

Demographic Details

First Name

Thi

Middle Name

Khoa

Last Name *

NGUYEN

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

-1975 

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

455 St. Michael's Drive

ZIP / Postal Code

87505

Address Line 2

State / Province

NM

City

Santa Fe

Country

United States



County

Santa Fe County

Is your physical address different from your mailing address?

Yes No

Public Phone

(505) 983-3361

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
NGUYEN, Thi Khoa	American Board	N/A	Internal Medicine	Aug-07-2014	N/A

Board Certification Details


Licensee / Applicant

NGUYEN, Thi Khoa	▼	
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Specialty

Internal Medicine	▼	
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Certifying Board

American Board	▼	
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Other Certifying Board

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Initial Certification Date

Aug-07-2014	
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Recertification Date

	
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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 -	- NGUYEN, Thi Khoa	▼	
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Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
NGUYEN, Thi Khoa	Christus Saint Vincent Hospital	Jul-01-2017	Dec-31-2025	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

Declarations

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

Declaration

Licensee/Applicant

NGUYEN, Thi Khoa	▼	
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Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	▼	
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Answer

Yes No

Answer Details

Ordinal


5

Declaration Text


Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application


Application -	- NGUYEN, Thi Khoa	▼	
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Renewal


	▼	
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Declaration

Licensee/Applicant

NGUYEN, Thi Khoa	▼	
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	
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Answer

Yes No

Answer Details

Ordinal


#	6
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Declaration Text


Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application


Application -	- NGUYEN, Thi Khoa	▼	
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Renewal


	▼	
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Declaration

Licensee/Applicant

NGUYEN, Thi Khoa	▼	
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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 -	- NGUYEN, Thi Khoa	▼	
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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
NGUYEN, Thi Khoa	Medical School	Ross University SOM / Portsmouth, West Indies	Medical Doctor Degree	May-04-2007	Aug-31-2010	Aug-31-2010

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 ↑
NGUYEN, Thi Khoa	United States Medical Licensing Examination (USMLE)	Nov-10-2008
NGUYEN, Thi Khoa	United States Medical Licensing Examination (USMLE)	Nov-18-2009
NGUYEN, Thi Khoa	United States Medical Licensing Examination (USMLE)	Dec-16-2009
NGUYEN, Thi Khoa	ECFMG	Oct-11-2010
NGUYEN, Thi Khoa	United States Medical Licensing Examination (USMLE)	Nov-11-2010

Examination Details

Licensee / Applicant *

NGUYEN, Thi Khoa 

Attended Date

Nov-10-2008 

Number of Attempts

1

Application

Application - - NGUYEN, Thi Khoa 


Location

Miami, Florida

Result

236

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

1

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *

NGUYEN, Thi Khoa 

Attended Date

Nov-18-2009 

Number of Attempts

1

Application

Application - - NGUYEN, Thi Khoa 

Location

Chicago, IL

Result

229

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

2 (CK)

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

NGUYEN, Thi Khoa 

Attended Date

Dec-16-2009 

Number of Attempts

1

Application

Application - - NGUYEN, Thi Khoa 


Location

Chicago, IL

Result

Pass

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


Yes No

Steps

2 (CS)

Certificate Number

Exam Date





Expiration Date




Examination Details

Licensee / Applicant *

NGUYEN, Thi Khoa  



Attended Date

Oct-11-2010 

Number of Attempts

1



Application

Application - - NGUYEN, Thi Khoa  

Location

Result

Examination Type

ECFMG  

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date




Expiration Date




Examination Details

Licensee / Applicant *

NGUYEN, Thi Khoa 

Attended Date

Nov-11-2010 

Number of Attempts

1

Application

Application - - NGUYEN, Thi Khoa 


Location

Phoenix, AZ

Result

208

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?


Yes No

Steps

3

Certificate Number

Exam Date



Expiration Date



Hospitals


Licensee / Applicant	Name of Organization	Start Date	End Date
Thi NGUYEN	Lovelace Medical Center	Nov-01-2014	Jun-30-2018

Hospital Details

Licensee / Applicant

NGUYEN, Thi Khoa	▼	
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Application

Application -	- NGUYEN, Thi Khoa	▼	
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End Date

Jun-30-2018	
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Name of Organization

Lovelace Medical Center

Start Date

Nov-01-2014	
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Address Details

Street Address Line 1

601 Dr. Martin Luther King Jr. Ave NE

Street Address Line 2

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City

Albuquerque


State / Province

New Mexico

ZIP / Postal Code

87102

Country

United States	▼	
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Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ↑ ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
NGUYEN, Thi Khoa	49025	N/A	Feb-18-2015	Jul-01-2014	Arizona
NGUYEN, Thi Khoa	A-130973	N/A	Jun-14-2014	N/A	California
Thi NGUYEN	17771	N/A	Mar-16-2018	Jun-30-2021	Nevada
Thi NGUYEN	MD2014-0166	N/A	Mar-13-2014	Jul-01-2025	New Mexico

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
Thi NGUYEN	University of Arizona	Internal Medicine	Jul-01-2011	Jun-30-2014	Internship/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

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
NGUYEN, Thi Khoa	Internal Medicine	Yes	Aug-07-2014	N/A

Specialty Details


Licensee / Applicant *

NGUYEN, Thi Khoa	▼	
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Effective Date

Aug-07-2014	
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Application

Application -	- NGUYEN, Thi Khoa	▼	
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Primary Specialty?

Yes No


Specialty Type *

Internal Medicine	▼	
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Other (Specialty)

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End Date

	
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