

THE UNIVERSITY OF THE STATE OF NEW YORK THE STATE EDUCATION DEPARTMENT DIVISION OF PROFESSIONAL LICENSING SERVICES BB WASHINGTON AVENUE ALBANY, NEW YORK 12210

PRINT PROFESSION

Medicine

FORM 1F — APPLICATION FOR PROFESSIONAL LICENSE BASED ON FOREIGN STUDY

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STATEMENT OF FOREIGN EDUCATION AND CREDENTIALS

Name: Mohammad Afsharimehr Profession: Medicine

Date of birth: 12/24/44

General Instructions: Before consideration can be given to foreign credentials, the following must be submitted:

- Original credentials from foreign schools. These must include:
- Proof of graduation from secondary school
- University student books, official transcripts, rark sheets and examination certificates, or other official documents showing exact dates of attendance, and subjects pursued year by year in higher and professional study.
- Diploma or degree certificate.
- Translations of credentials. Documents written in a language other than English must be submitted with full, complete and literal translations including both printed and written matter, and without embellishments or elaborations by the translator. Translations must be made by a person properly qualified in the language to be translated, such as: (1) A member of the language department of a college or university registered by the New York State Education Department who is actually teaching the language to be translated, or (2) An officer or employee of an official translation bureau or agency satisfactory to the Department, or (3) An American consul in the country where the education was taken, or (4) A consul general or diplomatic representative duly accredited in the United States and not representing a country behind the "Iron Curtain," or (5) A representative of a foreign government agency, such as a minister of foreign affairs in a country not behind the "Iron Curtain." Trunslations must contain an affidavit of verification at the end, sworn to by the person making the translation, that he has read the translation after it has been completed; that it is a true and correct translation of the original; that the entire document has been translated and nothing omitted. Failure to comply with this requirement will result in translations being returned to the applicant. The Department will not accept translations by the applicant, unless they have been checked and verified by a qualified translation. If copies are submitted with translations, the original translations will be returned with the original crassdentials by certified mail at the time other originals are returned.
- License, if license is required for admission to examination.

Original credentials will be returned by certified mail after consideration. Affidavits, letters and translations will be retained

Special Instructions: In the spaces below, give an accurate record of your educational preparation

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Special Professional Qualifications (List any certificates or attainments with specific dates, for example: ECFMG, Diplomate, Specialty
Board certificate. Submit all original certificates.)

ECFMG-2/70 - 131 770 0 N.J. State Medical License - 10/74 - 29346

STATEMENT OF FOREIGN EDUCATION AND CREDENTIALS

Name: Mohammad Afsharimenr ... Profession: Medicine

Date of birth: 12/24/44

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- University student books, official transcripts, mark sheets and examination certificates, or other official documents showing exact dates of attendance, and subjects pursued year by year in higher and professional study.
- Diploma or degree certificate.
- Translations of credentials. Documents written in a language other than English must be submitted with fell, complete and literal translations including both printed and written matter, and without embellishments or elaborations by the translat of Translations must be made by a person properly qualified in the language to be translated, such as: (1) A member of the language of aritment of a college or university registered by the New York State Education Department who is actually teaching the language to be translated, or (2) An officer the education was taken, or (4) A consul general or diplomatic representative duly accredited in the United States and not representing a country behind the "Iron Curtain," or (5) A representative of a foreign government agency, such as a minister of foreign affairs in a country not behind the "Iron Curtain." Translations must contain an affidavit of verification at the end, sworn to by the person making the translation, that he has read the translation after it has been completed; that it is a true and correct translation of the original; that the entire document has been translated and nothing omitted. Failure to comply with this requirement will result it, translations being returned to the applicant. The Department will not accept translations by the applicant, unless they have been checked and verified by a qualified translator. If copies are submitted with translations, the original translations will be returned with the original credentials by certified mail at the time other originals are returned. or employee of an official translation bureau or agency satisfactory to the Department, or (3) An America, onsul in the country where
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Original credentials will be returned by certified mail after consideration. Special Instructions: In the spaces below, give an accurate record of your educational preparation. Affidavits, letters and translations will be retained

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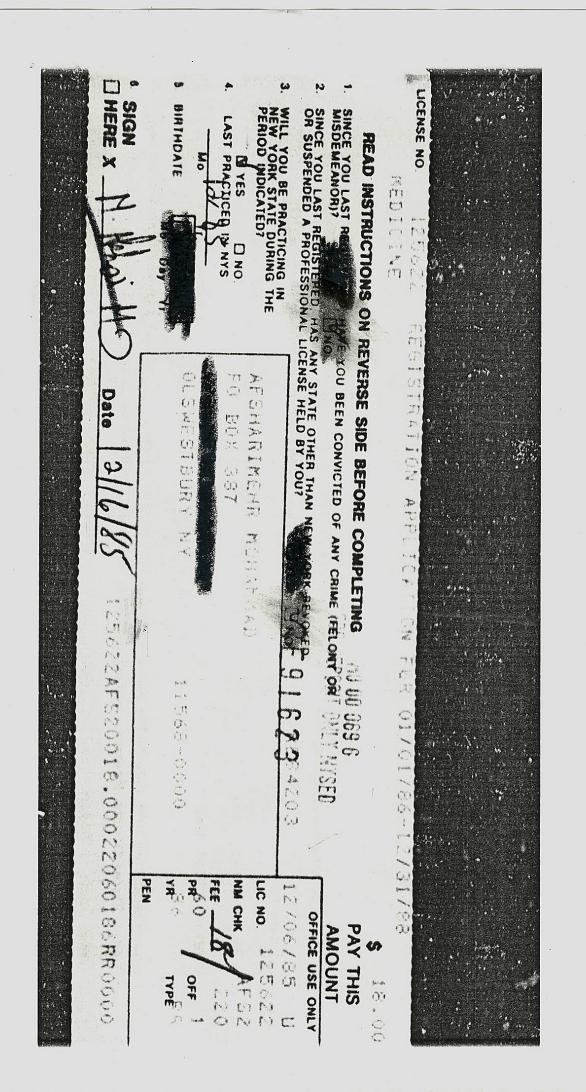
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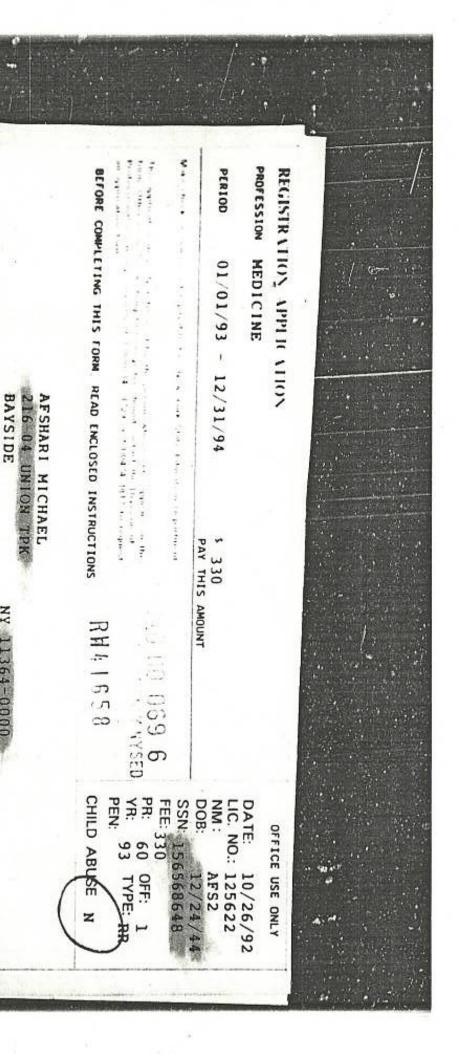
Board certificate. Submit all original certificates.)

N.J. State Medical License - 10/74 - 29346

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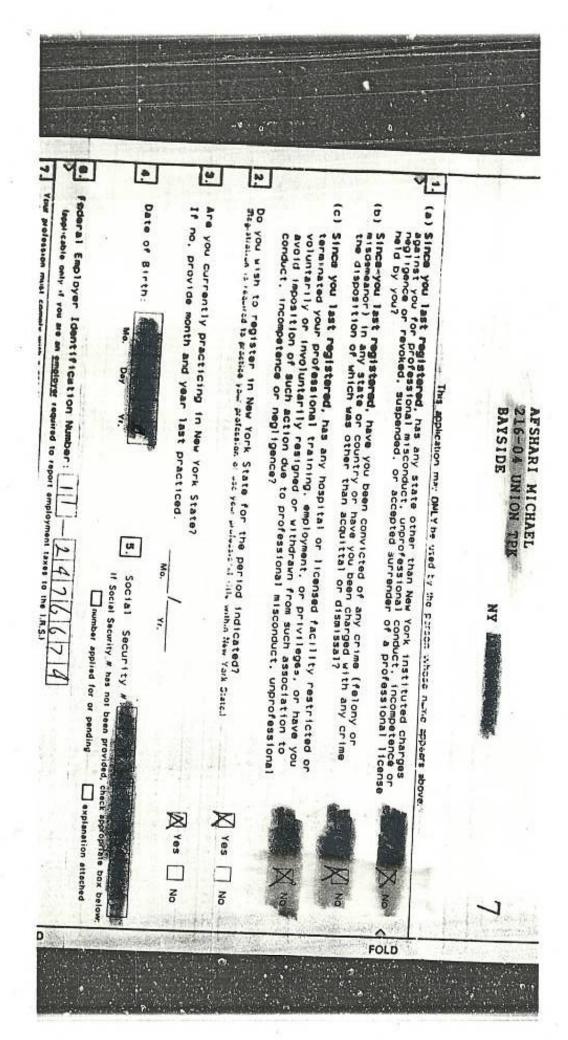
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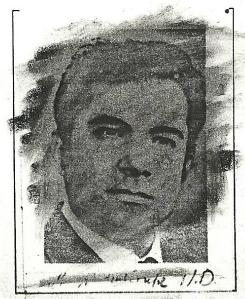


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· 2 (a) will you be practicing in NYS during the period indicated? DO 341 16 101 141 STOWATURE under genalities of person is doctare and affirm that the statements above are an accurate representation and that such statements, including any accompanying discurrentation and explanations, are true, complete and correct. I understand that any false or misleading information or statement Last practiced in NYS+ on on an commertum with my application may 19 Security & har not been provided check appropriate box below Social Security # applied for or pending FOR MEALTH PROFESSIONALS ONLY: Since you last registered, has any hospital or itemsed facility restricted or terminated your professional training, employmisdemeasor; in any state or country or have you been charged with any crime the disposition of which was other than by acquittal or dismissal? fessional misconduct, unprofessional conduct, incompetence or negligence? withdrawn from such association to avoid imposition of such action due to proment, or privileges or have you ever voluntarily or involuntarily resigned or de INACTIVE be cause for disciplinary action, including the loss of my license, DATE OF BIRTH: RETIRED Attached documentation regarding child abuse coursework: Certificate of Completion federal Employer Identification # III you have Federal Employer Identification PRACTICING OUTSIDE NYS Number, you must provide. Certificate of Exemption XYes



AFFIDAVIT



Date of photograph ... 2974

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct.

Sharimehr M.D 2.26,73

Signature of applicant

PEPSONAL SIGNATURES OF PERSONS RECOMMENDING APPLICANT

NOTE: (1) Signatures are required by five citizens unrelated to applicant, of whom at least three must be licensed in the profession for which applicant wishes to be licensed. Preferably those should be persons with whom the applicant has been professionally associated.

(2) Applicants for professional engineering and/or land surveying should obtain signatures from five citizens, three of whom are licensed in New York State.

(3) If it is impossible to obtain signatures from professional persons in the United States who are licensed in the applicant's profession, he should attempt to obtain signatures from professional persons licensed in another profession.

(4) If it is impossible to obtain signatures from professional persons in the United States, the applicant may submit letters of recommendation from five persons in his own country.

THIS CERTIFIES THAT I HAVE BEEN PERSONALLY ACQUAINTED WITH THE APPLICANT SINCE THE YEAR INDICATED OPPOSITE MY NAME; THAT I BELIEVE HIM TO BE OF GOOD MORAL CHARACTER AND WORTHY OF LICENSURE IN NEW YORK STATE; AND THAT ANY RESERVATIONS I MAY HAVE ABOUT THE APPLICANT I AGREE TO SEND BY CERTIFIED MAIL IN A CONFIDENTIAL LETTER TO THE DIVISION OF PROFESSIONAL LICENSING SERVICES. VICES.

P.O. address
(Including street, city and ZIP code) since Personal signature Profession Please print name PHYSICIAN 275 DEGRACU ST, BRUYN, HY INS! LOLY, 74, 28. Peffen MD PHYSICIAN Z6 W. WOODS ROAD, GREATHECK - N.Y.

Important: Please mail Form 1F to Division of Professional Licensing Services, State Education Department, 99 Washington Avenue, Albany, New York 12210.

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REGISTRATION REMITTANCE DOCUMENT

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
Cultural Education Center
Albany, NY 12230

10/23/96

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PROFESSION: 60 MEDICINE

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Do you wish to register for the period section
 Since you last filed a registration application.

a. Have you been convicted or charged such any crime flatony or misdemeanor) in any state or country, the disposition of which was other than acquittal or disminate?

b. Has any other state or country minimal charges against you for professional misconduct, unprofessional conduct, incompetence or negligence, or revisited, as accepted sumender of a professional license held by you?

c. Has any hospital or licensed facility and the competence of terminated your professional training, employment, or privileges, or have you voluntarily resigned as accepted as a facility association to said the imposition of such action due to professional misconduct, unprofessional conduct, accepted accepted.

 3. a. Are you under an obligation to pay that report?
 b. If you are under such an obligation, to you ment one of the four requirements listed in the Child Support Law section below? Under penalties of perjury, I certify that the extenses in the any misrepresentation made in convenient that my apparea stants in this application and any accompanying documentation are true, complete, and correct. I understand that into application may be cause for disciplinary action, including the loss of my license, and that withul failure to a constitute professional misconduct. register while continuing to practice my inco

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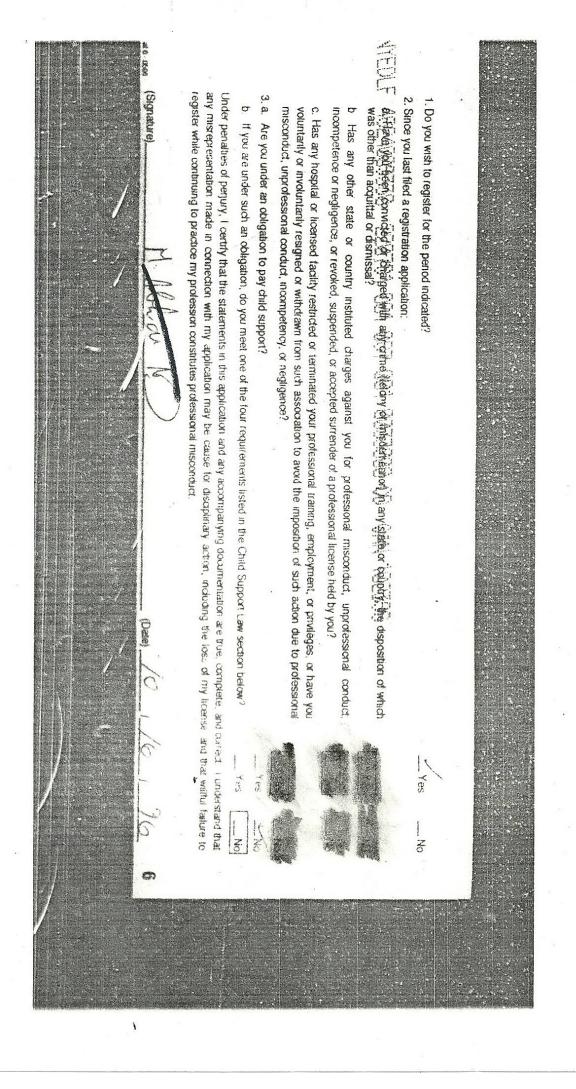
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Busine—phone (). Do you wish to register for the period indicated? Since you lest field a registerion application: a. Have you been convicted or charged with any crime (felony or misdemeanor) in any state or country, the disposes other than acquittal or dismissal? b. Has any other state or country instituted charges against you for professional misconduct, unprofessionae or negligence, or revoked, suspended, or accepted surrender of a professional license held by you?	DO NOT N GB 16.2 W/G FOR OFFI Under penalties of perjury, I certify that the statements in this application and any accompanying documentation are any insurepresentation made in connection with my application may be cause for disciplinary action, including the statements professional misconduct.	It. Are you under an chigation to pay child support? 3. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law Are you a U.S. chizan or a qualified-sien as defined below?	It has any other state or country instituted charges against you for professional misconduct, unprofessional consistence or resplicance, or revolved, suspended, or accepted surrender of a professional hoense hald by you'c. This any hospital or lineanced facility restricted or terminated your professional training, employment, or provide valuability or involuntainly resigned or withdrawn from such association to avoid the imposition of such action of training or professional conduct incornalisations or professional conduct incornalisations or professional.	Do you seek to register for the period indicated? Seron you test field a registerion application: a. Have you been consided or charged with any crime (felony or mixterneanor) in any state or country, the during other than acquited or discusse?
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Name/address change Complete only if change has occurred

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1. Do you wish to register for the	period indicated?		Yes No
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3. a. Are you under an obligation to pay child support?		Yes No
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THE STATE EDUCATION DEPA Professional Licensing Services 89 Washington Avenue Albany, NY 12234-1000

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AFSHARI MICHAEL 215-04 UNION TRK

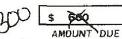
BAYSIDE

PROFESSION: 60 MEDICINE PERIOD: 12/01/06 - 11/30/08

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Complete and sign reverse side of this application

Name/address change Complete only if change has occurred Name Street City State/Zip



1. Do you wish to register for the period indicated? 2. Since your last registration application, a. Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? b. Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you? c. Are criminal charges pending against you in any court? d. Are charges pending against you in any jurisdiction for any sort of professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? e. Has any hospital or licensed facility restricted or terminated your professional misconduct? Yes b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below? Yes Are you a U.S. citizen or a qualified alien as defined below? Yes DO NOT WRITE IN THIS BOX FOR OFFICIAL USE ONLY Certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation also or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the ny license; and that the willful failure to register while continuing to practice my profession constitutes pro	ined you? Livio L
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Are you a U.S. citizen or a qualified alien as defined below? DO NOT WRITE IN THIS BOX FOR OFFICIAL USE ONLY Pertify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation are or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the license; and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.	Yes No
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PROFESSIONS Registration Renewal - Transaction Summary

89 Washington Avenue Albany, NY 12234 518-474-3817

Main Page

License Number: 125622

Profession : MEDICINE

Renewal Period: 12/01/2010 through 11/30/2012

We recommend that you print and keep this transaction summary. Thank you for using OP Registration

AFSHARI MICHAEL 216-04 UNION TPK BAYSIDE NY 11364 - 0000

Renewal Status: Paid On-line - Renewal Complete

Offices Selected for Renewal:

Address

Fee

1) - 216-04 UNION TPK, BAYSIDE, NY, 11364,US \$ 600

Response to Questions:

	Question	Response	
1)	Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	No	
2)	Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	No _	
3)	Are criminal charges pending against you in any court?	No	
4)	4) Are charges pending against you in any jurisdiction for any sort of professional misconduct?		
5)	5) Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?		
6)	Are you under an obligation to pay child support?	No	
7)	Are you a U.S. citizen?	Yes	

License Renewal Payment Details:

Receipt No Payment Date Amount Paid

:VXJN6B5B8147 :12/01/2010

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