BOARD OF MEDICAL QUALITY ASSURANCE
1426 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 920-6383
APPLICATIONS AND EXAMINATIONS (916) 920-6400

APR 17 3 58 PM '80

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

00353

For Graduates of Foreign Medical Schools Applying Under Sections 2103 and 2103.5 of the California Business and Professions Code

02402

ANSWER ALL QUESTIONS

1. Name (Please print) First: Enayat Middle: Last: Hakim-Elahi, M.D.

2. Other Names you have used: Enayatollah Hakim-Elahi, Farideh

3. Address: No. and Street [redacted] State [redacted] Zip Code [redacted]

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

5. Legal California residence address [redacted] State [redacted]

6. Have you ever taken the Federal Licensing Examination (Flex)? YES Where? Maine When? 1968

7. Premedical Education — College/University

Name of College	Location	Period of Attendance From (mo./yr.)	To (mo./yr.)
Firooz-Bahram	Teheran/Iran	Sep 1946	Sep 1952

8. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	X		Firooz-Bahram	Teheran/Iran	1946	1952
Physics	X		"	"	"	"
Biology	X		"	"	"	"

9. Medical Education

Class	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st	SEE ENCLOSED DATA FOR DETAILS OF COURSES			
2nd				
3rd	TEHERAN MEDICAL SCHOOL	TEHERAN	SEP 1952	OCT. 1959
4th				
5th				
6th				

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

National Institution	Location	Exact Date of Issuance
TEHERAN MEDICAL SCHOOL	TEHERAN/IRAN	1959

DTA172 (REV. 8-77)

[illegible]	[illegible]	[illegible]	[illegible]
Queens Hospital Center	[illegible]	Jan 1960	[illegible] 196[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
Queens Hospital Center	[illegible]	Jan 196[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

13. [illegible]
New York - Maine - Connecticut - Vermont - New Hampshire - [illegible]

14. [illegible] [redacted]
If YES, give details.

15. [illegible] [redacted]
[illegible]

16. [illegible] [redacted]

17. [illegible] [redacted]
If YES, explain below.

Charge	Date	Disposition

18. [illegible] [redacted]
If YES, explain.

[redacted]

[illegible]

[redacted]

[illegible] [redacted]

[redacted]

State of New York
) ss
County of Queens

E. [illegible], being duly sworn says that 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.

[signature]
Signature of applicant [illegible]

Signed and sworn to before me this 23rd day of March, 1978.

[signature] 3/30/[illegible]
Notary Public
PETER [illegible] MASSI
Notary Public, State of New York
[illegible]
Qualified in Nassau County
Commission Expires March 30, 1978

[SEAL]

My commission expires 3/30/78

Medical Board of California – Physician's and Surgeon's Renewal 1-15872/20

LICENSEE NAME		LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER DECEMBER 30, 2019
HAKIMELAHI, ENAYAT	9/13	**A32440**	**11/30/19**	**$25.00**	**$25.00**

LICENSEE MUST CHECK CORRECT BOXES

"H" [redacted] Completed Continuing Education (See Question 1)

"E" Change of Address (fill in reverse side)

"I" Conviction [redacted]

"J" Conviction [redacted]

"F" Family Physician Training Program ($25 See Question 4)

"G" Financial Interest Statement (See Question 5)

"D" **SIGNATURE REQUIRED**

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

Signature E. H. Cisi Date Aug 11, 2019

ENTER YOUR PHONE NUMBER FOR REFERENCE: [redacted]

630101000001000020003244000111301900002500000002500

CHANGE OF ADDRESS (Only if different from address above) **HAKIMELAHI, ENAYAT** **A32440**

ADDRESS OF RECORD (Required)

Address Line 1

Address Line 2

Address Line 3

City State Zip

CONFIDENTIAL STREET ADDRESS (Required if PO Box used above for Address of Record)

Address Line 1

Address Line 2

Address Line 3

City State Zip

MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

ENTERED ON: 10/1/19
BY: BS

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

To: ENAYAT HAKIMELAHI
47 CRANE NECK RD
SETAUKET, NY 11733-1629

License #: A32440

Date: September 13, 2019

Your application for renewal has been received and cashiered. However, your license renewal is being HELD due to an incomplete renewal application. Please complete items 1 and 2 below:

1. CONVICTIONS and LICENSE DISCIPLINE:
   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 USA and its territories, military court or a foreign country?

   [redacted] YES [redacted] NO

2. CERTIFICATION:
   I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

   E. H. Cashi
   Signature of Licensee

   SEPT. 23, 2019
   Date

Return this letter to the address below or fax as soon as possible. Upon receipt and review of the above information, your renewal application will be processed. IF YOUR LICENSE HAS EXPIRED, YOU MAY NOT ENGAGE IN ANY PRACTICE WHERE A VALID AND ACTIVE LICENSE ISSUED BY THE MEDICAL BOARD IS REQUIRED UNTIL THIS FORM IS COMPLETED AND RETURNED.

******* IMPORTANT *******

You must respond "YES' if you had any license disciplined by a government agency or other disciplinary body; or a conviction(s) whether a misdemeanor, felony, or infraction over $300 or involving alcohol or a controlled substance. You must include pleas of no contest and any convictions that were subsequently set aside or deferred pursuant to Sections 1000 or 1203.4 of the Penal Code. If you responded "YES" to Item 1 above, in order to assist the Board in determining what, if any, action need be taken against your license, please provide the following documents to the Board within 30 days from receipt of this letter (they need not be sent with this form) for each conviction or disciplinary action since you last renewed your license. Please include your license number on any correspondence with the Board.

1. A detailed written explanation describing the circumstances and events that led to your license discipline arrest(s) and conviction(s).
2. Documents relating to your license discipline or disciplinary actions taken against any other license by a government agency or disciplinary body.
3. Certified documents relating to the arrest, such as: police report, arrest report, booking report, complaint, citation or ticket.
4. Certified Court documents, such as: Notice of Charges, Complaint, or Indictment; Plea Agreement, Sentencing Order, Probation Order, or Judgment; Dismissal, Probation Release, or Court Discharge.
5. Related mitigating evidence or evidence of rehabilitation.

Please provide the requested documentation to the address below within 30 days from the date of receipt of this letter. Upon receipt and review of this documentation, the Board will determine what, if any, action will be taken.

MEDICAL BOARD OF CALIFORNIA

Protecting consumers by advancing high quality, safe medical care.

ENTERED ON: 10/1/19
BY: BB

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

ENAYAT HAKIMELAHI
47 CRANE NECK RD
SETAUKET, NY 11733-1629

Dear Dr. ENAYAT HAKIMELAHI **License #: A32440** **Date: September 13, 2019**

This is to inform you that we are unable to process your renewal because you failed to sign the financial interest statement and/or continuing medical education (CME) certification statement on your renewal application form. Please complete the form below. **Return this form to either the address or fax number below.**

FINANCIAL INTEREST

Section 2426 of the California Business & Professions code requires all physicians to report any financial interest they or their immediate family have in health-related facilities located in or outside California. This information will be available to other government agencies and public and private third party payors. Immediate family means a spouse, child or parent of a physician, and a spouse of a child of a physician.

FINANCIAL INTEREST means and includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility.

HEALTH-RELATED FACILITY means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitations, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery centers. "Diagnostic Imaging" includes x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography and ultrasound goods and services.

A financial interest does not include the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any distributions on the value of the physician's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) has total gross assets exceeding $100,000,000.

I certify under penalty of perjury under the laws of the State 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 have indicated I have no interest to declare.

Signature Required: S. H. Cohi Date: SEPT. 23, 2019 ☐ Yes I have financial interest **. ☒ No, I do not.

** If yes, fill in the name and address of each facility below.

HEALTH RELATED FACILITY NAME(s)	ADDRESS
1	
2. NONE	
3.	

CME CERTIFICATION STATEMENT

I certify under penalty of perjury under the laws of the State of California that I have completed 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 that I meet the conditions which would exempt me from all or part of the requirements or I hold a permanent CME waiver from the Medical Board of California.

Signature Required: S. H. Cohi Date: SEPT. 23, 2019

(DO NOT BLEACH)

Medical Board of California – Physician's and Surgeon's Renewal

1-11393 | 1 Sept

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER DECEMBER 30, 2017
HAKIMELAHI, ENAYAT 8/19	A32440	11/30/17	$25.00	$25.00

LICENSEE MUST CHECK CORRECT BOXES

- "H" [redacted] Completed Continuing Education (See Question 1)
- "E" Change of Address (fill in reverse side)
- "I" Conviction [redacted]
- "J" Conviction [redacted]
- "F" Family Physician Training Program ($25 See Question 4)
- "G" [redacted] Financial Interest Statement (See Question 5)

"D" **SIGNATURE REQUIRED**

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

Signature [signature] Date 8,17,17

ENTER YOUR PHONE NUMBER FOR REFERENCE: [redacted]

630101000001000020003244000111301700002500000002500

CHANGE OF ADDRESS (Only if different from address above) **HAKIMELAHI, ENAYAT** **A32440**

ADDRESS OF RECORD (Required)

Address Line 1: 47 CRANE NECK ROAD

Address Line 2:

Address Line 3:

City: SETAUKET State: NY Zip: 11733-1629

CONFIDENTIAL STREET ADDRESS (Required if PO Box used above for Address of Record)

Address Line 1:

Address Line 2:

Address Line 3:

City: State: Zip:

(DO NOT DETACH)

Medical Board of California – Physician's and Surgeon's Initial Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER DECEMBER 30, 2015
HAKIMELAHI, ENAYAT	**A32440**	**11/30/15**	**$37.00**	**$37.00**

LICENSEE MUST CHECK CORRECT BOXES

"H" [redacted] Completed Continuing Education

"E" [redacted] Change of Address (fill in reverse side)

"I" [redacted] Conviction Disclosur

"J" [redacted] Conviction Disclosur

"F" [redacted] Family Physician Training Program ($25)

"G" [redacted] Financial Interest Statement-**Read instructions above**

"D" **SIGNATURE REQUIRED**

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

Signature E. H. Cahi Date 8/16/2015

ENTER YOUR PHONE NUMBER FOR REFERENCE:

[redacted]

6301010000010000200032440001111301500003700000003700

CHANGE OF MAILING ADDRESS **HAKIMELAHI, ENAYAT** **A32440**

08212015 20001005 20010011

Street Address (this address is public information **except** when a PO Box is used for the public address of record; this address then becomes confidential)

City State Zip

PO Box (if used, must provide a confidential physical street address, above)

City State Zip