Demographic Details

First Name	Gender	
Alireza	Male	— [7]
Middle Name	Date of Birth	
	-1967	ä
Last Name *	Name Suffix	
Baradaran Rafii		
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 informa	ition)
Is this person deceased?	rubile information	
○ Yes ○ No		
Date Deceased		
±=		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

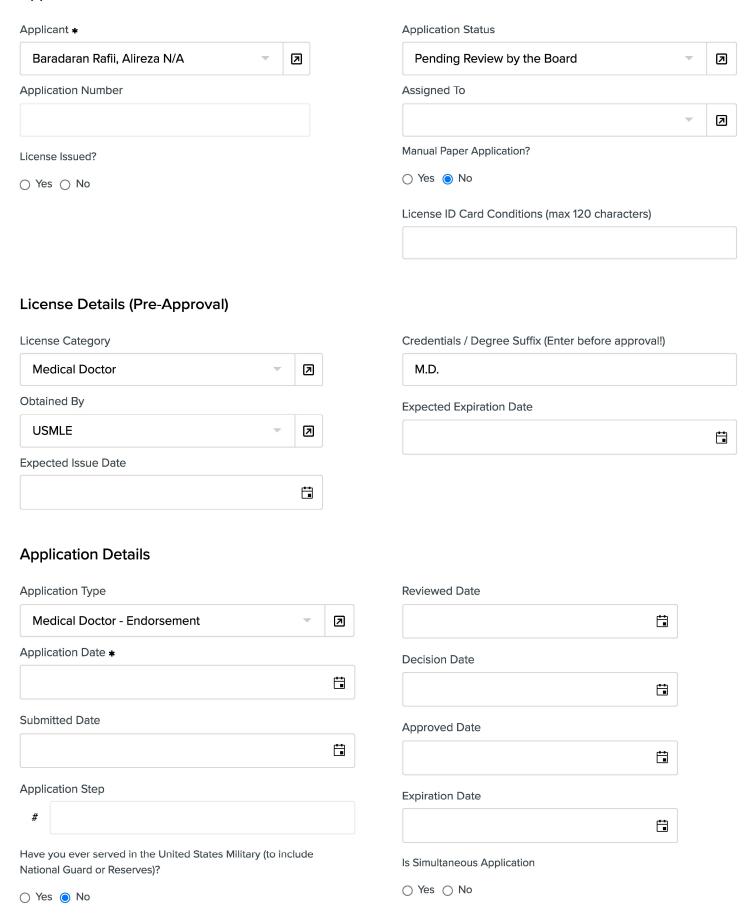
Military Detail

Have you ever served in the United States Military (to include Nation	nal 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
7 Amato	92692
Address Line 2	State / Province
	California
City	Country
Mission Viejo	United States
County	Is your physical address different from your mailing address?
Orange	○ Yes ⑥ No
	Public Phone
	# (217) 706-2577

Mailing Address

Street Address	City (Mailing)
Address Line 2	State / Province (Mailing)
ZIP / Postal Code (Mailing)	County (Mailing)
	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
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. No I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS)	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
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	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

Yes ○ No

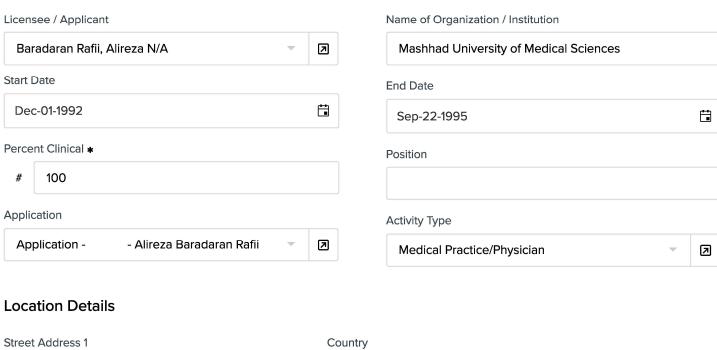
medicine in the state of Nevada.

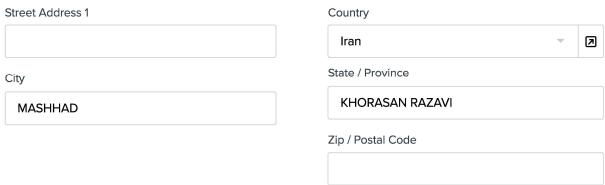
the same were procured in the regular course of instruction and

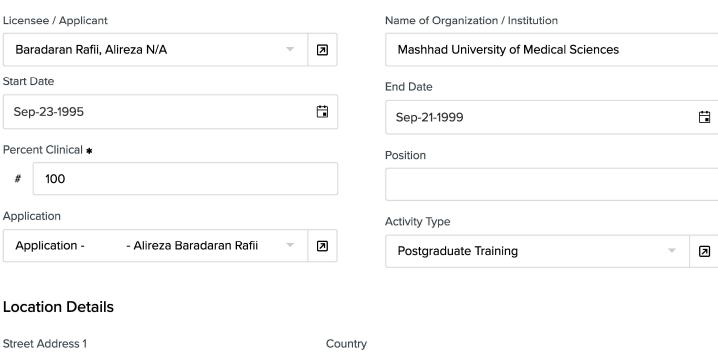
examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require 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

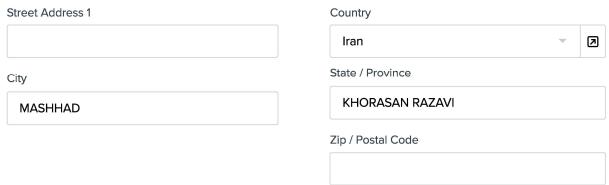
Activities

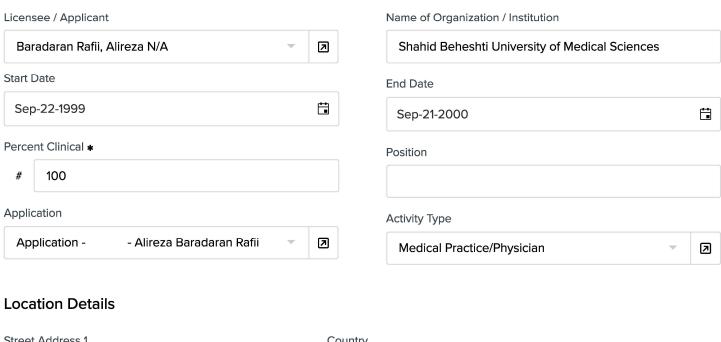
Licensee / Applicant	Name of Organization / Institution	Start Date † T	End Date ▼	Percent Clinical
processes / Applicant	, Name of Organization / motitation	Start Bate	Life Date	r creent difficult
ALIREZA BARADARAN RAFII	Mashhad University of Medical Sciences	Dec-01-1992	Sep-22-1995	100
ALIREZA BARADARAN 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

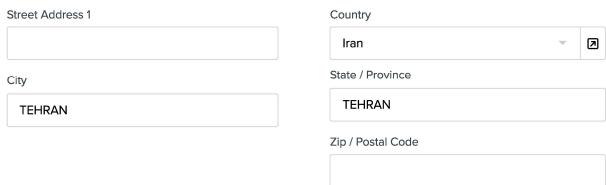


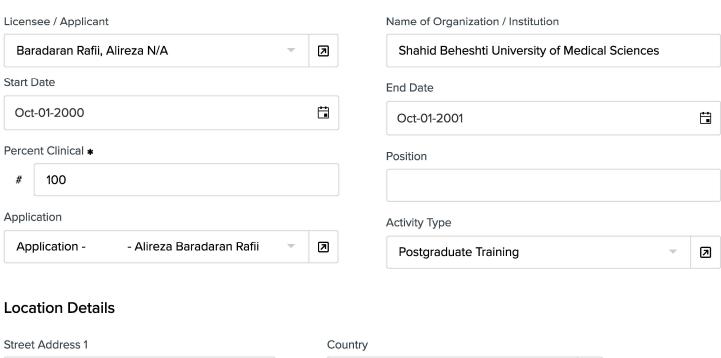


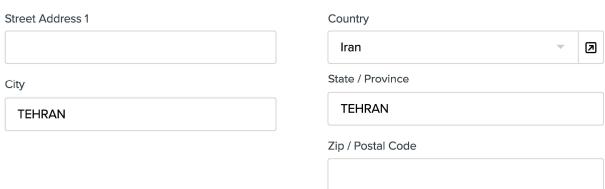


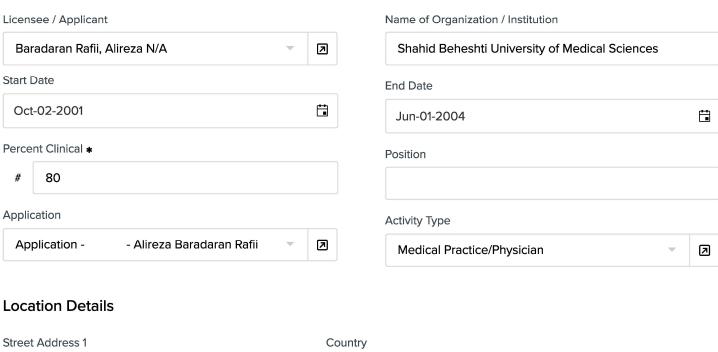


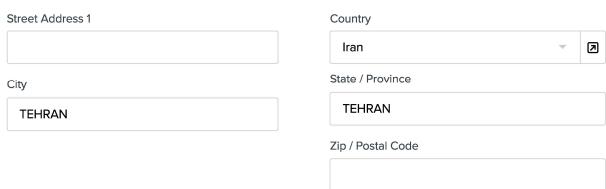


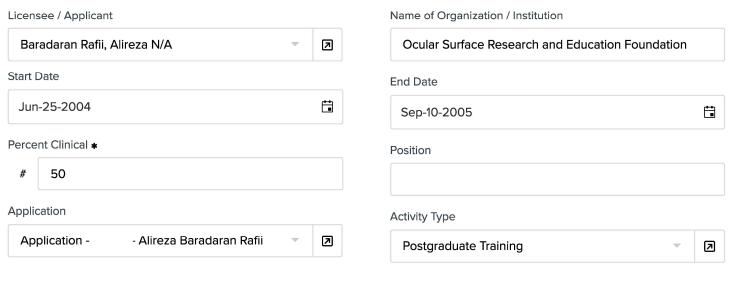






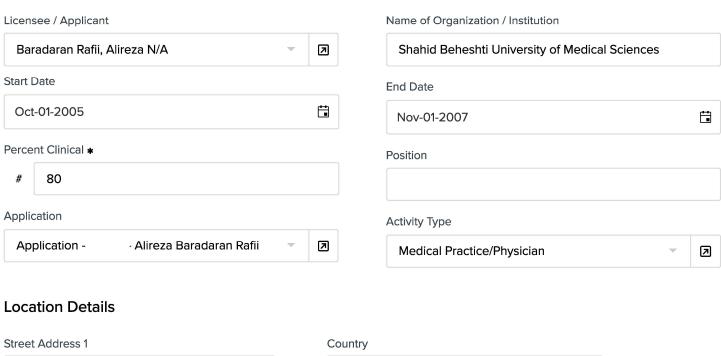


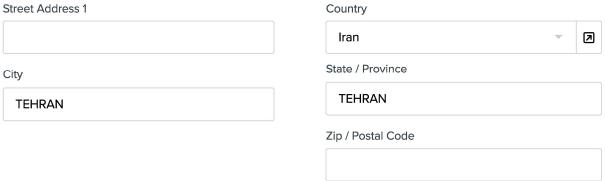


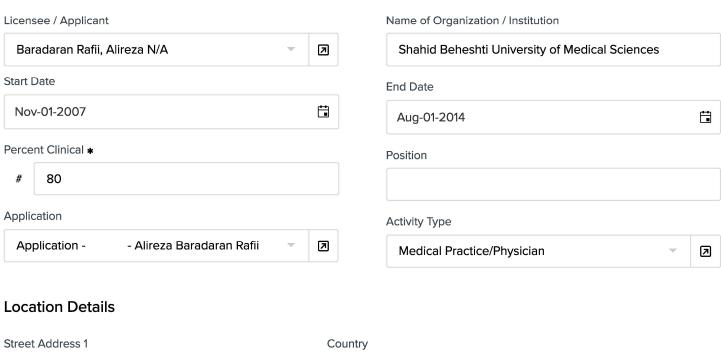


Location Details

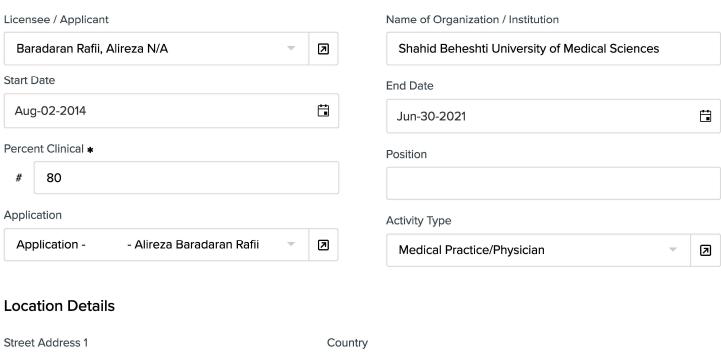




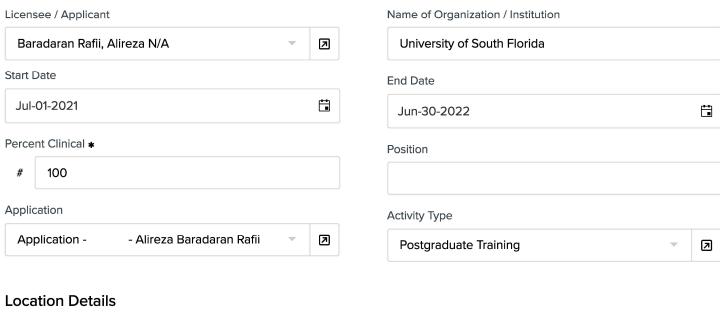


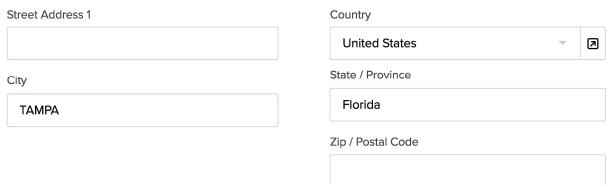


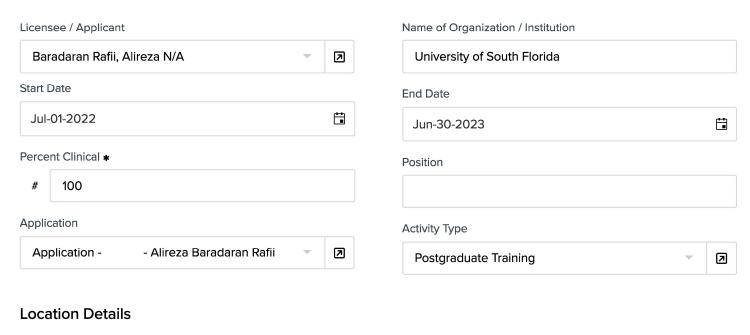




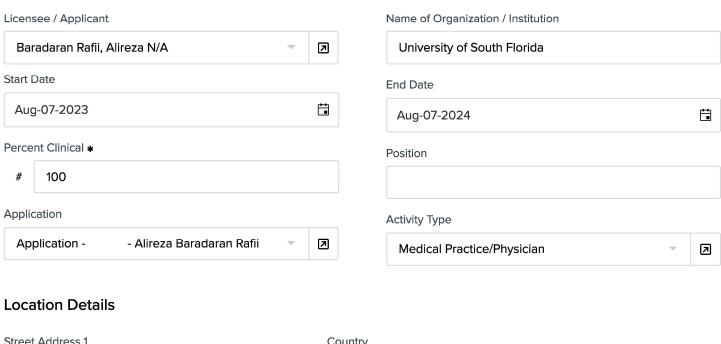


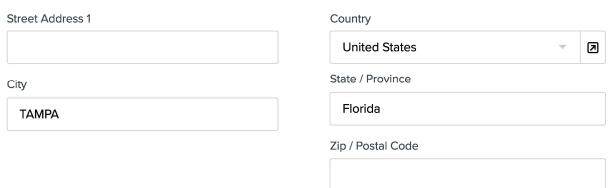












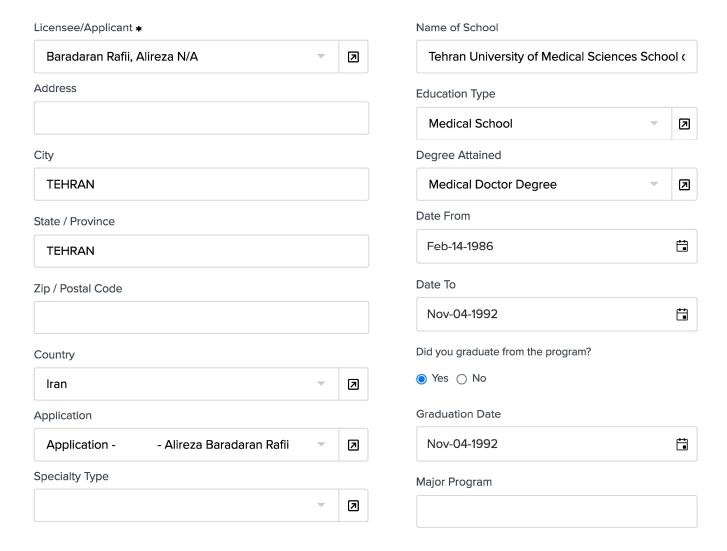
Declarations

ALIREZA BARADARAN RAFII MD, PA – Q1 – Medical Condition Impair Safe Practice No ALIREZA BARADARAN RAFII MD, PA – Q2 – Medical Condition Field of Practice No ALIREZA BARADARAN RAFII MD, PA – Q3 – Chemical Substances Impair Safe Practice No ALIREZA BARADARAN RAFII MD, PA , L1 – Q4 – Performance of Public Service Requirement No ALIREZA BARADARAN RAFII ALL – Q5 – Named Defendant Respond to Legal Action No ALIREZA BARADARAN RAFII ALL – Q5 – Named Defendant Respond to Legal Action No ALIREZA BARADARAN RAFII ALL – Q6 – Malpractice Claim Paid No ALIREZA BARADARAN RAFII ALL – Q7 – Arrest Question No ALIREZA BARADARAN RAFII MD, Previously applied for Ilcensure in Nevada. No ALIREZA BARADARAN RAFII MD – Investigation Disciplinary during Training Program No ALIREZA BARADARAN RAFII MD – Q8 – Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD – Q9 – Medical License Revoked No ALIREZA BARADARAN RAFII MD – Q11 – Voluntarilly Surrendered a License No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond TofNotify Of No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond TofNotify Of No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond TofNotify Of No					
ALIREZA BARADARAN RAFII MD, PA – Q2 – Medical Condition Field of Practice No ALIREZA BARADARAN RAFII MD, PA – Q3 – Chemical Substances Impair Safe Practice No ALIREZA BARADARAN RAFII MD, PA LL – Q4 – Performance of Public Service Requirement No ALIREZA BARADARAN RAFII ALL – Q5 – Named Defendant Respond to Legal Action No ALIREZA BARADARAN RAFII ALL – Q5 – Named Defendant Respond to Legal Action No ALIREZA BARADARAN RAFII ALL – Q7 – Arrest Question No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Neveda. No ALIREZA BARADARAN RAFII MD – Investigation Disciplinary during Training Program No ALIREZA BARADARAN RAFII MD – Q8 – Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD – Q9 – Medical License Revoked No ALIREZA BARADARAN RAFII MD – Q1 – Onlined Membership No ALIREZA BARADARAN RAFII MD – Q1 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Qf No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Qf No	Ordinal † T	Licensee/Applicant	Declaration Question	•	Answer
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ALIREZA BARADARAN RAFII MD, PA, LL - Q4 - Performance of Public Service Requirement No ALIREZA BARADARAN RAFII ALIREZA BARADARAN RAFII ALL - Q5 - Named Defendant Respond to Legal Action No ALIREZA BARADARAN RAFII ALL - Q6 - Malpractice Claim Paid No ALIREZA BARADARAN RAFII ALL - Q7 - Arrest Question No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD - Investigation Disciplinary during Training Program No BARADARAN RAFII MD - Q8 - Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD - Q9 - Medical License Revoked No ALIREZA BARADARAN RAFII MD - Q1 - Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No	2	ALIREZA BARADARAN RAFII	MD, PA – Q2 – Medical Condition Field of Practice		No
ALIREZA BARADARAN RAFII MD. Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD. Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD. Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD. Investigation Disciplinary during Training Program No ALIREZA BARADARAN RAFII MD. POB - Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD. POB - Denied License Revoked No ALIREZA BARADARAN RAFII MD. POH - OHI - Voluntarily Surrendered a License No No ALIREZA BARADARAN RAFII MD. POH - OHI - Voluntarily Surrendered a License No No ALIREZA BARADARAN RAFII MD. POH - OHI - Voluntarily Surrendered a License No No ALIREZA BARADARAN RAFII MD. POH - OHI - Novestigation - Respond To/Notify Of No	3	ALIREZA BARADARAN RAFII	MD, PA – Q3 – Chemical Substances Impair Safe Practice		No
ALIREZA BARADARAN RAFII ALIREZA BARADARAN RAFII ALL – QG – Mellpractice Claim Paid No ALIREZA BARADARAN RAFII ALL – QG – Arrest Question No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Nevada. No BARADARAN RAFII MD, Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD, Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD, Pa – QB – Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD, Pa – Q11 – Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD, Pa – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD, Pa – Q13 – Investigation – Respond To/Notify Of No ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	4	ALIREZA BARADARAN RAFII	MD, PA, LL – Q4 – Performance of Public Service Requirement		No
ALIREZA BARADARAN RAFII ALIREZA BARADARAN RAFII MD. Previously applied for licensure in Nevada. No ALIREZA BARADARAN RAFII MD. Previously applied for licensure in Nevada. No BARADARAN RAFII MD. Investigation Disciplinary during Training Program No BARADARAN RAFII, ALIREZA N/A MD. — Q9 — Medical License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD. — Q9 — Medical License Revoked No ALIREZA BARADARAN RAFII MD. — Q11 — Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD. — Q12 — Denied Membership No ALIREZA BARADARAN RAFII MD. — Q13 — Investigation — Respond To/Notify Of No ALIREZA BARADARAN RAFII MD. — Q13 — Investigation — Respond To/Notify Of No ALIREZA BARADARAN RAFII MD. — Q10 — Controlled Substance Registration No	5	ALIREZA BARADARAN RAFII	ALL – Q5 – Named Defendant Respond to Legal Action		No
ALIREZA BARADARAN RAFII MD - Investigation Disciplinary during Training Program No BARADARAN RAFII MD - Q8 - Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD - Q9 - Medical License Revoked No ALIREZA BARADARAN RAFII MD - Q11 - Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD - Q12 - Denied Membership No ALIREZA BARADARAN RAFII MD - Q13 - Investigation - Respond To/Notify Of No ALIREZA BARADARAN RAFII MD - Q13 - Investigation - Respond To/Notify Of No ALIREZA BARADARAN RAFII MD - Q10 - Controlled Substance Registration No	6	ALIREZA BARADARAN RAFII	ALL – Q6 – Malpractice Claim Paid		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	7	ALIREZA BARADARAN RAFII	ALL – Q7 – Arrest Question		No
BARADARAN RAFII, ALIREZA N/A MD – Q8 – Denied License / Permission to Practice Medicine No ALIREZA BARADARAN RAFII MD – Q9 – Medical License Revoked No ALIREZA BARADARAN RAFII MD – Q11 – Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Of No ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	8	ALIREZA BARADARAN RAFII	MD, Previously applied for licensure in Nevada.		No
MD – Q9 – Medical License Revoked No ALIREZA BARADARAN RAFII MD – Q11 – Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Of ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	9	ALIREZA BARADARAN RAFII	MD – Investigation Disciplinary during Training Program		No
ALIREZA BARADARAN RAFII MD – Q11 – Voluntarily Surrendered a License No ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Of No ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	10	BARADARAN RAFII, ALIREZA N/A	MD – Q8 – Denied License / Permission to Practice Medicine		No
ALIREZA BARADARAN RAFII MD – Q12 – Denied Membership No ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Of No ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	11	ALIREZA BARADARAN RAFII	MD – Q9 – Medical License Revoked		No
14 ALIREZA BARADARAN RAFII MD – Q13 – Investigation – Respond To/Notify Of No 15 ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	12	ALIREZA BARADARAN RAFII	MD – Q11 – Voluntarily Surrendered a License		No
15 ALIREZA BARADARAN RAFII MD, PA – Q10 – Controlled Substance Registration No	13	ALIREZA BARADARAN RAFII	MD – Q12 – Denied Membership		No
	14	ALIREZA BARADARAN RAFII	MD – Q13 – Investigation – Respond To/Notify Of		No
16 ALIREZA BARADARAN RAFII MD, PA, CCP, Hospital Privileges Denied, Suspended. 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

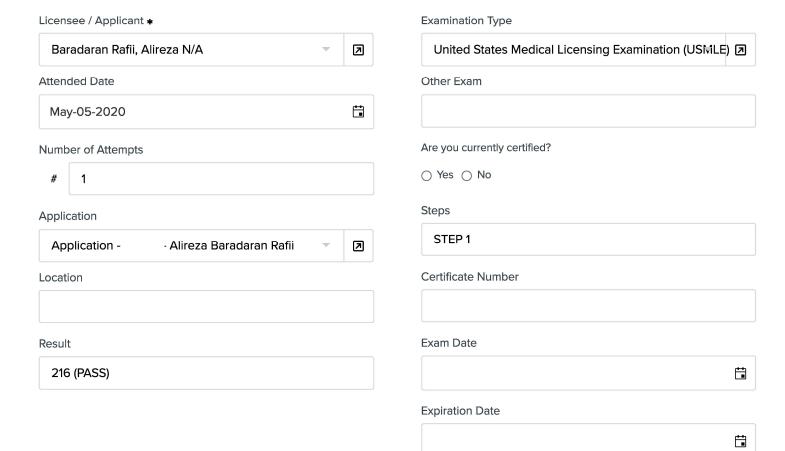
Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From ▼	Date To ↑ ▼	Graduation Date
BARADARAN RAFII, ALIREZA N/A	Medical School	Tehran University of Medical Sciences School of Medicine	Medical Doctor Degree	Feb-14-1986	Nov-04-1992	Nov-04-1992

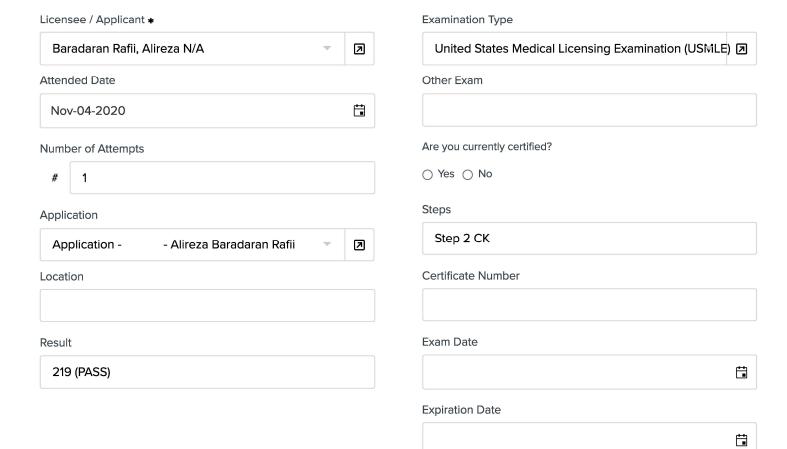
Education Details

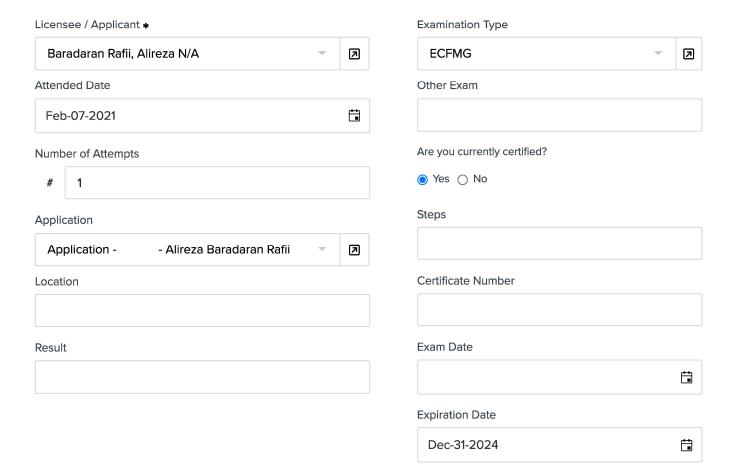


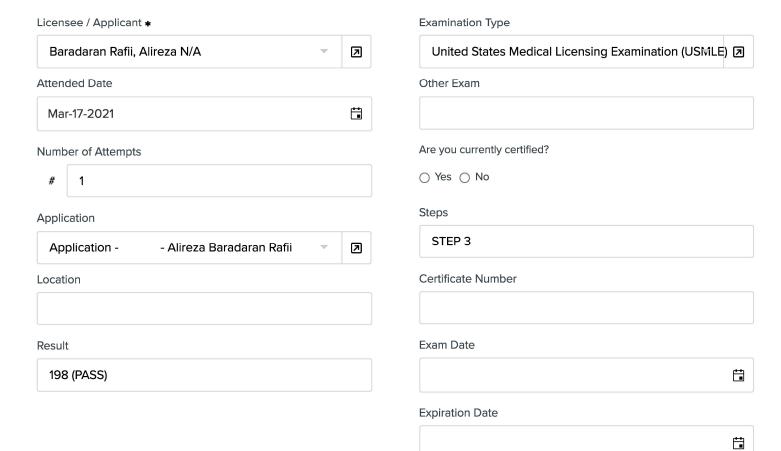
Examinations

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





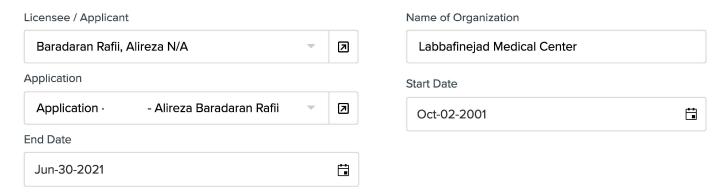




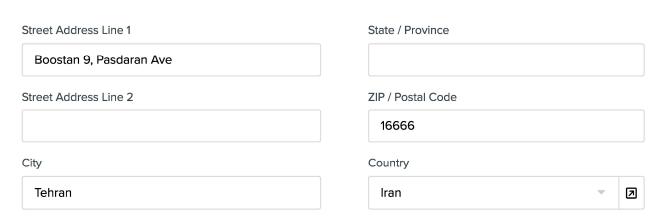
Hospitals

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

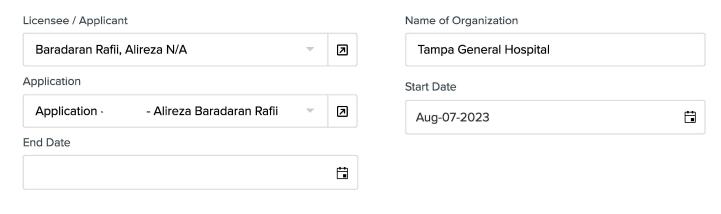
Hospital Details



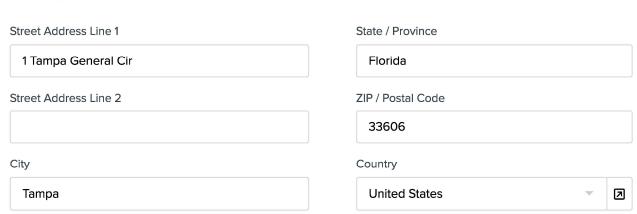
Address Details



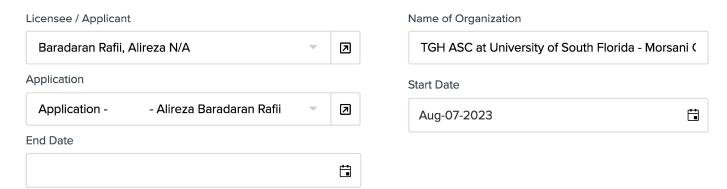
Hospital Details



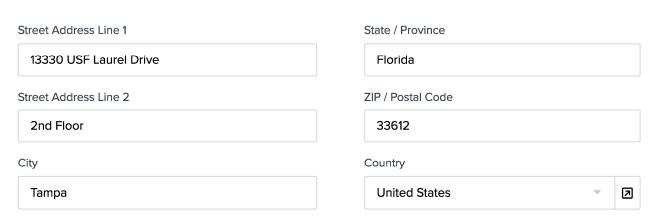
Address Details



Hospital Details



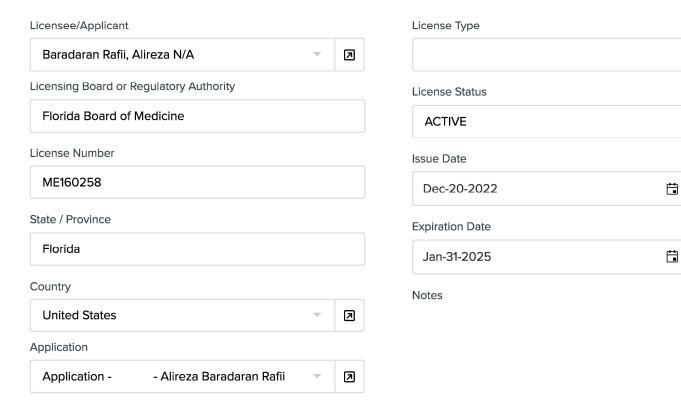
Address Details



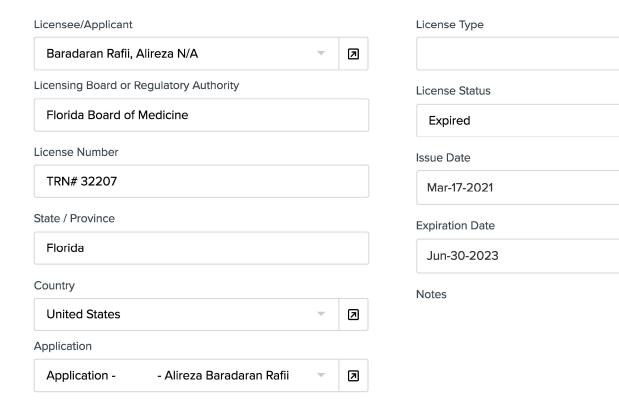
Other Licenses

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

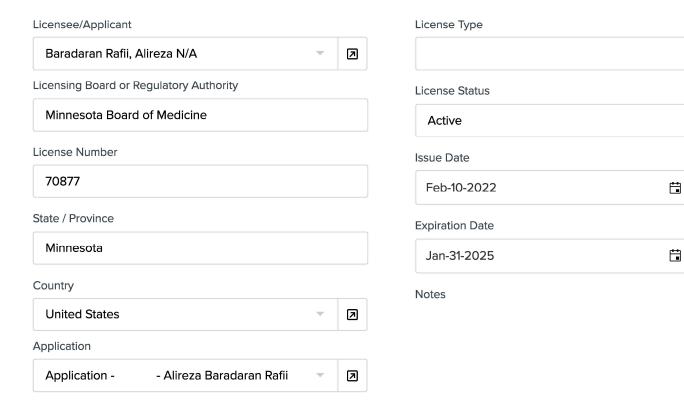
Other License Details



Other License Details



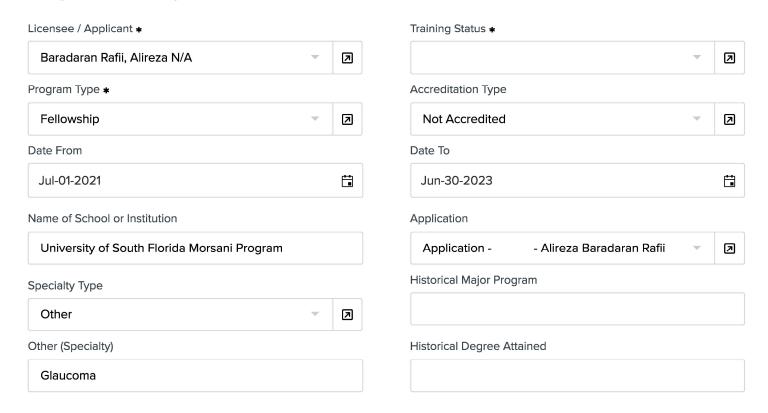
Other License Details



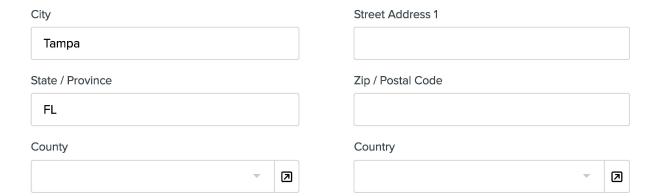
Postgraduate Training

Licensee / Applicant	Name of School or Institution	•	Specialty Type	7	Date From	₹	Date To †	T	Program Type
BARADARAN RAFII, ALIREZA N/A	University of South Florida Morsani Program		Other		Jul-01-2021		Jun-30-2023		Fellowship

Postgraduate Training Details



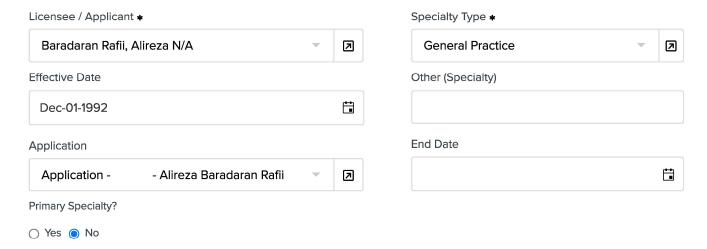
Location Details



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



Specialty Details

