

Demographic Details

First Name

Timothy

Middle Name

Huy

Last Name *

Do

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

-1990 

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

5962 Tinazzi Way

ZIP / Postal Code

89141

Address Line 2

State / Province

Nevada

City

Las Vegas

Country

United States



County

Las Vegas

Is your physical address different from your mailing address?

Yes No

Public Phone

(941) 323-9797

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

#


Reviewed Date

Decision Date

Approved Date

Expiration Date

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

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	
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Licensure Invoice

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Is Simultaneous Application

Yes No

Application Payment Date

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Licensure Payment Date

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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

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	
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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.

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

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

Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
DO, Timothy Huy	Vohra Post Acute Care Physicians	Sep-01-2022	Jul-14-2025	100

Application Activity Details

Licensee / Applicant



Start Date

Percent Clinical *

100

Application

Name of Organization / Institution

End Date


Position

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

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

Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Do, Timothy Huy	Medical School	St. George's University School of Medicine	Medical Doctor Degree	Aug-15-2016	Apr-26-2020	May-01-2020

Education Details

Licensee/Applicant *

Do, Timothy Huy  

Address

University Centre Grenada


City

State / Province



St. George's

Zip / Postal Code


Country

Grenada  

Application

Application - - Do, Timothy Huy  

Specialty Type



Name of School

St. George's University School of Medicine

Education Type

Medical School  

Degree Attained

Medical Doctor Degree  

Date From

Aug-15-2016 


Date To

Apr-26-2020 

Did you graduate from the program?

Yes No

Graduation Date

May-01-2020 

Major Program

Examinations

Licensee / Applicant	Examination Type ↑	Attended Date ↑
Do, Timothy Huy	United States Medical Licensing Examination (USMLE)	Jul-06-2018
Do, Timothy Huy	United States Medical Licensing Examination (USMLE)	Mar-18-2019
Do, Timothy Huy	United States Medical Licensing Examination (USMLE)	Aug-16-2019
DO, Timothy Huy	ECFMG	May-21-2020
Do, Timothy Huy	United States Medical Licensing Examination (USMLE)	Apr-03-2021

Examination Details

Licensee / Applicant *

Do, Timothy Huy 


Attended Date

Jul-06-2018 

Number of Attempts

1

Application

Application - - Do, Timothy Huy 


Location

Florida

Result

231

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


Yes No

Steps


USMLE Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Do, Timothy Huy 


Attended Date

Mar-18-2019 

Number of Attempts

1

Application

Application - - Do, Timothy Huy 


Location

Pennsylvania

Result

PASS

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

STEP 2 CS

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

Do, Timothy Huy 


Attended Date

Aug-16-2019 

Number of Attempts

1

Application

Application - - Do, Timothy Huy 

Location

Florida

Result

236

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 *

Attended Date


 

Number of Attempts

#

1


Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Do, Timothy Huy 


Attended Date

Apr-03-2021 

Number of Attempts

1

Application


Application - - Do, Timothy Huy 

Location

Result

215

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



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
DO, Timothy Huy	ME158079	N/A	Jul-14-2022	Jan-31-2026	Florida
DO, Timothy Huy	30767	N/A	Apr-06-2020	Jun-18-2021	Minnesota

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

Postgraduate Training


Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Do, Timothy Huy	Mayo Clinic College of Medicine and Science (Rochester) Program	Surgery, General	Jun-20-2020	Jun-18-2021	Internship/Residency
Do, Timothy Huy	Stony Brook Medicine/University Hospital Program	Surgery, General	Jul-01-2021	Jun-30-2022	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

Zip / Postal Code


Country



Street Address 1

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

Zip / Postal Code

Country



Street Address 1

Specialties


Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
DO, Timothy Huy	Surgery, General	Yes	Jul-28-2025	N/A

Specialty Details



Licensee / Applicant *

Effective Date


Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

