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BOARD OF MEDICAL QUALITY ASSURANCE

1210 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95823

APPLICATIONS AND EXAMINATIONS (916) 9206411

BOARD OF MEDICAL QUALITY ASSURANCE



SEP 30 4 00 PM '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

P. 100 W
013251
011326
100-116

ANSWER ALL QUESTIONS

1. Name: (Please print) VAHE TAHMASEB AZIZIAN *011326*
First Middle Last

2. Other Names you have used:

3. Address: No. and Street 39 Trowbridge St City Belmont State MA Zip Code 02178

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

5. Send California certificate, if issued, to: No. and Street F 60 6720 HAYVENhurst City VANNUYS State CA. Zip Code 91406

6. Have you ever taken the Federal Licensing Examination (Phys)?
Where? No When?

7. Premedical Education—College/University
Name of College TEHRAN UNIVERSITY Location TEHRAN-IRAN Period of Attendance
From (mo./yr.) Sept. 1964 To (mo./yr.) June 1971

8. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	X		Medical Faculty, TEHRAN UNIVERSITY	TEHRAN	Sept. 1964	July 1967
Physics	X		"	"	"	"
Biology	X		"	"	"	"

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st	TEHRAN UNIVERSITY	IRAN	Sept. 1969	July 1971
2nd	"	"	"	"
3rd	"	"	"	"
4th	"	"	"	"
5th	"	"	"	"
6th	"	"	"	"
7th	"	"	"	"

10. Doctor of Medicine Degree Granted by: ATTACH ORIGINAL MEDICAL DEGREE
Name of Institution FACULTY OF MEDICINE OF TEHRAN UNIVERSITY Location TEHRAN-IRAN Exact Date of Issuance 5 July 1971

22001

11. Internship in United States Hospitals: *None*

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)

12. Postgraduate Instruction:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
<i>Reza Pahlavi Med. Center</i>	<i>TEHRAN</i>	<i>June 1975</i>	<i>June 1979</i> <i>(ob. & Gyn.)</i>

13. Have you been licensed to practice medicine in any state or country?
IF YES, where?

Yes No

TEHRAN IRAN

14. Have you ever had a medical license suspended or revoked?
IF YES, give details.

Yes No

15. Have you been denied a license to practice medicine by any state or country?
IF YES, give details.

Yes No

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

Yes No

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

Yes No

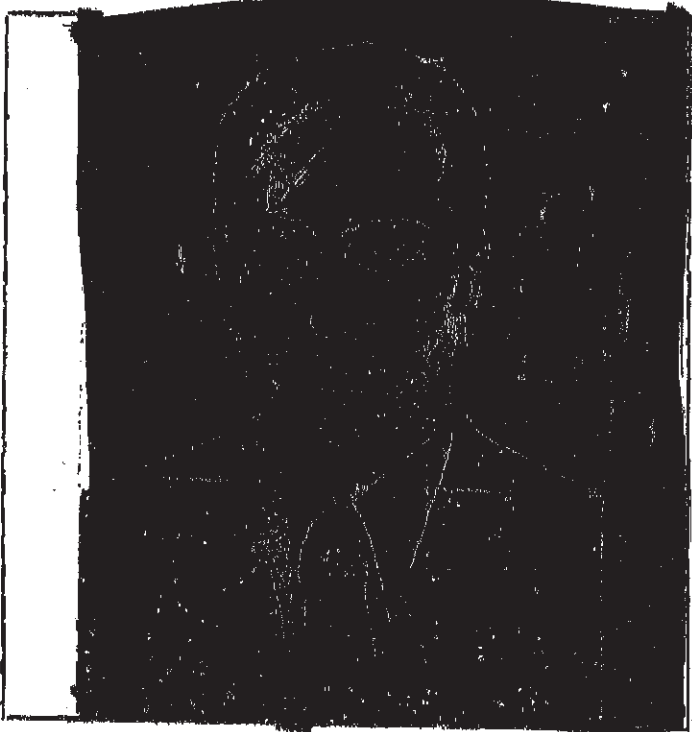
Charge	Date	Disposition

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.

Yes No

18. 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.

Yes No



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 _____

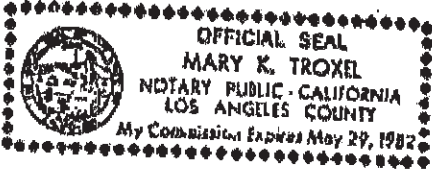
STATE OF California
COUNTY OF Los Angeles } ss.

Vahé Tahmasch AZIRIAN

_____ 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.

Vahé Tahmasch Azirian
Signature of applicant IN FULL (Do not use INITIALS ONLY)

Signed and sworn to before me this 29 day of September, 19 80



Mary K. Troxel
Notary Public
6600 Van Nuys Blvd., Van Nuys, Ca. 91405
Address

[SEAL]

My commission expires May 29, 1982

STATE DEPARTMENT OF CONSUMER AFFAIRS
INTERNET CASHIERING SYSTEM
MEDICAL BOARD OF CALIFORNIA
SUPPLEMENTAL INFORMATION REPORT
From Date: 12/29/2012 To Date: 12/29/2012

ATRISUPPINF

10-AUG-16 16:36:54

Person Id : Name : Azizian, Vahe

Question	Answer
I Have Completed Cme And Can Document Not Less Than 50 Hours Of Approved Cme For The Two-Year Period Immediately Preceding The Expiration Date Of My License. Or I Meet The Conditions Which Would Exempt Me From All Or Part Of The Requirements.	YES
I Have Completed 12 Hours Of Pain Management And End-Of-Life Care.	YES
I Am Exempt From The Completion Of 12 Hours Of Pain Management And End-Of-Life Care Continuing Education Requirement Because I Am A Radiologist Or Pathologist.	NO
Only For General Internists And Family Physicians Who Have 25% Of Their Patient Population Aged 65 Years Or Older: I Have Completed At Least 20% Of The Required Cme In Geriatric Medicine Or The Care Of Older Patients. Click No If Not Applicable.	NO
Enter Name/Address Of Facility Where You Or Your Immediate Family Hold Financial Interest. Type "None", If None Held.	NONE
I Certify Under Penalty Of Perjury Under The Laws Of The State Of California That The Information Contained In This Application Is True And Correct.	YES
I Have Read My Profile On The Medical Board Web Site At Www.Mbc.Ca.Gov And Acknowledge The Information Contained Therein As Current And Accurate.	YES
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?	NO

Total Questions Asked For Person :

8

