Demographic Details

First Name

Alireza

Middle Name

Last Name *

Baradaran Rafii

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

-1967

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

7 Amato

ZIP / Postal Code

92692

Address Line 2

State / Province

California

City

Mission Viejo

Country

United States

County

Orange

Is your physical address different from your mailing address?

○ Yes ◉ No

Public Phone

(217) 706-2577

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

Baradaran Rafii, Alireza N/A

Application Number

License Issued?

○ Yes ○ No

Application Status

Pending Review by the Board

Assigned To

Manual Paper Application?

○ Yes ◉ No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Endorsement

Application Date *

Submitted Date

Application Step

#

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

○ Yes ◉ No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application

○ Yes ○ No

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

○ Yes ◉ No

Invoices

Application Invoice

- Paid in Full

Licensure Invoice

Application Payment Date

Licensure Payment Date

Attestations

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

◉ Yes ○ No

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

○ Yes ○ No

Child Support Attestation Type

Not subject to a court order

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

◉ Yes ○ No

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

◉ Yes ○ No

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
ALIREZA BARADARAN RAFII	Mashhad University of Medical Sciences	Dec-01-1992	Sep-22-1995	100
ALIREZA BARADARAN RAFII	Mashhad University of Medical Sciences	Sep-23-1995	Sep-21-1999	100
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Sep-22-1999	Sep-21-2000	100
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Oct-01-2000	Oct-01-2001	100
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Oct-02-2001	Jun-01-2004	80
ALIREZA BARADARAN RAFII	Ocular Surface Research and Education Foundation	Jun-25-2004	Sep-10-2005	50
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Oct-01-2005	Nov-01-2007	80
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Nov-01-2007	Aug-01-2014	80
ALIREZA BARADARAN RAFII	Shahid Beheshti University of Medical Sciences	Aug-02-2014	Jun-30-2021	80
ALIREZA BARADARAN RAFII	University of South Florida	Jul-01-2021	Jun-30-2022	100
ALIREZA BARADARAN RAFII	University of South Florida	Jul-01-2022	Jun-30-2023	100
BARADARAN RAFII, ALIREZA N/A	University of South Florida	Aug-07-2023	Aug-07-2024	100

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Mashhad University of Medical Sciences

Start Date

Dec-01-1992

End Date

Sep-22-1995

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

MASHHAD

Country

Iran

State / Province

KHORASAN RAZAVI

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Mashhad University of Medical Sciences

Start Date

Sep-23-1995

End Date

Sep-21-1999

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

MASHHAD

Country

Iran

State / Province

KHORASAN RAZAVI

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Sep-22-1999

End Date

Sep-21-2000

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Oct-01-2000

End Date

Oct-01-2001

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Oct-02-2001

End Date

Jun-01-2004

Percent Clinical *

80

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Ocular Surface Research and Education Foundation

Start Date

Jun-25-2004

End Date

Sep-10-2005

Percent Clinical *

50

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

MIAMI

Country

United States

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Oct-01-2005

End Date

Nov-01-2007

Percent Clinical *

80

Position

Application

Application - · Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Nov-01-2007

End Date

Aug-01-2014

Percent Clinical *

80

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

Shahid Beheshti University of Medical Sciences

Start Date

Aug-02-2014

End Date

Jun-30-2021

Percent Clinical *

80

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TEHRAN

Country

Iran

State / Province

TEHRAN

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

University of South Florida

Start Date

Jul-01-2021

End Date

Jun-30-2022

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

TAMPA

Country

United States

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

University of South Florida

Start Date

Jul-01-2022

End Date

Jun-30-2023

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

Tampa

Country

United States

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization / Institution

University of South Florida

Start Date

Aug-07-2023

End Date

Aug-07-2024

Percent Clinical *

100

Position

Application

Application - - Alireza Baradaran Rafii

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

City

TAMPA

Country

United States

State / Province

Florida

Zip / Postal Code

Declarations

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

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To	Graduation Date
BARADARAN RAFII, ALIREZA N/A	Medical School	Tehran University of Medical Sciences School of Medicine	Medical Doctor Degree	Feb-14-1986	Nov-04-1992	Nov-04-1992

Education Details

Licensee/Applicant *

Baradaran Rafii, Alireza N/A

Address

City

TEHRAN

State / Province

TEHRAN

Zip / Postal Code

Country

Iran

Application

Application - - Alireza Baradaran Rafii

Specialty Type

Name of School

Tehran University of Medical Sciences School c

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Feb-14-1986

Date To

Nov-04-1992

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Nov-04-1992

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date ↑
BARADARAN RAFII, ALIREZA N/A	United States Medical Licensing Examination (USMLE)	May-05-2020
BARADARAN RAFII, ALIREZA N/A	United States Medical Licensing Examination (USMLE)	Nov-04-2020
BARADARAN RAFII, ALIREZA N/A	ECFMG	Feb-07-2021
BARADARAN RAFII, ALIREZA N/A	United States Medical Licensing Examination (USMLE)	Mar-17-2021

Examination Details

Licensee / Applicant *

Baradaran Rafii, Alireza N/A

Attended Date

May-05-2020

Number of Attempts

1

Application

Application - · Alireza Baradaran Rafii

Location

Result

216 (PASS)

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 *

Baradaran Rafii, Alireza N/A

Attended Date

Nov-04-2020

Number of Attempts

1

Application

Application - - Alireza Baradaran Rafii

Location

Result

219 (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 *

Baradaran Rafii, Alireza N/A

Attended Date

Feb-07-2021

Number of Attempts

1

Application

Application - - Alireza Baradaran Rafii

Location

Result

Examination Type

ECFMG

Other Exam

Are you currently certified?

(•) Yes ( ) No

Steps

Certificate Number

Exam Date

Expiration Date

Dec-31-2024

Examination Details

Licensee / Applicant *

Baradaran Rafii, Alireza N/A

Attended Date

Mar-17-2021

Number of Attempts

1

Application

Application - - Alireza Baradaran Rafii

Location

Result

198 (PASS)

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

STEP 3

Certificate Number

Exam Date

Expiration Date

Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	End Date
ALIREZA BARADARAN RAFII	Labbafinejad Medical Center	Oct-02-2001	Jun-30-2021
ALIREZA BARADARAN RAFII	Tampa General Hospital	Aug-07-2023	N/A
ALIREZA BARADARAN RAFII	TGH ASC at University of South Florida - Morsani College of Medicine	Aug-07-2023	N/A

Hospital Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization

Labbafinejad Medical Center

Application

Application - - Alireza Baradaran Rafii

Start Date

Oct-02-2001

End Date

Jun-30-2021

Address Details

Street Address Line 1

Boostan 9, Pasdaran Ave

State / Province

Street Address Line 2

ZIP / Postal Code

16666

City

Tehran

Country

Iran

Hospital Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization

Tampa General Hospital

Application

Application - - Alireza Baradaran Rafii

Start Date

Aug-07-2023

End Date

Address Details

Street Address Line 1

1 Tampa General Cir

State / Province

Florida

Street Address Line 2

ZIP / Postal Code

33606

City

Tampa

Country

United States

Hospital Details

Licensee / Applicant

Baradaran Rafii, Alireza N/A

Name of Organization

TGH ASC at University of South Florida - Morsani C

Application

Application - - Alireza Baradaran Rafii

Start Date

Aug-07-2023

End Date

Address Details

Street Address Line 1

13330 USF Laurel Drive

State / Province

Florida

Street Address Line 2

2nd Floor

ZIP / Postal Code

33612

City

Tampa

Country

United States

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
BARADARAN RAFII, ALIREZA N/A	ME160258	N/A	Dec-20-2022	Jan-31-2025	Florida
ALIREZA BARADARAN RAFII	TRN# 32207	N/A	Mar-17-2021	Jun-30-2023	Florida
ALIREZA BARADARAN RAFII	70877	N/A	Feb-10-2022	Jan-31-2025	Minnesota

Other License Details

Licensee/Applicant

Baradaran Rafii, Alireza N/A

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

ME160258

State / Province

Florida

Country

United States

Application

Application - - Alireza Baradaran Rafii

License Type

License Status

ACTIVE

Issue Date

Dec-20-2022

Expiration Date

Jan-31-2025

Notes

Other License Details

Licensee/Applicant

Baradaran Rafii, Alireza N/A

Licensing Board or Regulatory Authority

Florida Board of Medicine

License Number

TRN# 32207

State / Province

Florida

Country

United States

Application

Application - - Alireza Baradaran Rafii

License Type

License Status

Expired

Issue Date

Mar-17-2021

Expiration Date

Jun-30-2023

Notes

Other License Details

Licensee/Applicant

Baradaran Rafii, Alireza N/A

Licensing Board or Regulatory Authority

Minnesota Board of Medicine

License Number

70877

State / Province

Minnesota

Country

United States

Application

Application - - Alireza Baradaran Rafii

License Type

License Status

Active

Issue Date

Feb-10-2022

Expiration Date

Jan-31-2025

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To ↑	Program Type
BARADARAN RAFII, ALIREZA N/A	University of South Florida Morsani Program	Other	Jul-01-2021	Jun-30-2023	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Baradaran Rafii, Alireza N/A

Training Status *

Program Type *

Fellowship

Accreditation Type

Not Accredited

Date From

Jul-01-2021

Date To

Jun-30-2023

Name of School or Institution

University of South Florida Morsani Program

Application

Application - - Alireza Baradaran Rafii

Specialty Type

Other

Historical Major Program

Other (Specialty)

Glaucoma

Historical Degree Attained

Location Details

City

Tampa

Street Address 1

State / Province

FL

Zip / Postal Code

County

Country

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Baradaran Rafii, Alireza N/A	General Practice	No	Dec-01-1992	N/A
ALIREZA BARADARAN RAFII	Ophthalmology	Yes	Sep-23-1995	N/A

Specialty Details

Licensee / Applicant *

Baradaran Rafii, Alireza N/A

Specialty Type *

General Practice

Effective Date

Dec-01-1992

Other (Specialty)

Application

Application - - Alireza Baradaran Rafii

End Date

Primary Specialty?

○ Yes ◉ No

Specialty Details

Licensee / Applicant *

Baradaran Rafii, Alireza N/A

Specialty Type *

Ophthalmology

Effective Date

Sep-23-1995

Other (Specialty)

Application

Application - - Alireza Baradaran Rafii

End Date

Primary Specialty?

(•) Yes ( ) No