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Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
Gohari, Amir C.							
MEDICAL TRAINING LICENSE I (A)	MD 20014 MedStar Was hington Hos pital Center Unknown NA.00000		MTL001239		10/04/2012	07/31/2013	Expired
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		207763		07/01/2011	06/30/2012	Expired
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		186516		06/28/2010	06/30/2011	Expired
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		172080		07/01/2009	06/30/2010	Expired

All Licenses held by - Gohari, Amir C.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		172080		Expired
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		186516		Expired
POSTGRADUATE PHYSICIAN TRAINEE	Was hington Hos pital Center Was hington DC 20010		207763		Expired
MEDICAL TRAINING LICENSE (A)	MedStar Was hington Hos pital Center Unknown NA.00000		MTL001239		Expired

Archive Reinstated Complaints

Person Details

First Name: Amir
 Middle Name: C.
 Last Name: Gohari
 Suffix:
 Date of Birth:
 Place Of Birth:
 Gender: M
 SSN:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 Address Line 4: belts da MD 20814
 Date Deceased:
 Registration Code: 20717012

License Details

License Number: MTL001239
 License Type: MEDICAL TRAINING LICENSE (A)
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 10/29/2013
 Status: Expired
 Effective Date: 10/04/2012
 Reason Changed: Terminated
 Expiration Date: 07/31/2013
 Issue Date: 10/04/2012
 From Country:
 State/Prov:
 Application Recd Date:
 Obtained By: Application
 Reinstatement App Recd Date:
 Date:
 Date Last Renewal:
 Disciplinary Limit Flag: N
 Last Reprint Date:
 Applicant Number: 227700

Post-Graduate Training Information Details

Training Institution	Post-Graduate Year
No Data	

Alias Details

Last Name	Date Changed	Alias Type Label
Gohari	02/22/2016	Merged
Gohari	07/03/2012	Data Correction

Practice Information Details

In Active Practice Now?:
 Practice In DC:
 Active Practice in DC:
 Hours per week?:

License Bond Details

No Data

Employers for License Details

No Data

Employment Details

No Data

Specialties Details

Authority Code Label	Is Primary	Issue Date	Expiration Date
No Data			

Education Details

School Name	School Type	Date Graduated	Degree Certificate
Howard University College of Medicine	Post-Graduate Hours	05/08/2009	
Howard University College of Medicine	College / University	05/05/2010	Medical

CE Credits By Cycle Details

Cycle	Credits	Checked
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked

Requirements Details

Name	Status	Date
No Data		

Schedules Details

No Data

Prerequisites Details

Name	License Type	License Number	Status
No Data			

Criminal Background Check Details

FBI Result	FBI Result Date	State Result	State Result Date
Negative	07/27/2012	Negative	07/27/2012
Negative	07/27/2012	Negative	07/27/2012

Inspection Details

No Data

CBC Override Details

Date to Override:
 Comments:

No Data

Exam Details

Exam Date	Exam State	Exam Type Label	Exam Score
No Data			

Person Or Facility Document Details

Date Uploaded	Description	Category	Amendments
01/31/2015		Person	N

Person Photo ID Details

Photo ID