



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN IN TRAINING PERMIT

NAME: GHAZALEH MOAYEDI DO

DATE: 02/26/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1982
Permit Number: BP10044667
Permit Type: PHYSICIAN IN TRAINING PERMIT
Permit Status: PERMIT TERMINATED
Permit Status Date: 6/30/2016
Begin Date: 07/01/2012
Expiration Date: 06/30/2016
End Date: 06/30/2016
Terminated Date: 06/30/2016

Board Action (includes all actions regardless of license/permit type)

NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: FEMALE

Current Primary Practice Address:
7989 W VIRGINIA DR
DALLAS , TX 75237

Education

Graduation Year: 2012
Medical School: UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH
Program Type: RESIDENT
Training Institution: TEXAS TECH UNIVERSITY/EL PASO (4 YR PROGRAM)
Program Specialty: OBSTETRICS AND GYNECOLOGY

Summary of all License/Permit Types

Issue Date:	Type:
07/01/2012	PHYSICIAN IN TRAINING PERMIT
02/16/2018	LICENSED PHYSICIAN

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