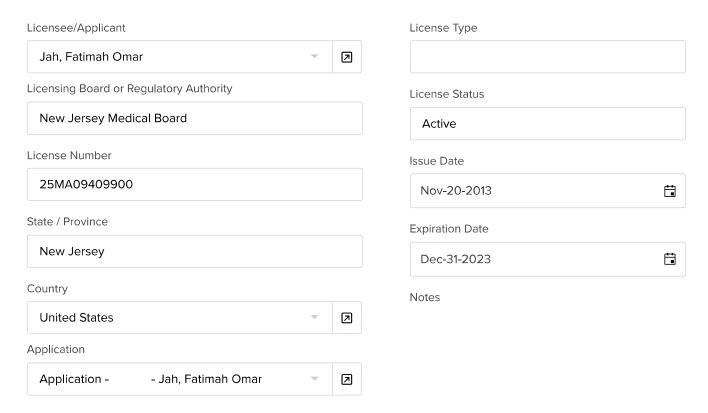


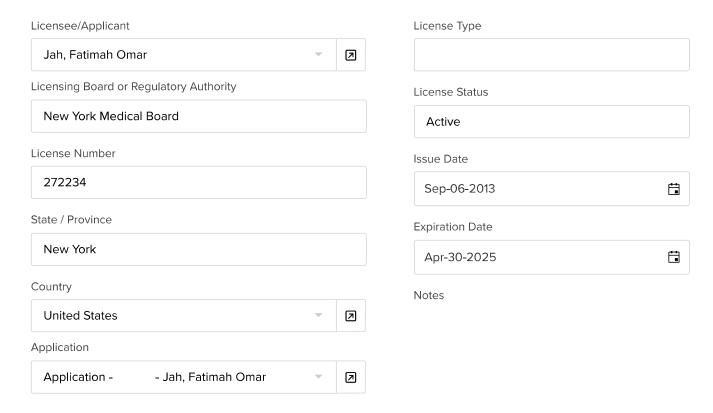


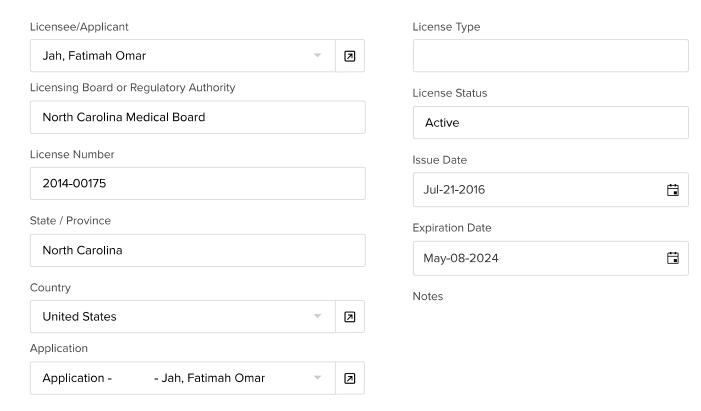


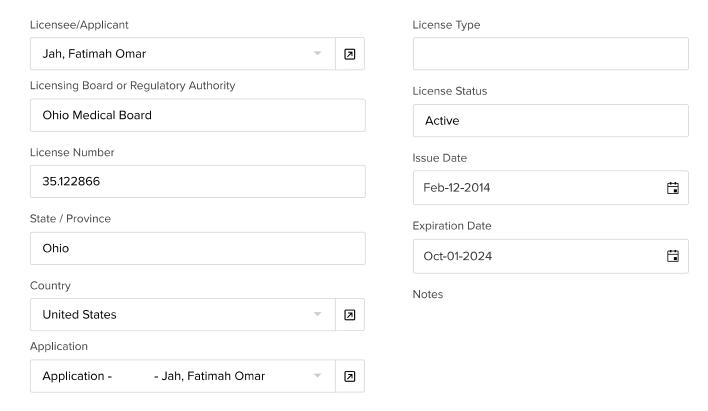


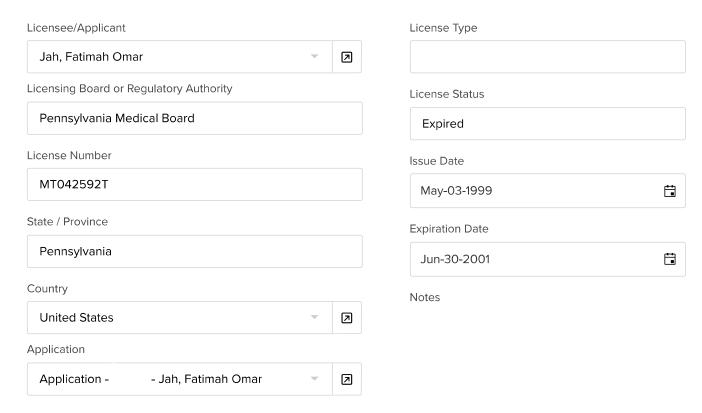


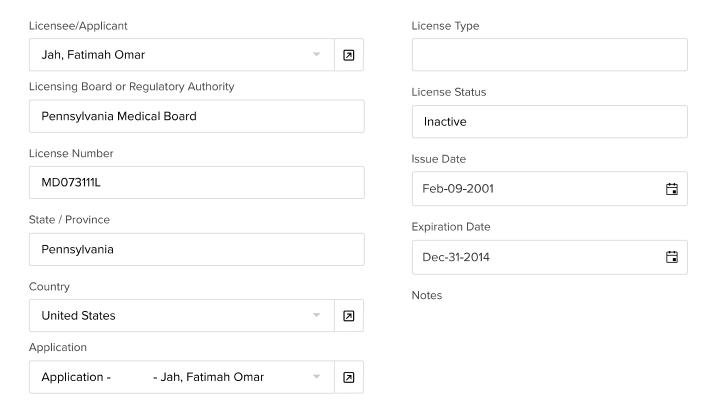


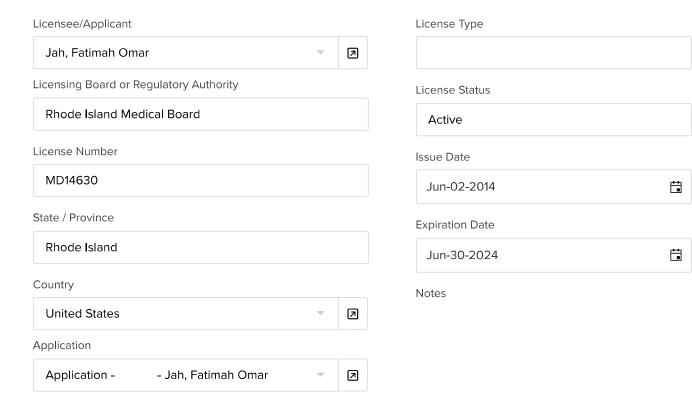


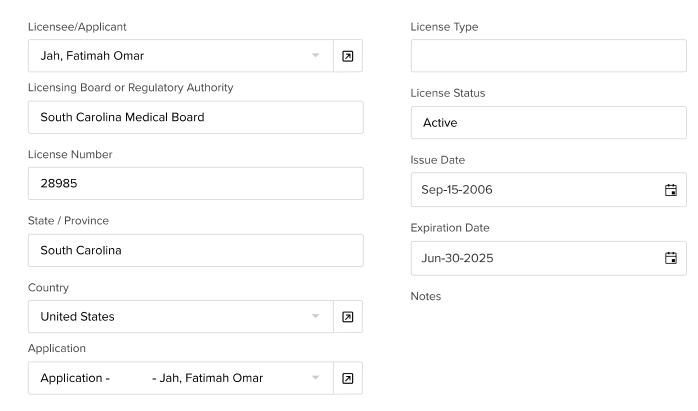


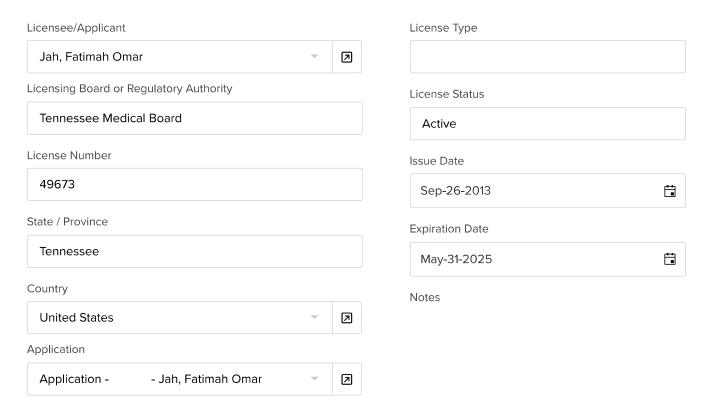


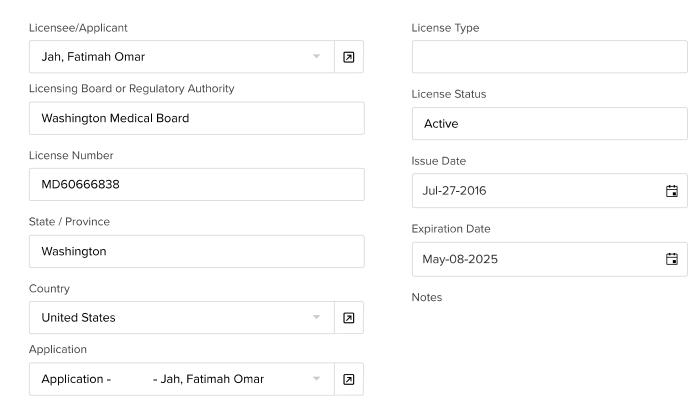


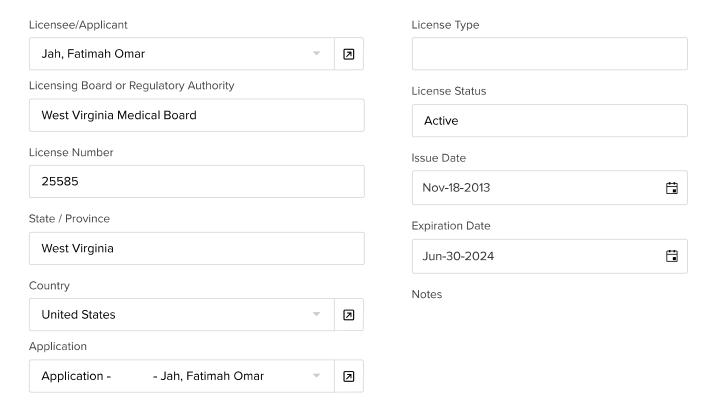








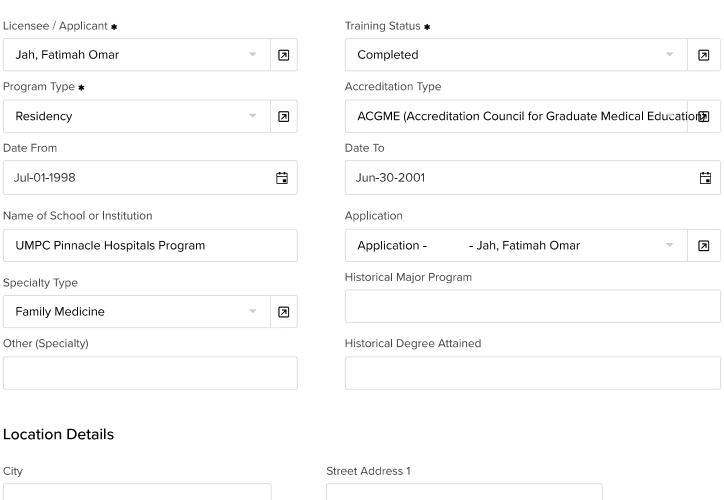


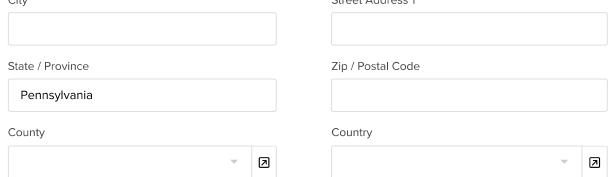


Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	T	Date From	T	Date To ↑	T	Program Type
Jah, Fatimah Omar	UMPC Pinnacle Hospitals Program	Family Medicine		Jul-01-1998		Jun-30-2001		Residency

Postgraduate Training Details

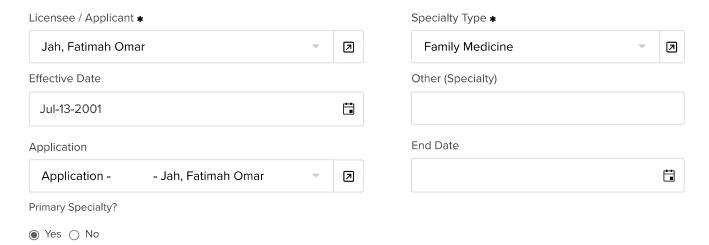




Specialties

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

Specialty Details



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 1013813	023	

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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.

