

## Demographic Details

First Name

Andrei

Middle Name

Nikolai

Last Name \*

Dokukin

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

-1974 

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

#

(562) 633-7853

## Public Address

Street Address

9604 Artesia Blvd.

ZIP / Postal Code

90706

Address Line 2

#104

State / Province

California

City

Bellflower

Country

United States



County

Los Angeles

Is your physical address different from your mailing address?

Yes  No

Public Phone

#

(562) 633-1765

## Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (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

## Board Certifications


Licensee / Applicant ↑ ▼	Certifying Board ▼	Other Certifying Board ▼	Specialty ▼	Initial Certification Date ▼	Recertification Date
Dokukin, Andrei Nikolai	American Board	N/A	Physical Medicine / Rehabilitation	Ju-01-2011	Jan-01-2022
Dokukin, Andrei Nikolai	American Board	N/A	Addiction Medicine	Jan-01-2020	N/A

## 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



Application -	- Dokukin, Andrei Nikola	
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## 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



Application -	- Dokukin, Andrei Nikola	
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## Activities

Licensee / Applicant	Name of Organization / Institution	Start Date	End Date	Percent Clinical
Dokukin, Andrei Nikolai	Proprius Health Medical Group PC	Oct-01-2011	Dec-31-2040	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

## Declarations

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

## Declaration

Licensee/Applicant

Dokukin, Andrei Nikolai	▼	<a href="#">↗</a>
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Declaration Question

ALL – Q7 – Arrest Question	▼	<a href="#">↗</a>
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Answer

Yes  No

Answer Details

Ordinal

#	7
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Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

## Related To

Application

Application -	- Dokukin, Andrei Nikola	<a href="#">↗</a>
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Renewal

	▼	<a href="#">↗</a>
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## Declaration

Licensee/Applicant

Dokukin, Andrei Nikolai	▼	<a href="#">↗</a>
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Declaration Question

MD – Q9 – Medical License Revoked	▼	<a href="#">↗</a>
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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 -	- Dokukin, Andrei Nikola	<a href="#">↗</a>
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Renewal

	▼	<a href="#">↗</a>
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## Declaration

Licensee/Applicant

Dokukin, Andrei Nikolai	▼	<a href="#">↗</a>
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Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of	▼	<a href="#">↗</a>
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Answer

Yes  No

Answer Details

Ordinal

#	14
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Declaration Text

Have you EVER been: a) asked to respond to an investigation; b) notified that you were under investigation for; c) investigated for; d) charged with; or e) convicted of any violation of a statute, rule or regulation governing your practice as a physician by any medical licensing board, hospital, medical society, governmental entity or agency other than the Nevada State Board of Medical Examiners?

## Related To

Application

Application -	- Dokukin, Andrei Nikola	<a href="#">↗</a>
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Renewal



	▼	<a href="#">↗</a>
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## Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Dokuin, Andrei Nikolai	College/University	Hunter College of The City University of New York	Bachelor of Arts	Sep-01-1999	Jun-05-2002	Jun-05-2002
Dokuin, Andrei Nikolai	Medical School	The State University of New York Downstate Health Sciences University	Medical Doctor Degree	Aug-01-2002	May-31-2006	May-31-2006

## 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

## 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 ↑
Dokukin, Andrei Nikolai	United States Medical Licensing Examination (USMLE)	Jun-25-2004
Dokukin, Andrei Nikolai	United States Medical Licensing Examination (USMLE)	Aug-19-2005
Dokukin, Andrei Nikolai	United States Medical Licensing Examination (USMLE)	Dec-16-2005
Dokukin, Andrei Nikolai	United States Medical Licensing Examination (USMLE)	Apr-24-2007

## Examination Details

Licensee / Applicant \*

Dokukin, Andrei Nikolai 


Attended Date

Jun-25-2004 

Number of Attempts

# 1

Application

Application - - Dokukin, Andrei Nikola 

Location

New York

Result

209

Other Exam

Are you currently certified?

Yes  No

Steps


1

Certificate Number

Exam Date




Expiration Date



## Examination Details

Licensee / Applicant \*

Dokukin, Andrei Nikolai 


Attended Date

Aug-19-2005 

Number of Attempts

# 1

Application

Application - - Dokukin, Andrei Nikolai 


Location

NY

Result

224

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 \*

Dokukin, Andrei Nikolai 


Attended Date

Dec-16-2005 

Number of Attempts

# 1

Application

Application - - Dokukin, Andrei Nikolai 

Location

NY

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 \*

Dokukin, Andrei Nikolai 


Attended Date

Apr-24-2007 

Number of Attempts

# 1

Application

Application - - Dokukin, Andrei Nikolai 


Location

New Jersey

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




## Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Dokukin, Andrei Nikolai	A-110631	N/A	Jan-06-2010	Sep-30-2027	California
Dokukin, Andrei Nikolai	246214	N/A	Sep-20-2007	Aug-31-2010	New York
Dokukin, Andrei Nikolai	MD60306589	N/A	Dec-11-2012	Sep-04-2015	Washington

## 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
Dokukin, Andrei Nikolai	SUNY Downstate Health Sciences University	Internal Medicine	Jul-01-2006	Jun-30-2007	Internship
Dokukin, Andrei Nikolai	Montefiore Medical Center	Physical Medicine / Rehabilitation	Jul-01-2007	Jun-30-2010	Residency
Dokukin, Andrei Nikolai	Lags Spine and Sports Care Medical Center	Pain Medicine	Aug-02-2010	Jul-29-2011	Fellowship

## Postgraduate Training Details

Licensee / Applicant \*


▼ 

Date From

Name of School or Institution

Specialty Type

▼ 

Other (Specialty)

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 \*


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

## Specialties


Licensee / Applicant ▼	Specialty Type ▼	Primary Specialty? ▼	Effective Date ↓	End Date ▼
Dokuin, Andrei Nikolai	Addiction Medicine	Yes	Dec-22-2025	N/A

## Specialty Details


Licensee / Applicant \*

Effective Date


Application

Primary Specialty?

Yes  No

Specialty Type \*

Other (Specialty)

End Date