

000311



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
APPLICATIONS AND EXAMINATIONS (916) 920-6411

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EDMUND G. BROWN JR., Governor
FEB 5 8 54 AM '80



APPLICATION FOR A WRITTEN EXAMINATION
OR
FOR AN ORAL AND CLINICAL EXAMINATION

For Graduates of Foreign Medical Schools Applying Under Sections 2193 and 2193.5
of the California Business and Professions Code

100.00
005277
11440
009450

ANSWER ALL QUESTIONS

1. Name: (Please print) M. MOHAMMAD BARARSANI
First Middle Last

2. Other Names you have used: _____

3. Address: No. and Street 555 LAKE SHORE DR City GROSSE POINTE SHORES State MICH Zip Code 48236

4. Date of Birth: Mo./Day/Yr. _____ Citizen of: (Country) _____ Telephone No. _____

5. Send California certificate, if issued, to: No. and Street 555 LAKE SHORE DRIVE City GROSSE POINTE SHORES State MICHIGAN Zip Code 48236

6. Have you ever taken the Federal Licensing Examination (Flex)? YES Where? DETROIT MICH When? JULY 1973

7. Premedical Education—College/University
Name of College TEHRAN UNIVERSITY Location TEHRAN IRAN Period of Attendance
From (mo./yr.) July 1957 To (mo./yr.) July 1960

8. Premed Courses (Required) 7-1-57 to 7-1-58

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	✓	4	TEHRAN UNIVERSITY	TEHRAN IRAN	7-1-57	11-4-57
Physics	✓	4	"	"	11-4-57	3-1-58
Biology	✓	4	"	"	3-1-58	6-1-58

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st <u>First Year</u>	TEHRAN UNIVERSITY	TEHRAN IRAN	7-1-58	7-1-59
2nd <u>Second "</u>	"	"	7-1-59	7-1-60
3rd <u>Third "</u>	"	"	7-1-60	7-1-61
4th <u>4th "</u>	"	"	7-1-61	7-1-62
5th <u>5th "</u>	"	"	7-1-62	7-1-63
6th <u>INTERNSHIP</u>	"	"	7-1-63	7-1-64

10. Doctor of Medicine Degree Granted by: ATTACH ORIGINAL MEDICAL DEGREE

IRAOI Name of Institution TEHRAN UNIVERSITY MEDICAL SCHOOL Location TEHRAN IRAN Exact Date of Issuance 12-26-11-1964

11. Internship in United States Hospitals:

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)
EPISCOPAL HOSPITAL	PHILADELPHIA P.A.	7-1-67	6-30-68

12. Postgraduate Instruction:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
PRINCE GEORGES HOSPITAL	CHEVERLY MARYLAND	7-1-68	6-30-69
AULTMAN HOSPITAL	CANTON OHIO	7-1-69	6-30-70
DETROIT MEMORIAL	DETROIT MICH	7-1-70	6-30-71
DETROIT MICHIGAN MEMORIAL	DETROIT MICH	7-1-71	6-30-72

13. Have you been licensed to practice medicine in any state or country?

IF YES, where?

IRAN

MASHHAD CHRISTIAN HOSPITAL

Yes No

14. Have you ever had a medical license suspended or revoked?

If YES, give details.

15. Have you been denied a license to practice medicine by any state or country?

If YES, give details.

16. Are you now, or have you ever been, addicted to narcotic drugs?

17. Have you ever been convicted of, or pled no contest to drug addiction?

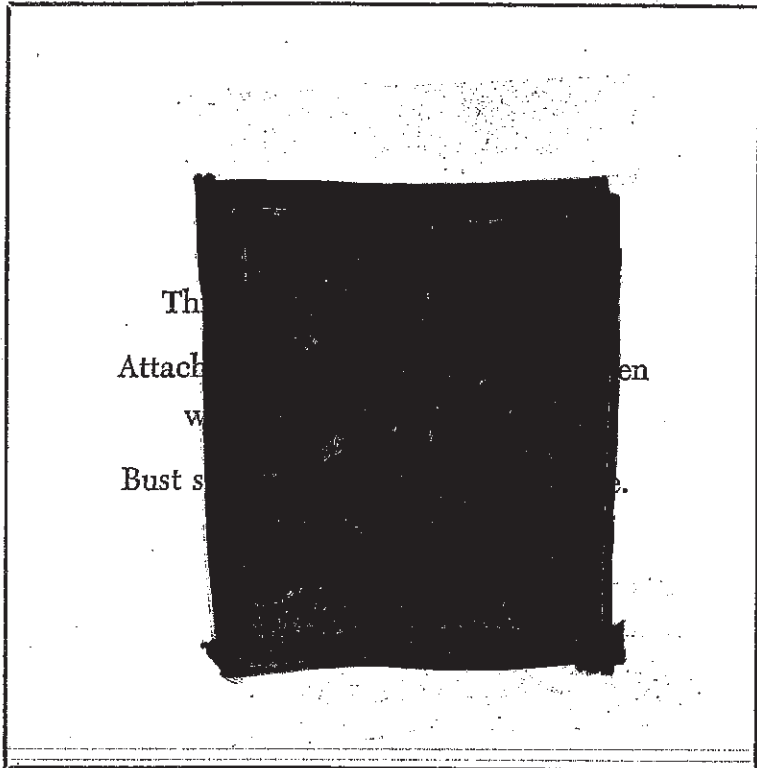
If YES, explain below.

Charge	Date	Disposition

18. Have you ever been convicted of, or pled no contest to a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)?

If YES, explain.

19. Have you ever been convicted of, or pled nolo contendere to any violation of any law of any state, the United States, or a foreign country? If YES, explain below.



I hereby declare that the photo of myself attached hereto, was taken on or about _____, 19____, my age then being ____years; color of hair _____; color of eyes _____; height _____; weight _____ lbs. marks _____

STATE OF _____ }
COUNTY OF _____ } SS.

MOHAMMAD BARARSAN ^{MO} being duly sworn, says he is the person referred to in the foregoing application for admission to examination for a physician's and surgeon's certificate in California and that he has carefully read and thoroughly understands all the requirements therein and that the statements made herein are strictly true in every respect.

Mohammad Bararsan MO
Signature of applicant IN FULL (Do not use INITIALS ONLY)

Signed and sworn to before me this 14 day of January, 19 80

Irene Dempster
Notary Public
Samanton Health Center
Address

IRENE DEMPSTER
Notary Public, Wayne County, Mich.
My Commission Expires April 30, 1980

[SEAL]

My commission expires _____

RETURN THE ENTIRE FORM TO THE RETURN ADDRESS ON THE BACK. MAKE A PHOTOCOPY FOR YOUR RECORDS.

**License Renewal Application
Physician and Surgeon**

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U S A and its territories, military court or a foreign country? PLEASE READ INSTRUCTIONS BEFORE ANSWERING YES NO

Continuing Medical Education (CME) Certification Statement: I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF CALIFORNIA TO THE FOLLOWING STATEMENT: I CERTIFY THAT I DO MEET EACH OF THE CONTINUING MEDICAL EDUCATION REQUIREMENTS LISTED ON THE BACK OF THIS FORM OR THAT I MEET THE CONDITIONS WHICH WOULD EXEMPT ME FROM ALL OR PART OF THE REQUIREMENTS OR I HOLD A PERMANENT CME WAIVER.

SIGNATURE REQUIRED HERE: M. Bararsani DATE: 4-5-12

YES, I WISH TO CONTRIBUTE \$25 FOR THE FAMILY PHYSICIAN TRAINING PROGRAM

AMOUNT DUE NOW	DELINQ. FEE IF POSTMARKED AFTER 07/30/12
\$808.00	\$886.00
VOLUNTARY FEE = \$	\$
TOTAL ENCLOSED = \$808.00	\$

E. FOR ADDRESS CHANGE ONLY
IF YOUR ADDRESS SHOWN IS INCORRECT, CORRECT IT BELOW.

STREET _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER () _____

G. FINANCIAL INTEREST STATEMENT
I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE DISCLOSED ON THIS RENEWAL APPLICATION FORM (SEE REVERSE FOR SPACE) THE NAMES OF THOSE HEALTH-RELATED FACILITIES IN WHICH I OR MY FAMILY HAVE A FINANCIAL INTEREST OR I CERTIFY UNDER PENALTY OF PERJURY I HAVE NO FINANCIAL INTEREST TO DISCLOSE.

M. Bararsani Signature Required 4-5-12

LICENSE NO. 35392

EXPIRES 06/30/12

ACTIVE MOHAMMAD BARARSANI
1035 FIRST STREET
MANHATTAN BEACH CA 90266

OVER

63010100000100002000353920010630120008080000088600

G. Financial Interest Statement

Please print or type the name(s) and address(es) of each health-related facility in which you or your immediate family have a financial interest. If more space is needed, please attach additional listings. If you have no interests to declare, please write "none" in the area below and sign your name on the front of this document at G.

Health-Related Facility Name Address

NONE	NONE

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
PO BOX 942520
SACRAMENTO CA 94258-0520

Application Summary

5/15/14 4:22 PM

Page 1 of 3

License Type: **Physician and Surgeon A**
License Number: **35392**
File Number:
Application: **Physician's and Surgeon's Renewal**
Application Number:
Application Date: **05/15/2014 (mm/dd/yyyy)**

Personal Detail

First Name: **MOHAMMAD**
Last Name: **BARARSANI**
Birthdate: (mm/dd/yyyy)
Gender: **Male**

Addresses

License Related Addresses

Confidential Address (Optional)

Name: **BARARSANI, MOHAMMAD**
Address:

License Specific Public/Mailing Address (Required)

Name: **BARARSANI, MOHAMMAD**
Address: **1035 FIRST STREET**
MANHATTAN BEACH, CA
90266
Phone Number: **3103799091**
E-mail Address:

Questions

Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?

Have you successfully completed, and can document, the mandatory courses and hours of CME within the last two years, or you meet the conditions which would exempt you from all or part of the CME requirements, or you hold a permanent CME waiver? **Yes**

I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose. **Yes**

Family Physician Training Program Voluntary Fee

Voluntary Fee: **No**

Attachments

Physician Survey

Are you retired? **No**

Activities in Medicine **Administration - 1-9 Hours**

Other - 1-9 Hours

Patient Care - 20-29 Hours

Research - None

Teaching - None

Telemedicine - None

Patient Care Practice Location **Zip: 90504 County: LOS ANGELES**

Telemedicine Practice Location **Zip: County:**

Patient Care Secondary Practice Location **Zip: County:**

Telemedicine Secondary Practice Location **Zip: County:**

Current Training Status **Not in Training**

Areas of Practice **Obstetrics and Gynecology - Primary**

Obstetrics and Gynecology - Secondary

Board Certifications **American Board of Obstetrics and Gynecology - Obstetrics and Gynecology**

Postgraduate Training Years **6 Years**

Cultural Background **Middle Eastern**

Foreign Language Proficiency **French**

Spanish

Web Site Profile **Cultural Background - No**

Foreign Language Proficiency - Yes**Gender - Yes**

E-mail:

Fees

Biennial Renewal Fee	\$783.00
DUE TO CURES FUND	\$12.00
Steven M. Thompson Physician Corps Loan Repayment Program	\$25.00
Total Amount Due:	\$820.00

Applications are not considered submitted for processing until payment is received.

Attestation

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations provided, including supplementary attached hereto, are true, complete and accurate.

Signature:

Date:





Department of Consumer Affairs

RECEIPT

447372

Thank you for using the BreEZe System to submit your application.

Name:	BARARSANI, MOHAMMAD
Transaction Date:	05/15/2014 16:22
Application Number:	
Complaint Number:	
License Type:	8002
License Number:	35392
Payment Description:	Physician's and Surgeon's Renewal
Fee Paid: (US \$)	820.00
Remaining Balance: (US \$)	0.00

Please print and save this receipt for your records.

This receipt is provided as a record for the above named licensee/applicant.

Illegal use or alteration of this receipt may result in criminal prosecution.



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License Details - Public Record Actions - Administrative Disciplinary Actions

Press "Back" to return to the previous screen.

Name:	BARARSANI, MOHAMMAD
License:	A 35392
Case Number:	08 2004161688
Description:	<div style="border: 1px solid black; padding: 2px;"> PROBATION COMPLETED. <div style="text-align: right;"> ▲ ▼ </div> </div>
Effective Date:	07/21/2011
Document URL:	http://www2.mbc.ca.gov/BreezePDL/default.aspx?licenseType=A&licenseNumber=35392&name=BARARSANI, MOHAMMAD

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License Details - Public Record Actions - Malpractice Judgment

Press "Back" to return to the previous screen.

Name:	BARARSANI, MOHAMMAD
License:	A 38382
Docket:	000000000
Court:	SOUTHWEST DISTRICT/L.A. COUNTY
Judgment Amount:	50000
Date of Action:	06/20/2008

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