

## Demographic Details

First Name

Hong Hanh

Middle Name

Hannah

Last Name \*

VU

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

Gender

Female  

Date of Birth

-1966 

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

ZIP / Postal Code

Address Line 2

City

County

State / Province

Country

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

## 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 checked="" 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

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
HONG HANH VU	OTTAWA CIVIC HOSPITAL	Jun-15-1991	Jun-14-1992	100
HONG HANH VU	UNIVERSITY OF BRITISH COLUMBIA - VANCOUVER GENERAL HOSPITAL	Jul-01-1992	Feb-15-1995	100
HONG HANH VU	HANNAH VU MD, A MEDICAL CORPORATION	Mar-01-1995	Jun-30-1997	100
HONG HANH VU	KING DREW MEDICAL CENTER	Jul-01-1997	May-15-2000	100
HONG HANH VU	OCULAR INSTITUTE OF CALIFORNIA	Jul-01-2000	Dec-31-2005	100
HONG HANH VU	HANNAH VU MD, A MEDICAL CORPORATION / SKINZONE MEDICAL	Jan-01-2006	Oct-19-2024	100

## Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical \*



#

Position

Application


Activity Type

## Location Details

Street Address 1

Country



City

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

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical \*



#

Position

Application

Activity Type

## Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

## Declarations


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

## Declaration

Licensee/Applicant

VU, Hong Hanh Hannah	▼	
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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 -	- VU, Hong Hanh Hannah	
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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
VU, Hong Hanh Hannah	Medical School	University of Ottawa Faculty of Medicine	Medical Doctor Degree	Sep-01-1987	Dec-01-1991	May-28-1991

## 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 ↑
VU, Hong Hanh Hannah	National Board of Medical Examiners (NBME)	Jun-13-1989
VU, Hong Hanh Hannah	National Board of Medical Examiners (NBME)	Jun-12-1990
VU, Hong Hanh Hannah	Licentiate of the Medical Council of Canada (LMCC)	Jun-21-1991
VU, Hong Hanh Hannah	National Board of Medical Examiners (NBME)	Sep-25-1991
VU, Hong Hanh Hannah	National Board of Medical Examiners (NBME)	Mar-04-1992
VU, Hong Hanh Hannah	Special Purpose Exam (SPEX)	May-07-2025
VU, Hong Hanh Hannah	Special Purpose Exam (SPEX)	Oct-23-2025

## 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


 

## 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

## 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

## 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


 

## 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


 

## Examination Details

Licensee / Applicant \*

VU, Hong Hanh Hannah 


Attended Date

May-07-2025 

Number of Attempts

# 2

Application


Application - - VU, Hong Hanh Hannah 

Location

Result

Fail/73

Examination Type

Special Purpose Exam (SPEX) 

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

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
VU, Hong Hanh Hannah	13412	N/A	Aug-15-1992	Jul-31-1998	British Columbia
HONG HANH VU	G80124	N/A	Oct-26-1994	Jul-31-2026	California
VU, Hong Hanh Hannah	63600	N/A	Oct-25-1999	N/A	Ontario

## 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 ↑
VU, Hong Hanh Hannah	Ottawa Civic Hospital	Surgery, General	Jun-15-1991	Jun-14-1992	Internship
VU, Hong Hanh Hannah	VANCOUVER GENERAL HOSPITAL	Otolaryngology,Head & Neck Surgery	Jul-01-1992	Jan-27-1995	Residency
VU, Hong Hanh Hannah	KING DREW MEDICAL CENTER	Otolaryngology,Head & Neck Surgery	Jul-01-1997	Nov-01-1999	Residency

## Postgraduate Training Details


Licensee / Applicant \*


Training Status \*


Program Type \*

Accreditation Type

Date From


 

Date To


 

Name of School or Institution

Application

Specialty Type

Historical Major Program

Other (Specialty)

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

Licentee / 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
HONG HANH VU	Cosmetic Medicine (non-ABMS)	Yes	Jul-01-2000	N/A

