

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: A 25206

**NAME:** GHALI, NABIL NASHED  
**LICENSE TYPE:** PHYSICIAN AND SURGEON A  
**PRIMARY STATUS:** LICENSE REVOKED  
**SCHOOL NAME:** UNIVERSITY OF CAIRO FACULTY OF MEDICINE  
**GRADUATION YEAR:** 1959  
**ADDRESS OF RECORD**  
5777 WEST CENTURY BLVD STE 1475  
LOS ANGELES CA 90045-7400  
LOS ANGELES COUNTY

**ISSUANCE DATE**

MARCH 15, 1973

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**MARCH 20, 2020  
7:44:12 AM

## PUBLIC RECORD ACTIONS

### › ADMINISTRATIVE DISCIPLINARY ACTIONS (1)

**DESCRIPTION:** The Medical Board's public disclosure screens are updated periodically as new information becomes available. Please contact the Central File Room at (916) 263-2525 or at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain a copy of public documents at a minimal charge.

- **CASE NUMBER:** 02 1986204020
  - **DESCRIPTION:** REVOKED.
  - **EFFECTIVE DATE:** JUNE 27, 1988
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

## PUBLIC DOCUMENTS

### ~ DECISION (3)

- DOCUMENT:** DECISION **DATE:** AUGUST 24, 1994 **PAGES:** 6
- DOCUMENT:** DECISION **DATE:** JUNE 6, 1990 **PAGES:** 3
- DOCUMENT:** DECISION **DATE:** JUNE 27, 1988 **PAGES:** 36

## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NOT IDENTIFIED
<b>ACTIVITIES IN MEDICINE</b>	NO ACTIVITIES IDENTIFIED
<b>PATIENT CARE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IDENTIFIED
<b>AREAS OF PRACTICE</b>	NO AREAS OF PRACTICE IDENTIFIED
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	NOT IDENTIFIED
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE