

Application for Expedited Licensure

I have read and understood the [Qualifications](#) to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable. **Yes**

If you have questions please call your State of Principle License

I understand that inaccurate or missing information may be grounds for rejection of my application.

Please carefully review the [Application documents](#) before applying. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL ALABAMA BOARD OF MEDICAL EXAMINERS License # DO-1678

AND at least one of the below must APPLY (Please select all that apply)

- | | |
|--|-----|
| a. Your primary residence is in the SPL (State of Principal License) | No |
| b. At least 25% of your practice of medicine occurs in the SPL | Yes |
| c. Your employer is located in the SPL | No |
| d. You use the SPL as your state of residence for U.S. federal income tax purposes | No |

Please provide below information:

Residence Street address _____

Residence City State Zip _____, _____, _____

Please describe your practice and location in the SPL selected _____ **I provide telemedicine obstetrics and gynecology care through Gennev for 25% of my practice and I am the Alabama provider for Gennev.** _____

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question please contact your SPL.

You or your employer may be asked for additional documentation about your Employment.

Name of Employer _____ Employer Contact Phone _____

Employer Street address _____

Employer City State Zip _____, _____, _____

Please provide your Tax ID # (SS#, EIN) _____ (must be most recent return) Please be prepared to provide documentation to the designated SPL for further verification.

Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? Yes

Medical School University of North Texas, Texas College of Osteopathic Medicine Date of Degree Issued 5/19/2012 Medical Degree Received: D.O.

Have you passed each component or step of the USMLE, or the COMLEX-USA within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes (if in question contact your SPL)? Yes

Which licensing exam did you pass? NBOME

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program Texas Tech Health Sciences Center El Paso Completion Date 6/30/2016

What is the specialty of the program Obstetrics and Gynecology

Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Obstetrics and Gynecology

Lifetime No If not lifetime, Expiration Date 12/31/2021

Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? No

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION
AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Ghazaleh Kinney Moayedi (full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States (“Application”), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof, furnished or to be furnished with respect to my application, are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact (“Compact”) and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as potential prosecution under appropriate federal and state laws.

I hereby apply to ALABAMA BOARD OF MEDICAL EXAMINERS (state) as my State of Principal License (“SPL”) for a Letter of Qualification (“LOQ”) to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL, or any of its agents or representatives, to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission (“Commission”), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, of any and all liability of every nature and kind, arising out of an investigation made by the SPL.

I also hereby apply to the Compact Member States’ medical boards (“Member Boards”) I have designated in this Application. Additionally, I further authorize the SPL to process and release my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind, arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application, if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

Ghazaleh Moayedi

Type Applicant’s Name Ghazaleh Moayedi

Applicant’s NPI 1639435662

Date 11/1/2021

Redesignate IMLC State of Principal License Application

Full Legal Name Ghazaleh , Kinney , Moayedi ,

Physician's National Provider Identifier Number 1639435662

I hold a full and unrestricted license in a my newly designated SPL **Yes**

SPL TEXAS MEDICAL BOARD License# R6051 Expiration 2/28/2023

I have reviewed the criteria to claim my State of Principal License (SPL) and confirm eligibility to redesignate a Compact state as my SPL. **Yes**

AND at least one of the below must APPLY (Please select all that apply)

- | | |
|--|-----|
| a. Your primary residence is in the SPL (State of Principal License) | Yes |
| b. At least 25% of your practice of medicine occurs in the SPL | No |
| c. Your employer is located in the SPL | No |
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Please provide below information:

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Residence City State Zip _____, _____, _____

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**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN IMLC LETTER OF QUALIFICATION
AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Ghazaleh Kinney Moayedi (full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States (“Application”), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof, furnished or to be furnished with respect to my application, are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact (“Compact”) and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as potential prosecution under appropriate federal and state laws.

I hereby apply to TEXAS MEDICAL BOARD (state) as my State of Principal License (“SPL”) for a Letter of Qualification (“LOQ”) to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL, or any of its agents or representatives, to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission (“Commission”), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me, of any and all liability of every nature and kind, arising out of an investigation made by the SPL.

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Applicant Signature

Ghazaleh Moayedi

Type Applicant’s Name Ghazaleh Moayedi

Applicant’s NPI 1639435662

Date 3/2/2022



Texas Medical Board

Texas Board of Medical Radiologic Technology
Healthcare Provider Verification / Profile

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Physician License

NAME: GHAZALEH MOAYEDI, DO
LICENSE: R6051
INFORMATION CURRENT AS OF: 3/7/2022

CURRENT STATUS: ACTIVE

[Click here for a detailed information on what each section below contains.](#)

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

Verified Information

Year of Birth: 1982
License Number: R6051 Physician License
Issuance Date: 02/16/2018
Expiration Date: 02/28/2023
Current Status: ACTIVE as of 02/22/2018
Disciplinary Restrictions: NONE
Non-Disciplinary Restrictions: NONE
Specialties:
School of Graduation:
UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH, TX 2012
Electronic RX Waiver Expiration Date: 12/30/2021

[+ Current Board Action](#)

[+ Medical Malpractice Investigations](#)

THE INFORMATION IN THESE SECTIONS WAS REPORTED BY THE LICENSEE AND MAY HAVE NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: FEMALE

Place of Birth: [REDACTED]

Race: OTHER

Current Primary Practice Address:

[REDACTED]
[REDACTED]
[REDACTED]

Years of Active Practice in the U.S. or Canada:

9 year(s)

Years of Active Practice in Texas:

7 year(s)

- [+ Specialty Board Certification](#)
- [+ Specialties](#)
- [+ Education](#)
- [+ Hospital Privileges](#)
- [+ Utilization Review](#)
- [+ Patient Services](#)
- [+ Awards, Honors, Publications](#)
- [+ Malpractice Information](#)
- [+ Criminal History](#)
- [+ Non-TMB Disciplinary Actions](#)
- [+ Physician Assistant Supervision](#)
- [+ Advanced Practice Nurse Delegation](#)
- [+ Summary of all Licenses](#)

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State of Vermont

Osteopathic Physicians & Surgeons
Osteopathic Physician IMLC Compact

Ghazaleh Kinney Moayed
1408 N Riverfront BLVD Suite 333
Dallas ,Texas 75207
Credential #: **162.0000064**
Status: **Active**
Effective: **Mar 07,2022**
Expires: **Sep 30, 2022**

Notable Persons

Specialties

IMLC Compact

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit <https://sos.vermont.gov/opr/online-services/>

State of Vermont

Osteopathic Physicians & Surgeons
Osteopathic Physician IMLC Compact



Ghazaleh Kinney Moayed
1408 N Riverfront BLVD Suite 333
Dallas ,Texas 75207
Credential #: **162.0000064**
Status: **Active**
Effective: **Mar 07,2022**
Expires: **Sep 30, 2022**

James C. Condes
Secretary of State

For the most accurate and up to date record of licensure, please visit <https://sos.vermont.gov/opr/online-services/>