

Demographic Details

First Name

Neeru

Middle Name

Verma

Last Name *

Bakshi

Previous Name(s)

Neeru Verma

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

-1977 

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

#

Primary Phone Extension

Primary E-mail Address



Cell Phone


#

Secondary Phone

#

Secondary Phone Extension

Mail should be directed to



Fax

#

Public Address

Street Address

2417 Michigan Ave.

Address Line 2

City

Santa Monica

ZIP / Postal Code

90404

State / Province

California

Country

United States 

County

Santa Monica

Is your physical address different from your mailing address?

Yes No

Public Phone

(415) 323-0984

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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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

Is Simultaneous Application

Yes No

Application Payment Date

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Licensure Payment Date

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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

Board Certifications


Licensee / Applicant	▼	Certifying Board	▼	Other Certifying Board	▼	Specialty	▼	Initial Certification Date	▼	Recertification Date
BAKSHI, Neeru Verma		American Board		N/A		Psychiatry		Sep-19-2008		Oct-29-2018

Board Certification Details


Licensee / Applicant

Bakshi, Neeru Verma	▼	
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Specialty

Psychiatry	▼	
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Certifying Board

American Board	▼	
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Other Certifying Board

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Initial Certification Date

Sep-19-2008	
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Recertification Date

Oct-29-2018	
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Certification Number

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Archive Program

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Historical Specialty

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Connected Record

Application


Application -	- BAKSHI, Neeru Verma	
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Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	Percent Clinical ▼
Neeru BAKSHI	Eating Recovery Center Washington	May-01-2012	Feb-10-2022	100
Neeru BAKSHI	GAP: In between employments	Feb-10-2022	Apr-11-2022	100
Neeru BAKSHI	Ginger - Psychiatrists	Apr-11-2022	Sep-16-2025	100

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *


100

Application

Name of Organization / Institution

End Date

Position

Activity Type


 

Location Details

Street Address 1

City

Country

State / Province


Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *


100

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Start Date

Percent Clinical *


100

Application

Name of Organization / Institution

End Date

Position

Activity Type

Location Details

Street Address 1

City

Country

State / Province

Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Bakshi, Neeru Verma	▼	🔗
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Declaration Question

MD, Previously applied for licensure in Nevada.	▼	🔗
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Answer

Yes No

Answer Details

Ordinal

#	8
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Declaration Text

Have you previously applied for medical licensure in Nevada, including in a Residency program? (If "Yes," please explain)

Related To

Application

Application -	- BAKSHI, Neeru Verma	🔗
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Renewal

	▼	🔗
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Declaration

Licensee/Applicant

Bakshi, Neeru Verma	▼	🔗
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Declaration Question

MD – Q9 – Medical License Revoked	▼	🔗
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Answer

Yes No

Answer Details

Ordinal

#	11
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Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application -	- BAKSHI, Neeru Verma	🔗
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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
Bakshi, Neeru Verma	Medical School	Texas A and M University System College of Medicine Health Science Center	Medical Doctor Degree	Aug-09-1999	May-12-2003	May-17-2003

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 ↑
BAKSHI, Neeru Verma	United States Medical Licensing Examination (USMLE)	Jun-05-2001
BAKSHI, Neeru Verma	United States Medical Licensing Examination (USMLE)	Nov-29-2001
BAKSHI, Neeru Verma	United States Medical Licensing Examination (USMLE)	Aug-28-2002
BAKSHI, Neeru Verma	United States Medical Licensing Examination (USMLE)	Jun-12-2006

Examination Details

Licensee / Applicant *

Bakshi, Neeru Verma	
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Attended Date

Jun-05-2001	
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Number of Attempts

#	2
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Application

Application -	- BAKSHI, Neeru Verma	
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Location

--

Result

161, Failed

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

--

Are you currently certified?

Yes No


Steps

Step 1


Certificate Number

--

Exam Date

	
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Expiration Date


	
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Examination Details

Licensee / Applicant *

Bakshi, Neeru Verma	
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Attended Date

Nov-29-2001	
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Number of Attempts

#	2
---	---

Application

Application -	- BAKSHI, Neeru Verma	
---------------	-----------------------	---

Location

--

Result

186

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

--

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

--

Exam Date

	
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Expiration Date


	
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Examination Details

Licensee / Applicant *

Bakshi, Neeru Verma	
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Attended Date

Aug-28-2002	
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Number of Attempts

#	1
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Application

Application -	- BAKSHI, Neeru Verma	
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Location

--

Result

185

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

	
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Examination Details

Licensee / Applicant *

Bakshi, Neeru Verma	
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Attended Date

Jun-12-2006	
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Number of Attempts

#	1
---	---

Application

Application -	- BAKSHI, Neeru Verma	
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Location

--

Result

191

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

--

Are you currently certified?

Yes No


Steps

Step 3

Certificate Number

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Exam Date

	
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Expiration Date

	
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Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
BAKSHI, Neeru Verma	C 162853	N/A	Jun-04-2019	Jun-30-2027	California
BAKSHI, Neeru Verma	72171	N/A	Jul-27-2022	Sep-30-2025	Connecticut
BAKSHI, Neeru Verma	036160376	N/A	Apr-25-2022	Jul-31-2026	Illinois
BAKSHI, Neeru Verma	D0094159	N/A	Apr-26-2022	Sep-30-2026	Maryland
BAKSHI, Neeru Verma	292156	N/A	Jul-20-2022	Sep-12-2027	Massachusetts
BAKSHI, Neeru Verma	70919	N/A	Feb-15-2022	Sep-30-2024	Minnesota
BAKSHI, Neeru Verma	3100	N/A	Dec-23-2024	Dec-31-2025	Minnesota
BAKSHI, Neeru Verma	MED-PHYS-COM-LIC-107728	N/A	Feb-22-2022	Mar-31-2026	Montana
BAKSHI, Neeru Verma	22412	N/A	Jun-20-2022	Jun-30-2025	Nevada
BAKSHI, Neeru Verma	315359	N/A	Mar-04-2022	Aug-31-2027	New York
BAKSHI, Neeru Verma	BP10011423	N/A	Jul-01-2003	Dec-28-2004	Texas
BAKSHI, Neeru Verma	BP30019508	N/A	Dec-29-2004	Jun-30-2007	Texas
BAKSHI, Neeru Verma	P1623	N/A	Dec-15-2011	Nov-30-2025	Texas
BAKSHI, Neeru Verma	12805599-1205	N/A	Apr-19-2022	Jan-31-2028	Utah
BAKSHI, Neeru Verma	MD00048609	N/A	Jul-27-2007	Sep-12-2026	Washington
BAKSHI, Neeru Verma	ML20008756	N/A	Sep-26-2006	Jul-31-2007	Washington
BAKSHI, Neeru Verma	1769 - 320	N/A	Feb-18-2022	Oct-31-2025	Wisconsin

Other License Details

Licensee/Applicant

Bakshi, Neeru Verma	▼	
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Licensing Board or Regulatory Authority

Medical Board of California

License Number

C 162853

State / Province

California

Country

United States	▼	
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Application

Application -	- BAKSHI, Neeru Verma	
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
License Type

--

License Status

Active

Issue Date

Jun-04-2019	
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Expiration Date

Jun-30-2027	
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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

Bakshi, Neeru Verma	▼	
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Licensing Board or Regulatory Authority

Maryland Board of Physicians

License Number

D0094159

State / Province

Maryland

Country

United States	▼	
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Application

Application -	- BAKSHI, Neeru Verma	
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
License Type

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
License Status

Active

Issue Date

Apr-26-2022	
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Expiration Date

Sep-30-2026	
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Notes

Other License Details

Licensee/Applicant

Bakshi, Neeru Verma	▼	
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Licensing Board or Regulatory Authority

Massachusetts Board of Registration in Medicine


License Number

292156

State / Province

Massachusetts

Country

United States	▼	
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Application

Application -	- BAKSHI, Neeru Verma	
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License Type

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
License Status

Active

Issue Date

Jul-20-2022	
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Expiration Date

Sep-12-2027	
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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

Bakshi, Neeru Verma	▼	
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Licensing Board or Regulatory Authority

Minnesota Board of Medical Practice


License Number

3100

State / Province

Minnesota

Country

United States	▼	
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Application

Application -	- BAKSHI, Neeru Verma	
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License Type

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License Status

Active

Issue Date

Dec-23-2024	
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Expiration Date

Dec-31-2025	
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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

Bakshi, Neeru Verma 

Licensing Board or Regulatory Authority

Nevada State Board of Medical Examiners


License Number

22412

State / Province

Nevada

Country

United States 

Application

Application - - BAKSHI, Neeru Verma 

License Type


License Status

Inactive

Issue Date

Jun-20-2022 


Expiration Date

Jun-30-2025 

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

Bakshi, Neeru Verma	▼	
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Licensing Board or Regulatory Authority

Texas


License Number

BP10011423

State / Province

Texas

Country

	▼	
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Application

Application -	- BAKSHI, Neeru Verma	
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License Type

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
License Status

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Issue Date

Jul-01-2003	
-------------	---


Expiration Date

Dec-28-2004	
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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


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
BAKSHI, Neeru Verma	Baylor College of Medicine	Psychiatry	Jul-01-2003	Jun-30-2004	Internship
BAKSHI, Neeru Verma	Baylor College of Medicine	Psychiatry	Jul-01-2004	Jun-30-2006	Residency
BAKSHI, Neeru Verma	University of Washington Medical Center	Psychiatry	Jul-01-2006	Jun-30-2007	Residency

Postgraduate Training Details


Licensee / Applicant *

Bakshi, Neeru Verma	▼	
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Program Type *

Internship	▼	
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Date From

Jul-01-2003	
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Name of School or Institution

Baylor College of Medicine


Specialty Type

Psychiatry	▼	
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Other (Specialty)

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Training Status *

Completed	▼	
-----------	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2004

Application

Application -	- BAKSHI, Neeru Verma	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details


City

Houston

State / Province

Texas

County

	▼	
--	---	---

Zip / Postal Code

77030

Country


United States	▼	
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Street Address 1


1 Baylor Plaza

Postgraduate Training Details


Licensee / Applicant *

Bakshi, Neeru Verma	▼	
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Program Type *

Residency	▼	
-----------	---	---


Date From

Jul-01-2004	
-------------	---

Name of School or Institution

Baylor College of Medicine

Specialty Type

Psychiatry	▼	
------------	---	---

Other (Specialty)

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Training Status *

Completed	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2006

Application

Application -	- BAKSHI, Neeru Verma	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details


City

Houston

State / Province

Texas


County

	▼	
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Zip / Postal Code

77030

Country

United States	▼	
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Street Address 1


1 Baylor Plaza

Postgraduate Training Details


Licensee / Applicant *

Bakshi, Neeru Verma	▼	
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Program Type *

Residency	▼	
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Date From

Jul-01-2006	
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Name of School or Institution

University of Washington Medical Center


Specialty Type

Psychiatry	▼	
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Other (Specialty)

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Training Status *

Completed	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2007

Application

Application -	- BAKSHI, Neeru Verma	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details


City

Seattle

State / Province

Washington


County

	▼	
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Zip / Postal Code

98195

Country

United States	▼	
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Street Address 1

1959 NE Pacific St, Box 356151

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Bakshi, Neeru Verma	Psychiatry	Yes	Oct-29-2018	N/A

Specialty Details

Licensee / Applicant *

Bakshi, Neeru Verma	▼	
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Effective Date

Oct-29-2018	
-------------	---

Application

Application -	- BAKSHI, Neeru Verma	
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Primary Specialty?

Yes No

Specialty Type *

Psychiatry	▼	
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Other (Specialty)

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End Date

	
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