

Demographic Details

First Name

Moustafa

Middle Name

Moataz

Last Name *

Aboshady

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

-1983 

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

22243 Camineto Mescalero

Address Line 2

City

Laguna Hills

County

California

ZIP / Postal Code

92653

State / Province

California

Country

United States



Is your physical address different from your mailing address?

Yes No

Public Phone

#

(508) 494-6333

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
Aboshady, Moustafa Moataz	Sunrise Medical Associates	Sep-13-2023	Sep-17-2025	15

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

Declaration

Licensee/Applicant

Aboshady, Moustafa Moataz	▼	
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Declaration Question

ALL – Q7 – Arrest Question	▼	
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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 -	- Aboshady, Moustafa Moataz	
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Renewal

		
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Declaration

Licensee/Applicant

Aboshady, Moustafa Moataz	▼	
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Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine	▼	
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Answer

Yes No

Answer Details

Ordinal


#	10
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Declaration Text

Have you EVER been denied a license, permission to practice medicine or any other healing art, or permission to take an examination to practice medicine or any other healing art in any state, country or U.S. territory?

Related To

Application

Application -	- Aboshady, Moustafa Moataz	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Aboshady, Moustafa Moataz	▼	
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Declaration Question

MD – Q9 – Medical License Revoked	▼	
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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 -	- Aboshady, Moustafa Moataz	
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Renewal

	▼	
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Declaration

Licensee/Applicant

Aboshady, Moustafa Moataz	▼	
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Declaration Question

MD – Q11 – Voluntarily Surrendered a License	▼	
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Answer

Yes No

Answer Details

Ordinal


#	12
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Declaration Text


Have you EVER voluntarily surrendered a license to practice medicine or any other healing art in any state, country or U.S. territory in lieu of disciplinary action?

Related To

Application

Application -	- Aboshady, Moustafa Moataz	
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Renewal


	▼	
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Declaration

Licensee/Applicant

Aboshady, Moustafa Moataz 

Declaration Question

MD, PA – Q10 – Controlled Substance Registration 

Answer

Yes No

Answer Details

Ordinal


15

Declaration Text


Have you EVER surrendered your state or federal controlled substance registration or had it revoked or restricted in any way?

Related To

Application

Application - - Aboshady, Moustafa Moataz 

Renewal





Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Aboshady, Moustafa Moataz	Medical School	Ain Shams University Faculty of Medicine	Medical Doctor Degree	Sep-01-1999	Dec-25-2005	Dec-25-2005

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 ↑
Aboshady, Moustafa Moataz	United States Medical Licensing Examination (USMLE)	Dec-19-2007
Aboshady, Moustafa Moataz	United States Medical Licensing Examination (USMLE)	May-22-2008
Aboshady, Moustafa Moataz	United States Medical Licensing Examination (USMLE)	Jun-20-2008
Aboshady, Moustafa Moataz	ECFMG	Aug-14-2008
Aboshady, Moustafa Moataz	United States Medical Licensing Examination (USMLE)	Mar-29-2013
Aboshady, Moustafa Moataz	Special Purpose Exam (SPEX)	Sep-11-2023

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 *

Aboshady, Moustafa Moataz 

Attended Date

Sep-11-2023 

Number of Attempts

1

Application

Application - - Aboshady, Moustafa Moataz 


Location

California

Result

77

Examination Type

Special Purpose Exam (SPEX) 

Other Exam

Are you currently certified?

Yes No

Steps

SPEX

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
moustafa aboshady	A128437	N/A	Jan-31-2014	Jun-25-2022	California
moustafa aboshady	4301103864	N/A	Jul-01-2013	Oct-01-2019	Michigan
moustafa aboshady	LP02034	N/A	Jul-01-2010	Jul-01-2013	Rhode Island
moustafa aboshady	13507050-1205	N/A	Sep-27-2023	Jan-31-2026	Utah

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
Aboshady, Moustafa Moataz	Roger Williams Medical Center	Internal Medicine	Jun-24-2010	Jun-30-2013	Internship/Residency
Aboshady, Moustafa Moataz	Detroit Medical Center	Sleep Medicine	Jul-01-2013	Jun-30-2014	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Aboshady, Moustafa Moataz 

Program Type *

Internship/Residency 


Date From

Jun-24-2010 

Name of School or Institution

Roger Williams Medical Center

Specialty Type


Internal Medicine 

Other (Specialty)

Training Status *




Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2013 

Application

Application - - Aboshady, Moustafa Moataz 

Historical Major Program

Historical Degree Attained

Location Details

City

Providence

Zip / Postal Code

02908


State / Province

Rhode Island

Country

United States 

County




Street Address 1

825 chalkstone ave

Postgraduate Training Details

Licensee / Applicant *

Aboshady, Moustafa Moataz 

Program Type *

Fellowship 


Date From

Jul-01-2013 

Name of School or Institution

Detroit Medical Center

Specialty Type


Sleep Medicine 

Other (Specialty)

Training Status *


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date To

Jun-30-2014 

Application

Application - - Aboshady, Moustafa Moataz 

Historical Major Program

Historical Degree Attained

Location Details

City

detroit

State / Province

Michigan


County

Zip / Postal Code

48201

Country

United States 

Street Address 1



4201 st antoine st

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Aboshady, Moustafa Moataz	Internal Medicine	Yes	Sep-17-2025	N/A

Specialty Details

Licensee / Applicant *

Effective Date

Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

