Demographic Details

First Name

Vipul

Middle Name

Raman

Last Name *

DEV

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Gender

Male

Date of Birth

-1965

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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 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

2901 Sillect Ave.

Address Line 2

Suite #201

City

Bakersfield

County

ZIP / Postal Code

93308

State / Province

California

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(949) 836-1392

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *

DEV, Vipul Raman

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 *

Reviewed Date

Decision Date

Submitted Date

Approved Date

Application Step

#

Expiration Date

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

Yes No

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

Application Payment Date

Licensure Invoice

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
DEV, Vipul Raman	Bakersfield Memorial Hosp. (Dignity Health)	Jul-01-2005	May-07-2025	50
DEV, Vipul Raman	Dignity Health	Jan-01-2014	May-07-2025	50
DEV, Vipul Raman	Restorix Health	Jan-01-2015	May-07-2025	20
DEV, Vipul Raman	VIPMD	Jan-01-2017	May-07-2025	50
DEV, Vipul Raman	Organogenesis, Inc.	Jan-01-2019	May-07-2025	40

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Bakersfield Memorial Hosp. (Dignity Health)

Start Date

Jul-01-2005

End Date

May-07-2025

Percent Clinical *

50

Position

Application

Activity Type

Employment

Location Details

Street Address 1

420 34th St

Country

City

Bakersfield

State / Province

California

Zip / Postal Code

93301

Application Activity Details

Licensee / Applicant

DEV, Vipul Raman

Name of Organization / Institution

Dignity Health

Start Date

Jan-01-2014

End Date

May-07-2025

Percent Clinical *

50

Position

Application

Application - - DEV, Vipul Raman

Activity Type

Employment

Location Details

Street Address 1

185 Berry Street

Country

United States

City

San Francisco

State / Province

California

Zip / Postal Code

94107

Application Activity Details

Licensee / Applicant

DEV, Vipul Raman

Name of Organization / Institution

Restorix Health

Start Date

Jan-01-2015

End Date

May-07-2025

Percent Clinical *

20

Position

Application

Application - - DEV, Vipul Raman

Activity Type

Employment

Location Details

Street Address 1

155 White Plains Road Suite 222

Country

United States

City

White Plains

State / Province

New York

Zip / Postal Code

10591

Application Activity Details

Licensee / Applicant

DEV, Vipul Raman

Name of Organization / Institution

VIPMD

Start Date

Jan-01-2017

End Date

May-07-2025

Percent Clinical *

50

Position

Application

Application - - DEV, Vipul Raman

Activity Type

Employment

Location Details

Street Address 1

2901 Sillect Ave, Suite 201

Country

United States

City

Bakersfield

State / Province

California

Zip / Postal Code

93308

Application Activity Details

Licensee / Applicant

DEV, Vipul Raman

Name of Organization / Institution

Organogenesis, Inc.

Start Date

Jan-01-2019

End Date

May-07-2025

Percent Clinical *

40

Position

Application

Application - - DEV, Vipul Raman

Activity Type

Employment

Location Details

Street Address 1

85 Dan Rd

Country

United States

City

Canton

State / Province

Massachusetts

Zip / Postal Code

02021

Declarations

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

Declaration

Licensee/Applicant

DEV, Vipul Raman

Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action

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 - - DEV, Vipul Raman

Renewal

Education

Licensee/Applicant	Education Type	Name of School	Degree Attained	Date From	Date To ↑	Graduatio
DEV, Vipul Raman	Medical School	Ross University School of Medicine	Medical Doctor Degree	Nov-12-1992	May-24-1996	Jun-08-199

Education Details

Licensee/Applicant *

DEV, Vipul Raman

Address

School of Medicine Two Mile Hill Bridgetow

City

Two Mile Hill

State / Province

St. Michael

Zip / Postal Code

11093

Country

Barbados

Application

Application - - DEV, Vipul Raman

Specialty Type

Name of School

Ross University School of Medicine

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Nov-12-1992

Date To

May-24-1996

Did you graduate from the program?

(•) Yes ( ) No

Graduation Date

Jun-08-1996

Major Program

Examinations

Licensee / Applicant	Examination Type	Attended Date
DEV, Vipul Raman	United States Medical Licensing Examination (USMLE)	Jun-08-1994
DEV, Vipul Raman	United States Medical Licensing Examination (USMLE)	Mar-01-1995
DEV, Vipul Raman	ECFMG	Jul-02-1996
DEV, Vipul Raman	United States Medical Licensing Examination (USMLE)	May-13-1997

Examination Details

Licensee / Applicant *

DEV, Vipul Raman

Attended Date

Jun-08-1994

Number of Attempts

1

Application

Application - - DEV, Vipul Raman

Location

Result

194

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

DEV, Vipul Raman

Examination Type

United States Medical Licensing Examination (USMLE)

Attended Date

Mar-01-1995

Other Exam

Number of Attempts

1

Are you currently certified?

Yes No

Application

Application - - DEV, Vipul Raman

Steps

Step 2CK

Location

Certificate Number

Result

173

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

DEV, Vipul Raman

Attended Date

Jul-02-1996

Number of Attempts

1

Application

Application - - DEV, Vipul Raman

Location

Result

Examination Type

ECFMG

Other Exam

Are you currently certified?

(•) Yes ( ) No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Attended Date

May-13-1997

Number of Attempts

2

Application

Location

Result

179

Examination Type

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
DEV, Vipul Raman	Bakersfield Memorial Hosp. (Dignity Health)	Jul-01-2005	N/A

Hospital Details

Licensee / Applicant

DEV, Vipul Raman

Name of Organization

Bakersfield Memorial Hosp. (Dignity Health)

Application

Application - - DEV, Vipul Raman

Start Date

Jul-01-2005

End Date

Address Details

Street Address Line 1

420 34th St

State / Province

California

Street Address Line 2

ZIP / Postal Code

93301

City

Bakersfield

Country

United States

Other Licenses

Licensee/Applicant	License Number	License Type	Issue Date	Expiration Date	State / Province
DEV, Vipul Raman	A-63639	N/A	Oct-10-1997	Jun-30-2027	California
DEV, Vipul Raman	160094	N/A	Jun-05-2025	Mar-31-2027	Montana
DEV, Vipul Raman	TP10009458	N/A	Nov-23-2002	Feb-28-2003	Texas
DEV, Vipul Raman	BP20019131	N/A	Dec-24-2004	Jun-30-2005	Texas
DEV, Vipul Raman	PP10009458	N/A	Aug-15-2002	Nov-23-2002	Texas
DEV, Vipul Raman	TP20009458	N/A	Feb-28-2003	Jun-08-2003	Texas
DEV, Vipul Raman	BP10009458	N/A	Jun-26-2003	Oct-25-2004	Texas
DEV, Vipul Raman	TL8784	N/A	May-30-2025	Aug-01-2025	Wyoming

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Medical Board of California

License Number

A-63639

State / Province

California

Country

United States

Application

Application - - DEV, Vipul Raman

License Type

License Status

Active

Issue Date

Oct-10-1997

Expiration Date

Jun-30-2027

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Montana Board

License Number

160094

State / Province

Montana

Country

United States

Application

Application - - DEV, Vipul Raman

License Type

License Status

Active

Issue Date

Jun-05-2025

Expiration Date

Mar-31-2027

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Texas

License Number

TP10009458

State / Province

Texas

Country

Application

Application - - DEV, Vipul Raman

License Type

License Status

Expired

Issue Date

Nov-23-2002

Expiration Date

Feb-28-2003

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Texas

License Number

BP20019131

State / Province

Texas

Country

Application

Application - - DEV, Vipul Raman

License Type

License Status

Expired

Issue Date

Dec-24-2004

Expiration Date

Jun-30-2005

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority

Texas

License Number

PP10009458

State / Province

Texas

Country

Application

License Type

License Status

Expired

Issue Date

Aug-15-2002

Expiration Date

Nov-23-2002

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Texas

License Number

TP20009458

State / Province

Texas

Country

Application

Application - - DEV, Vipul Raman

License Type

License Status

Expired

Issue Date

Feb-28-2003

Expiration Date

Jun-08-2003

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Texas

License Number

BP10009458

State / Province

Texas

Country

Application

Application - - DEV, Vipul Raman

License Type

License Status

Expired

Issue Date

Jun-26-2003

Expiration Date

Oct-25-2004

Notes

Other License Details

Licensee/Applicant

DEV, Vipul Raman

Licensing Board or Regulatory Authority

Wyoming Board of Medicine

License Number

TL8784

State / Province

Wyoming

Country

United States

Application

Application - - DEV, Vipul Raman

License Type

License Status

Active

Issue Date

May-30-2025

Expiration Date

Aug-01-2025

Notes

Postgraduate Training

Licensee / Applicant	Name of School or Institution	Specialty Type	Date From	Date To	Program Type
DEV, Vipul Raman	Kern Medical Center	Surgery, General	Jun-23-1996	Jun-30-2002	Residency
DEV, Vipul Raman	University of Texas Health Science Center San Antonio, Joe R. and Teresa Lozano Long School of Medicine	Surgery, General	Jul-01-2002	Jun-30-2005	Residency

Postgraduate Training Details

Licensee / Applicant *
DEV, Vipul Raman

Training Status *

Program Type *
Residency

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jun-23-1996

Date To
Jun-30-2002

Name of School or Institution
Kern Medical Center

Application
Application - - DEV, Vipul Raman

Historical Major Program

Specialty Type
Surgery, General

Historical Degree Attained

Other (Specialty)

Location Details

City
Bakersfield

Zip / Postal Code
93306

State / Province
California

Country
United States

County

Street Address 1
1700 Mount Vernon Ave

Postgraduate Training Details

Licensee / Applicant *
DEV, Vipul Raman

Training Status *

Program Type *
Residency

Accreditation Type
ACGME (Accreditation Council for Graduate Medical Education)

Date From
Jul-01-2002

Date To
Jun-30-2005

Name of School or Institution
University of Texas Hea

Application
Application - - DEV, Vipul Raman

Historical Major Program

Specialty Type
Surgery, Plastic

Historical Degree Attained

Other (Specialty)

Location Details

City
San Antonio

Zip / Postal Code
78229

State / Province
Texas

Country
United States

County

Street Address 1
7703 Floyd Curl Dr

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
DEV, Vipul Raman	Surgery, Plastic	Yes	Jun-16-2025	N/A

Specialty Details

Licensee / Applicant *

DEV, Vipul Raman

Specialty Type *

Surgery, Plastic

Effective Date

Jun-16-2025

Other (Specialty)

Application

Application - - DEV, Vipul Raman

End Date

Primary Specialty?

(•) Yes ( ) No