

Demographic Details

First Name

Ihsan

Middle Name

UI

Last Name *

Haque

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

-1953 

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

201 5th St NE Ste 18

Address Line 2

City

Barberton

County

Summit

ZIP / Postal Code

44203

State / Province

Ohio

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(330) 753-6699

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 *

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




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	<input type="checkbox"/>
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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

Board Certifications



Licensee / Applicant ▼	Certifying Board ▼	Other Certifying Board ▼	Specialty ▼	Initial Certification Date ▼	Recertification Date
Haque, Ihsan UI	American Board	N/A	Cardiovascular Diseases	Nov-10-1995	Sep-29-2016

Board Certification Details

Licensee / Applicant

Specialty

Certifying Board

Other Certifying Board

Initial Certification Date

Recertification Date



Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑	End Date ▼	Percent Clinical
Ihsan Haque	Mayo Hospital	Sep-01-1976	Jan-01-1977	100
Ihsan Haque	C. Atkinson Memorial Hospital	Jan-01-1977	Jun-30-1977	100
Ihsan Haque	The Cleveland Clinic Foundation	Jul-01-1983	Jun-30-1984	100
Ihsan Haque	Setting up Solo Medical Office	Aug-01-1984	Dec-30-1984	0
Ihsan Haque	Ihsan UI Haque, MD	Jan-01-1985	Dec-31-1998	100
Ihsan Haque	City Cardiology Associates	Jan-01-1999	Dec-31-2026	100

Application Activity Details

Licensee / Applicant



Start Date

Percent Clinical *

#

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 *

#

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 *


#

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 *

#

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 *

#

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 *

#

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

Declaration

Licensee/Applicant

Haque, Ihsan UI	▼	↗
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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
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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 -	- Haque, Ihsan UI	▼	↗
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Renewal

	▼	↗
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Declaration

Licensee/Applicant

Haque, Ihsan UI	▼	
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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 -	- Haque, Ihsan UI	▼	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Haque, Ihsan UI	▼	↗
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Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended.	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	16
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Declaration Text

Have you ever had staff privileges denied, suspended, limited, revoked, or not renewed by the hospital? (Please Note: Do not include suspensions or restrictions for failure to complete hospital medical records, attended hospital departmental or staff meetings, or maintain required malpractice Insurance.) If "YES" List any (All resignations from any medical staff in lieu of disciplinary or administrative action. Include all hospitals, addresses, type of action and dates of action.

Related To

Application

Application -	- Haque, Ihsan UI	▼	↗
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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
Haque, Ihsan Ul	Medical School	King Edward Medical University	Medical Doctor Degree	Oct-01-1970	Nov-01-1976	Feb-18-1977

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
Haque, Ihsan UI	ECFMG	Mar-18-1977
Haque, Ihsan UI	Federation Licensing Examination (FLEX)	Jun-12-1979

Examination Details

Licensee / Applicant *

Haque, Ihsan UI  



Attended Date

Mar-18-1977 

Number of Attempts

#

Application

Application - - Haque, Ihsan UI  

Location

Result

English Test - Valid Indefinitely/Clinical Skills ,

Examination Type

ECFMG  

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *



Attended Date

Number of Attempts

#


Application

Location

Result

Examination Type

Other Exam


Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Hospitals



Licensee / Applicant ▼	Name of Organization ▼	Start Date ↑	End Date ▼
Ihsan Haque	Summa Health Systems	Sep-01-1985	Feb-14-2025
Ihsan Haque	Cleveland Clinic Akron General Hospital	Nov-01-1985	Jul-01-2025
Ihsan Haque	Select Specialty Hospitals	Jan-01-2009	Aug-18-2025

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1


Street Address Line 2

City

State / Province

ZIP / Postal Code

Country



  

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1

Street Address Line 2

City

State / Province


ZIP / Postal Code

Country



  

Hospital Details

Licensee / Applicant

Application

End Date

Name of Organization

Start Date

Address Details

Street Address Line 1

Street Address Line 2

City

State / Province

ZIP / Postal Code

Country

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Haque, Ihsan UI	A38156	N/A	May-19-2025	Jul-31-2027	California
Ihsan Haque	ME173703	N/A	Apr-21-2025	Jan-31-2027	Florida
Haque, Ihsan UI	4301043071	N/A	Sep-25-1980	Aug-26-2028	Michigan
Ihsan Haque	36580	N/A	Aug-14-1979	Jun-30-2001	New Jersey
Haque, Ihsan UI	25MA03658000	N/A	N/A	Jun-30-2027	New Jersey
Ihsan Haque	35.047745	N/A	Jul-23-1982	Oct-01-2026	Ohio
Ihsan Haque	MD038583L	N/A	May-16-1980	Dec-31-1990	Pennsylvania

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

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
Haque, Ihsan UI	New York Medical College (Lincoln)	Surgery, General	Jul-01-1977	Jun-30-1978	Internship
Haque, Ihsan UI	Jersey Shore University Medical Center/St. Francis Medical Center Program	Internal Medicine	Jul-01-1978	Jun-30-1980	Internship/Reside
Haque, Ihsan UI	Detroit Medical Center/Wayne State University Program	Internal Medicine	Jul-01-1980	Jun-30-1981	Residency
Haque, Ihsan UI	Cleveland Clinic	Cardiovascular Diseases	Jul-20-1981	Jul-18-1983	Fellowship
Haque, Ihsan UI	Cleveland Clinic	Cardiac Electrophysiology	Jul-19-1983	Jul-18-1984	Fellowship

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



Zip / Postal Code

State / Province

Country



County

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

Zip / Postal Code

State / Province

Country



County

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

Zip / Postal Code

State / Province

Country

County


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

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
Ihsan Haque	Cardiovascular Diseases	Yes	Nov-01-1995	N/A

Specialty Details



Licensee / Applicant *

Effective Date



Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

