

Nasrin N Fatemi, MD

Licensed Physician #MD2021-0951

Issue Date

09/24/2021

Expiration Date

07/01/2024

Signature of Holder

The bearer is prohibited by law from using this identification card to give the impression that they are in any way connected with a governmental agency.

**New Mexico Medical Board
Triennial Renewal Certificate**

This is to certify that

Nasrin N Fatemi, MD

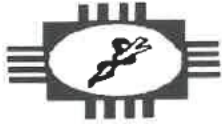
License Number: MD2021-0951

Having complied with the provisions of the Medical Practice Act is hereby granted a license to practice in the State of New Mexico as a Physician.

Issue Date: 09/24/2021 Date Expires: 07/01/2024*

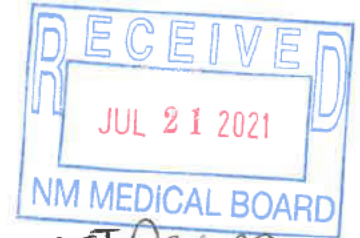
****A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.***

This License Must Be Conspicuously Posted in Each Practice Location



The New Mexico Statewide Application
for Physician/Practitioner Appointment©

Physician (MD) Application
(USING FCVS)



Date of Application: 07/16/21

Application Fee: 1st perm 400.00

Demographics

Exam

Legal Name	FATEMI	NASRIN	NASIM
	Last	First	Middle

Other Names Used Seyedeh Nasrin Fatemi

Will you be applying by endorsement Yes No
(See page 2 of the application instructions for requirements)

Gender	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Place of Birth	Iran		Citizenship	United States	
Immigration Status	U.S. Citizen			INS Certification #			
*Social Security Number	[REDACTED]			Date of Birth	[REDACTED]		
*NM Tax ID# (if applicable)				Pending	<input type="checkbox"/>		
*Fed. Tax ID# (if applicable)				Pending	<input type="checkbox"/>		
Current Practice Name	University of New Mexico / Addiction Medicine Fellowship						
Practice Limited to: (Clinical Specialty)	Preventive Medicine / Addiction Med						
Street	Dep of Family & Community Medicine MSC09-5040 University of New Mexico						
City	Albuquerque	State	NM	Zip Code	87131		
Telephone Number	(505) 925-4488	Facsimile					
*Office Manager or Contact Person:	Ms. Sandra Peters sjpeters@salud.unm.edu						
Foreign Languages (spoken fluently by practitioner)	Farsi						
Foreign Languages (spoken fluently at Practice)	[REDACTED]						
*E-Mail Address (confidential)	[REDACTED]						
*Current Mailing Address (if different from above, confidential unless no practice address indicated)	[REDACTED]						
*Street	[REDACTED]						
*City	Albuquerque	*State	NM	*Zip Code	87111		
Telephone Number	[REDACTED]	Facsimile					
What are your immediate or future Practice Plans in New Mexico?	Just started Addiction Medicine Fellowship I am planning to practice medicine in academic setting here in NM.						
Home Address	[REDACTED]						
Street	[REDACTED]						
*City	Albuquerque	*State	NM	*Zip	87111		

Practice Associates in NM (If Applicable)		Call Coverage in NM (If Applicable)	
N/A			
Other Practice Locations (If Applicable)			
Practice Name N/A			
Street			
City		State	Zip Code
Telephone Number		Facsimile	
Answering Service		Effective Date	

Education (Please attach a separate sheet, if necessary.)

Undergraduate Education					
College or University N/A					
City		State/Country		Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date	
College or University					
City		State/Country		Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date	
Professional / Medical Education					
College or University Iran University of Medical Sciences & Health Services					
City		State/Country		Zip Code:	
Tehran		TEH/Iran		14496	
Dates Attended	From:	To:	Degree	Graduation Date	
	02/28/90	09/22/97	MD	09/22/97	
College or University					
City		State/Country		Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date	
Graduate Education					
College or University University of New Mexico					
City		State/Country		Zip Code:	
Albuquerque		NM/USA		87131	
Dates Attended	From:	To:	Degree	Graduation Date	
	07/01/2019	07/15/21	MSCR	07/2021	
College or University (Master of Science in Clinical Research)					
City		State/Country		Zip Code:	
Dates Attended	From:	To:	Degree	Graduation Date	

Internship/ Residency/ Fellowship					
Institution Name University of New Mexico					
City		State/Country		Zip Code:	
Albuquerque		NM/USA		87131	
Dates Attended	From:	To:	Field		
	07/01/21	Present	PGY4 Addiction Med. Fellow		
Institution Name University of New Mexico					
City		State/Country		Zip Code:	
Albuquerque		NM/USA		87131	
Dates Attended	From:	To:	Field		
	07/01/19	06/30/21	PGY2 & PGY3 Preventive Med resident		
Institution Name University of Arkansas Medical Sciences					
City		State/Country		Zip Code:	
Little Rock		AR/USA		72205	
Dates Attended	From:	To:	Field		
	01/19/2010	06/02/2016	Not credited Neurosurgery resident		
Institution Name Michigan State University (MERC)					
City		State/Country		Zip Code:	
Grand Rapids		MI/USA		49503	
Dates Attended	From:	To:	Field		
	07/01/05	06/30/06	PGY1 General Surgery Intern		

Please See Addendum(1)

University of New Mexico

Post-Graduate Training License Application

Addendum 1

Continue Post Graduate Training;

3-Institution Name: University of Washington

City: Seattle **State:** WA **Zip Code:** 98195

Date Attended: 07/1/2003 **To:** 6/30/2004

PGT Field: Non-ACGME Post Graduate Clinical Neurosurgery Fellowship (equal to PGY3)

4-Institution Name: Iran University of Medical Sciences

City: Tehran **State:** Tehran, Iran **Zip Code:** 14496

Date Attended: 08/1998 **To:** 08/1999

PGT Field: Neurosurgery Residency

Work History Please list all previous practice experience for the last 15 years, **including military or government service**, listing the most recent first. If military service, state type of discharge and rank achieved and **attach copy of discharge or separation documents**. Attach separate page, if necessary. Please provide written explanation for any gaps in work history of 6 months or more.

Location	City of Hope	From	07/01/16	To	06/30/19
Street	1500 East Duarte Blvd	Phone Number	(626) 218-2842		
City	Duarte	State	CA	Zip Code	91010
Type of Practice	Research Fellow	Contact Person	Dr. John Park		
Type of Discharge	N/A	Rank Achieved	N/A		
Location	Stony Brook University	From	11/04/15	To	06/30/16
Street	HSC level 4, room 120	Phone Number	(631) 444-4500		
City	Stony Brook	State	NY	Zip Code	11794
Type of Practice	Basic Science Reserch	Contact Person	Dr. Avraham Dilmankan		
Type of Discharge	N/A Fellow	Rank Achieved	N/A		
Location	UCLA and John Wayne	From	07/01/06	To	12/30/09
Street	2200 San Monica Cancer Institute	Phone Number	(310) 315-6125		
City	San Monica	State	CA	Zip Code	90404
Type of Practice	Skull base research	Contact Person	Dr. Daniel Kelly		
Type of Discharge	N/A Fellow	Rank Achieved	N/A		
Location		From		To	
Street		Phone Number			
City		State		Zip Code	
Type of Practice		Contact Person			
Type of Discharge		Rank Achieved			

Please see Addendum 2

Hospital and Health Facility Affiliation History (other than postgraduate training) N/A

Please list hospital staff membership and/or healthcare organization affiliations in the past fifteen (15) years. If an institution is no longer in existence, please provide an alternative source of verification. Use separate page, if necessary. **Providers who do NOT have admitting privileges, please explain your procedures or the arrangements you make in instances when patients require admission to a hospital. If you are applying with a health plan, should arrangements include admitting coverage by another provider, a signed letter from the covering provider, including their primary admitting facility, is to be included with this application.**

(1) Current Primary Admitting Facility (Hospital Name)					
Street					
City		State		Zip Code	
Telephone Number			Facsimile		
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					
(2) Facility Name					
Street					
City		State		Zip Code	
Telephone Number			Facsimile		
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					
(3) Facility Name					
Street					
City		State		Zip Code	
Telephone Number			Facsimile		
Appointment Dates	From:			To:	
Type of Appointment					
Privileges Assigned					

Applicant Name NASRIN N. Fateemi Date 07/16/21

Addendum 2

After finishing my general surgery internship in 2006, I immediately started a Neurosurgery skull base research fellowship at the UCLA and John Wayne Cancer Institute. From June 2010 till November 2015, after four months of residency in Neurosurgery, I was not officially working in any institution. I spent that time on self-education and completed ATLS training certificate. I was also looking for a residency position during that time. And I also was in training as Martial Artist. Later in 2015, I started a scholarship research position at the Stony Brook University. Since then, there was no gap in my training.

(4) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From: To:		
Type of Appointment				
Privileges Assigned				
(5) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From: To:		
Type of Appointment				
Privileges Assigned				
(6) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From: To:		
Type of Appointment				
Privileges Assigned				
(7) Facility Name				
Street				
City		State		ZIP Code
Telephone Number			Facsimile	
Appointment Dates		From: To:		
Type of Appointment				
Privileges Assigned				
(8) Facility Name				
Street				
City		State		Zip Code
Telephone Number			Facsimile	
Appointment Dates		From: To:		
Type of Appointment				
Privileges Assigned				

Professional References Please list three professional peers familiar with your professional performance in the past 5 years, (not including current or impending partners or associates in practice).

(1) Name and Title Denece Kester, MD Preventive Med Program Director				
Address 1 University of New Mexico MSC-10-5550 DKester@salud.unm.edu				
City Albuquerque		State NM/USA		Zip Code 87131
Telephone Number (505) 272-5634			Facsimile	
(2) Name and Title Kevin Vlahovich, MD, MSc.				
Address 1 University of New Mexico MSC-10-5550 KVlahovich@salud.unm.edu				
City Albuquerque		State NM		Zip Code 87131
Telephone Number (505) 272-8442			Facsimile	
(3) Name and Title Dr. Olivia Hopkins Olivia Hopkins, MD, MSCR				
Address 1 University of New Mexico MSC-10-5550 hopkins@salud.unm.edu				
City Albuquerque		State NM		Zip Code 87131
Telephone Number (505) 925-7769			Facsimile	

Applicant Name Nasrin N. Fatemi Date 07/16/21

Licensure-Registration-Certification Information

ECFMG Number (if applicable)		0-618-653-0	
State Professional License/Certification Number			
State	Issue Date	Expiration Date	Pending <input type="checkbox"/>
All Other State License Numbers (regardless of status - attach separate list if necessary.)			
State	Number	Issue Year	Expiration Date
NM	RS2019-0449	2019	07/01/2022
MI	4351037139	2005	06/30/2006
WA	FE00042539	2003	06/30/2004
*Federal Drug Enforcement Admin. (DEA) Registration			N/A <input checked="" type="checkbox"/>
Number	Exp. Date	Pending <input type="checkbox"/>	
*State Controlled Substance Registration (CSR)			N/A <input checked="" type="checkbox"/>
Number	State	Exp. Date	Pending <input type="checkbox"/>
*Medicare Unique Physician Identification Number (UPIN)			139915
Pending <input type="checkbox"/>			
*State Medicaid Provider Number			
Pending <input type="checkbox"/>			
*National Provider Identification Number			1710218458
Pending <input type="checkbox"/>			

Specialty Board Certifications N/A

Are you Board Certified? Yes No **Note:** If you are not Board certified by a Board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the National Commission on Certification of Physician Assistants, the American Nurses' Credentialing Center, or the National Certification Commission, or accepted for examination in your specialty, please give a brief explanation on an attached sheet.

Certified/Recertified by the:			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
3.	Date Certified	Date Last Recertified	Expiration Date
Accepted for Examination by the:			
Until (expiration date)	If not accepted, have you made application?		Yes No
Certified/Recertified by the Subspecialty Board of			
1.	Date Certified	Date Last Recertified	Expiration Date
2.	Date Certified	Date Last Recertified	Expiration Date
Accepted for Examination by the Subspecialty Board of			

Professional Liability Insurance (confidential information)

Do you have current liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attached)			
Current Carrier		Current <input checked="" type="checkbox"/>	Pending <input type="checkbox"/>
Address: See attached			
Dates Insured	From	To	Policy #
07/01/21	07/01/21	6/30/22	[Redacted]
Coverage Limits			See attached documents from UMM.

Applicant Name NASRIN N. FATEMI Date 07/16/21

Licensing Exam: Please check all that apply:

State Board Exam (Prior to 1973) Which state? _____ Date(s) passed? _____

FLEX

LMCC

National Board (NBME)

USMLE

Part/Step 1 Date Passed 9-18-18 Part/Step 2 Date Passed (CK) 8/12/02 Part/Step 3 Date Passed 10/11/08
Passed Twice Month/Year CS: 8/15/02 Month/Year Month/Year

Professional Practice Questions Please answer all of the following Yes or No questions. If you answer YES to questions 1-19 and 21 and/or NO to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

1. Has your professional liability coverage ever been terminated by action of the insurance company except as a result of the company ceasing to offer insurance to physicians?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Have you ever been denied professional liability insurance coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3. Has your professional liability carrier ever excluded any specific procedures from your coverage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
4. Have you ever been denied membership or renewal thereof, or been subject to disciplinary action in any professional organization?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
5. Have you ever been excluded from or sanctioned by Medicare and/or Medicaid?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Have you ever been arrested? If so explain the circumstance, regardless of the outcome (i.e. expunged, dismissed, sealed, vacated).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7. Have you ever been named as a defendant in any criminal proceedings?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
8. Have you ever been subject to investigation by a governmental entity or Board that either could have resulted or did result in licensure sanction or other adverse actions, irrespective of the outcome?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
9. Have you ever been named in any formal requests for corrective actions filed by any healthcare entity where you have had an appointment (a request which could result in either formal or informal proceedings).	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
10. a. Have your privileges at any healthcare entity ever been voluntarily or involuntarily suspended, restricted, diminished, revoked, surrendered, or not renewed, except for medical records delinquency unrelated to your professional competence or conduct?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Have you ever agreed not to exercise your clinical privileges while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Have you ever been investigated and/or terminated by a healthcare entity for cause, or without cause, related to your clinical competence or conduct, which could impact patient safety/care, or allowed to resign in lieu of termination for such reason?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
11. Have you ever resigned from a healthcare entity to avoid modification, suspension, or termination of privileges, or while under investigation?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
12. a. Has your application for licensure or license to practice in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, surrendered or denied?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Are any currently held licenses pending investigation or being challenged?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
13. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
14. Has your federal or state narcotics registration certificate in any jurisdiction ever been investigated, voluntarily or involuntarily limited, suspended, revoked, or restricted?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Applicant Name NASRIN N. FATEMI Date 07/16/21

<p>15. Have you ever been involved in a settlement, medical malpractice claim or suit, or have you ever received written notice of intent to file such a suit? If yes, please provide the following information on the attached Malpractice History form for each case:</p> <ul style="list-style-type: none"> • Name, age, sex of patient/claimant. • Date(s) and type of treatment and/or surgery, which led to the allegations against you. • Nature of allegations in claims/suits. Specify whether a suit was ever filed. • Names of other practitioners and hospital, if any, involved in claims or suit. • Disposition or current status of claim or suit (be specific). • Name of insurance carrier defending you. • Name of defense attorney. 	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>16. Have you ever been reported to the National Practitioner Data Bank?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>17. a) Are you now, or were you in the past, addicted to, abusive of, or in treatment for abuse of any controlled substances, habit-forming drugs, illegal drugs, prescription medication or alcohol?</p> <p>b) Are you being treated with opiates for chronic pain? If yes, please provide to the Board upon application a current evaluation from your treating pain provider (MD or DO).</p>	[REDACTED]	
<p>18. Do you have or have you been diagnosed with an illness or condition which impairs your judgment or affects your ongoing ability to practice medicine in a competent, ethical and professional manner? If yes, please have your treating physician send the NM Medical Board a letter regarding your diagnosis, treatment, and current status.</p>	[REDACTED]	
<p>19. Have you ever, for any reason:</p> <p>a) Resigned from a medical school or postgraduate training (PGT) program?</p> <p>b) Withdrawn from a medical school or postgraduate training program?</p> <p>c) Been suspended, dismissed, or expelled from a medical school or PGT program?</p> <p>d) Been placed on probation or remediation, including academic probation or remediation, by a medical school or PGT program?</p> <p>e) Taken a leave of absence or break from, or had any interruptions or extensions in, a medical school or PGT program for any personal or professional reason (including illness or disability, pregnancy or maternity, any academic issue, etc)?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>20. I attest that I will limit my practice to areas in which I am competent to practice.</p>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<p>21. Are you currently in arrears in payments of amounts required to be paid pursuant to an outstanding judgement and order for child support in New Mexico or in any other state?</p>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If you answer "Yes" to questions 1-19 and 21 and/or "No" to 20, please give details including name, address, and telephone number of significant parties on a separate sheet of paper.

Please See Addendum(3)

Applicant Name NASRIN N. FATEMI **Date** 07/16/21

APPLICANT'S OATH

I, Nasrin Nasim Fatemi, hereby certify that I am the person pictured below and named in this application for a license to practice as a Physician in the State of New Mexico; that all statements I have made herein are true; that I am the original and lawful possessor and person named in the various forms and credentials furnished to the New Mexico Medical Board (Board) with my application.

I acknowledge and state that I have read the Information and Instructions that accompanied this application and I have answered all questions truthfully. I understand that the fee I submitted is not refundable.

I authorize and request every person, hospital, clinic, community, governmental agency, court, association, institution or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Board 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 Board or their agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application.

I hereby release, discharge, and exonerate the Board, and their agents or representatives, and any person furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, other information, or the investigation made by the Board. I authorize the Board to release information, material, documents, orders, or the like relating to me or to this application to any other agency of the State of New Mexico or the appropriate licensing agency of any other state or Territory of the United States or any agency of the United States government.



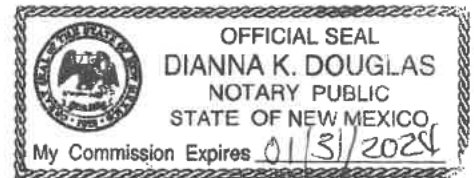
Applicant Signature

07/16/21

Date

State of New Mexico

County of Bernalillo



Subscribed and sworn to before me
this 16 day of July, 2021.

*Passport-quality color photograph taken within six months prior to filing the application, approximate size 2 x 2 inches, head and shoulders only, full face, front view, plain white or off-white background, standard photo stock paper, scanned or computer-generated photographs should have no visible pixels or dots.

Applicant Name Nasrin Nasim Fatemi Date 07/16/21

Addendum 3 (Questions 19 c & d)

In January of 2010, after my credentials were approved by the board of neurosurgery, I was accepted to an out-of-match neurosurgery residency position at the UAMS (University of Arkansas Medical Sciences) in Little Rock, Arkansas.

I was the only female resident, and no other female resident had successfully completed the program at that time. As soon as I started residency, I felt a discriminatory environment around me, which was affecting my training from the very first week. I had never been in a discriminatory environment before, and I asked for help. Unfortunately, my concern instead turned to further retaliation, making my tenure there exceedingly difficult. My training ultimately ended in 4 months as soon as my lawyer from California sent a letter regarding the situation. Upon my dismissal we initiated a lawsuit, but the Arkansas judge felt that there was not enough evidence and eventually dismissed the case.

Prior to and after this experience, I have never encountered any issues or irregularities of this nature. I have always completed my training with the capabilities and received the highest recommendations. Since that unfortunate experience, I have moved on with my life. In the past few years, I had the opportunity to work in the City of Hope National Cancer Institute as a Beckman research fellow. There, I participated in many clinical projects to help with the treatment of cancer patients. I have recently completed two years of residency (PGY2 & PGY3) in the preventive medicine program at the University of New Mexico (UNM). I am currently a new addiction medicine fellow at the UNM. I have also successfully completed a master's degree in clinical research (MSCR) with the submission of my thesis on head injury among motorcyclists in the state of New Mexico.

Please feel free to contact me with any additional questions.

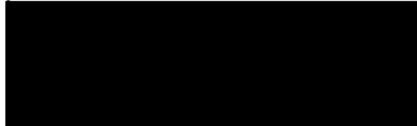
Nasrin Nasim Fatemi, MD, MSCR



Work Address:

University of New Mexico
1 University Blvd
MSC-10-5550
Albuquerque, NM 87131

Email:



Phone:

Education:

- University of New Mexico Addiction Medicine Fellowship: Albuquerque, NM (2021-Present)
- University of New Mexico Preventive Medicine Residency: Albuquerque, NM (2019-2021)
- University of New Mexico Master of Science in Clinical Research: Albuquerque, NM (2019-2021)
- University of Arkansas Neurosurgery Residency: Little Rock, AR (2010)
- Michigan State University/MERC Surgery Internship: Grand Rapids, MI (2005-2006)
- University of Washington/Harborview Medical Center Neurosurgery Clinical Fellowship (2003-2004)
- Iran University of Medical Sciences Neurosurgery Residency: Tehran, Iran (1998-1999)
- Iran University of Medical Sciences Doctor of Medicine Diploma: Tehran, Iran [Issued: 2000, (1990-1997)]

Research & Laboratory Experience:

- *University of New Mexico Master of Science in clinical Research Thesis; "Unhelmeted Motorcycle Crash Outcome and the Economic Effects of not Wearing a Helmet in New Mexico": Albuquerque, New Mexico/PI: Melissa Schiff, MD MPH-Retired Professor Emeritus Internal Medicine, master's degree Thesis (March 2020-2021)*
 - New Mexico does have a partial helmet law for motorcycle riders or passengers. Partial helmet law in New Mexico only requires drivers/passengers 18 or younger to wear a helmet. In this study we are looking into the fatal and non-fatal outcomes of not wearing a helmet in New Mexico.
 - Responsibilities: put together the proposal (submitted and approved by MSCR program), IRB Submission, Requesting Data, Data Analysis, Writing thesis and manuscript.
 - The study was briefly discussed with NM law maker who proposed Helmet bill in two occasions before.

- *Stony Brook University Basic Science Research, Spinal Cord Injury Project: Stony Brook, New York/PI: Avraham Dilmanian, PhD-Professor of Radiology, Radiation Oncology and Neurology (2016-2019)*
 - Investigating the use of tissue-sparing effects of parallel mini beams radiation in preclinical research settings for the treatment of spinal cord injury, as well as intracranial tumors
 - Participating in lab procedures of the study as well as teaching and supervising PhD candidates of the research operational procedures

- *W. M. Keck Center for Collaborative Neuroscience, Rutgers School of Arts and Science: Piscataway, New Jersey/ Wise Young, MD, PhD- Richard H. Shindell Chair in Neuroscience (March 2016)*
 - *Spinal Cord Injury Research Method & Multicenter Animal Spinal Cord Injury Study (MASCIS) impactor 3 days' training Workshop*

- *Beckman Research Institute, City of Hope Cancer Institute IR Research Fellowship: Duarte, California/ PI: John Park, MD, PhD –Chief of IR Division; Jonathan Kessler, MD (2016-2019)*
 - *Clinical Research Studies on Cancer patients treated with IR minimally invasive procedures and in collaboration with nuclear medicine*
 - Collecting the dataset for different studies, Imaging studies and measurements, IRB submission, Statistical Analysis, and writing manuscript
 - Presenting at Oncology meetings

- *Stony Brook University, Neuro-imaging-PET study & Policy related research: Stony Brook, New York /PI: Marc Schweitzer, MD, MBA–Previously SB Radiology Chairman- Currently, Wayne State University Dean (2015-2016)*
 - PET imaging, Head and Neck tumors (incidental finding)
 - Investigating the Conflict-of-Interest policy in medical journals
 - Presenting at Radiology meeting

- *University of Southern California Neuroradiology brief rotation: Los Angeles, California /PI: Ming Law-Neuroradiology Chief (late 2009)*
 - Learning tractography, and perfusion imaging in research

- *John Wayne Cancer Institute Skull Base/Endocrine Research Fellowship (Currently Pacific Neuroscience Institute): Santa Monica, California/ PI: Dan Kelly, MD –Director of Brain Tumor Center (2007-2009)*
 - Preparing database for skull base surgeries, Collect and analyze the data, Writing Manuscript and Submission to Journals
 - Research Patients' Clinical Visit Examination prior to surgery and in follow up visits
 - Presenting at Neurosurgery Meetings

- *Mizuho Medical Sponsored Endoscopic Skull Base Dissection Course: Palm Beach, Florida/ Dan Kelly, MD, Charlie Teo, MD, Denise Malkasian, MD, PhD, Paolo Cappabianca, MD (2007, 2008, 2009)*
- *University of California, Los Angeles Skull Base/Pituitary Research Fellowship: Westwood, California/ PI: Dan Kelly, MD–Skull Base Program Director (2006-2007)*
 - Preparing multiple databases for skull base surgeries, Collect and analyze the data, Writing Manuscript and Submission to Journals
 - Research Patients’ Clinical Visit Examination before surgery and in follow up visits
 - Presenting at Neurosurgery Meetings
- *University of California, Los Angeles Medical Center Neuroscience Postgraduate Research Training: Westwood, California/PI: Dave Hovda, PhD (2002-2003)*
 - Evaluation of post contusion fuel used by lab animal’s brain, using spectroscopy and C14
 - Learning contusion model and neurotrauma lab procedures

Certificate & Training:

- *Lean Training: University of New Mexico (May 2021)*
- *Resident as Educator Certificate Course: University of New Mexico (March 2021)*
- *Lifestyle Medicine Core Competencies Certificate: Online ACPM Course (March 2021)*
- *Hepatitis C Harm Reduction Certification Course: University of New Mexico (March 2021)*
- *FEMA, Incident Command & Management System: New Mexico Department of Health (2020)*
- *Forensic Medical Evaluation for Asylum Seekers: University of New Mexico (2019)*
- *MAT Waiver Training & 3-month UNM ASAP (Addiction & Substance Abuse Program) Clinic Rotation: University of New Mexico (2019, 2021)*
- *Youth Mental Health First Aid Course: University of New Mexico (2019)*
- *Stata training: University of New Mexico, MSCR Program (2019-2020)*
- *Traditional Medicine without Boarder Course: University of New Mexico (2019)*
- *R-Programming Certificate: City of Hope, California (2018)*
- *ATLS Certificate (2013-2021)*
- *NIH Grant Course Certificate; “The Essential of Clinical Investigation Developing a Research Proposal”: UCLA (2007)*
- *TCD & Cerebral Blood Flow Fellowship Course Certificate: UCLA (2007)*
- *USMLE Certificate (2002)*

Honors & Awards:

- *Best Clinical Abstract, Internal Medicine Research Day: University of New Mexico, Albuquerque, New Mexico (October 29th, 2020)*
- *Post-Doctoral Travel Grant: Beckman Institute, City of Hope, Duarte, California (2019)*
- *Best Research Award in Neurosurgery: Iran University of Medical Sciences, Tehran, Iran (1997)*
- *Best Student Award (General Surgery, Internal Medicine, Neurology): Iran University of Medical Sciences (1996-1997)*
- *Dean's List: Iran University of Medical Sciences (1996-1997)*
- *American Collage of Preventive Medicine since 2019*
- *Radiology Society of North America since 2016*
- *American Association of Neurological Surgeons since 2007*
- *American Association of Young Neurosurgeons since 2007*
- *American Collage of Surgeons since 2005*
- *Association of Women Surgeons since 2005*
- *American Medical Association since 2003*

Leadership Experience:

- *Program Evaluation Committee (PEC), Resident Member (2020-2021)*
- *UNM GME Resident Council, Preventive Medicine Resident Council member (2019-2020)*
- *City of Hope Post-Doctoral Association Office, Social Co-Chair (2017-2018)*
- *Minab Primary Clinic: Hormozgan, Iran, Clinic Manager and Physician (1998)*

Professional & Volunteer Experience:

- *UNM Human Research Review Committees (HRRC) Member (2020-Present)*
- *UNM COVID19 Hotline Center Volunteer (2020-2021)*
- *Volunteer with New Mexico Department of Health to develop Hepatitis C Treatment Protocol (2019)*
- *Volunteer with New Mexico "Healthcare for Homeless" syringe exchange (2019-2020)*
- *Komen Breast Cancer Foundation: Race for the Cure donation (2007)*
- *Volunteer under W.H.O vaccination program for eradication of Polio Virus in Southern Iran (1997-1998)*

Extracurricular Activities:

- *Kempo Style Martial Art Training, Brentwood Z-ultimate Martial Art Studio, Los Angeles, California (2008-2019)*
 - *2nd degree brown belt*
 - *3rd place professional sparring competition (2011)*
- *Los Angeles Marathon (2007)*
- *Le Cordon Blue Pastry Training, Pasadena, California (2004)*
- *Others: Gardening, Singing, and Travelling*

Bibliography:

Original Publications:

- **N. Fatemi, MD**, T.H Cruz, PhD, D. Kesler, MD, M. Schiff, MD, MPH (2021). "The Association of Risk Behaviors and Vaping among Youth in New Mexico." *J Public Health Management & Practice.*: 2021 May-Jun 01;27(Suppl 3): S164-S167.
- A. Dilmanian, S. Krishnan, W. E. McLaughlin, B. Lukaniec, J. T. Baker, S. Ailawadi, R. F. Cattell, R. Roy, J. Helfer, K Kruger, K. Spuhler, Y. He, R. Tailor, A. Vasantachart, D. Heaney, P. Zanzonico, J. S. Graf, **N. N. Fatemi**, L. Bangiyev, J. G. Eley (2019). "Merging Orthovoltage X-Ray Minibeams spare the proximal tissues while producing a solid beam at the target." *Nature Sci Rep.*: 2019 Feb 4;9(1):1198
- Aram Lee, MD, Jonathan Kessler, MD, Jinha Park, MD, PhD, **Nasrin Fatemi, MD**, John J. Park, MD, PhD (2017). "Minimally Invasive Interventions for Nontraumatic Splenic Disorders." *Endovascular Today*: 2017, Feb; 16(2): 77-84
- Nabili V, Kelly DF, **Fatemi N**, St John M, Calcaterra TC, Abemayor E. (2011). "Transnasal, transfacial, anterior skull base resection of olfactory neuroblastoma." *Am J Otolaryngol.*: 2011 Jul-Aug;32(4):279-85.
- M. A. DePiva Neto, M. D., A Vandergrift, M. D., **N Fatemi, M.D.**, A. A. Gorgulho, M.D., A. A. DeSalles, M.D., PhD, P. Cohan, M.D., C. Wang, M.D., R. Swerdloff, M.D., D. F. Kelly, M.D. (2009). "Endonasal Transsphenoidal Surgery and Multimodality Treatment for Giant Pituitary Adenomas." *Clin Endocrinol (Oxf)*: 2010 Apr; 72(4): 512-9. Epub 2009 Jun 25
- **Nasrin Fatemi, M.D**, Joshua R. Dusick, M.D., Manoel A. DePiva Neto, M.D., Dennis Malkasian, M.D., Ph.D., Daniel F. Kelly, M.D (2009). "Endonasal versus Supra-Orbital Keyhole Removal of Craniopharyngiomas and Tuberculum Sellae Meningiomas." *Neurosurgery*: 2009 May; 64(Suppl 2): ONS
- Joshua R. Dusick, M.D., **Nasrin Fatemi, M.D.**, Carlos Mattozo, M.D., David McArthur, Ph.D., M.P.H, Pejman Cohan, M.D., Christina C. Wang, M.D., Ronald S. Swerdloff, M.D., Daniel F. Kelly, M.D. (2008). "Pituitary Function after Transsphenoidal Surgery for Parasellar Tumors: Rathke's cleft cysts, Craniopharyngiomas and Meningiomas." *Surg Neurol.*: 2008 Nov; 70(5):482-90
- **Nasrin Fatemi, M.D.**, Joshua R. Dusick, M.D., Manoel A. dePaiva Neto, M.D., Daniel F. Kelly, M.D. (2008). "The Direct Endonasal Microscopic Approach for Pituitary Adenomas and other Parasellar Tumors; a 10-Year Experience." *Neurosurgery*: 2008 Oct; 63 (4 Suppl 2): ONS 244-256
- **Nasrin Fatemi, M.D.**, Joshua R. Dusick, M.D., Carlos Mattozo, M.D., David L. McArthur, Ph.D., M.P.H, Pejman Cohan, M.D., John Boscardin, Ph.D., Christina C. Wang, M.D., Ronald S. Swerdloff, M.D., Daniel F. Kelly, M.D. (2008).

“Pituitary Hormonal Loss and Recovery after Transsphenoidal Adenoma Removal.” *Neurosurgery*: 2008 Oct; 63(4):709-18

- **Fatemi N**, Dusick J, Malkasian D, McArthur D, Schad D, Kelly DF (2008). “Instrumentation Assessment: Short Trapezoidal Speculum for Suprasellar and Infraselar Exposure in Endonasal Transsphenoidal Surgery.” *Neurosurgery*: 2008 May; 62(5 Suppl 2): ONS325-9
- **Fatemi N**, Dusick J, Gorgulho A, De Salles AF, Kelly DF (2008). “Endonasal Microscopic Removal of Clival Chordoma.” *Surg Neurol.*: 2008 Apr; 69(4):331-8
- Ali H. Mesiwala, M.D., Gil Sviri, M.D., **Nasrin Fatemi, M.D.**, Gavin W. Britz, M.D., David W. Newell, M.D.] (2008). “Long Term Outcome of Superficial Temporal Artery-Middle Cerebral Artery Bypass for Moyamoya Patients in the United States.” *Neurosurg Focus*: 2008 Feb;24 (2): E15
- Esposito F, Dusick J, **Fatemi N**, Kelly DF (2007). “Graded Repair of Cranial Base Defects and Cerebrospinal Fluid Leaks in Transsphenoidal Surgery.” *Neurosurgery* 2007 Apr; 60 (4 Suppl 2):295-304

Book Chapters:

- Nancy McLaughlin, Amin Kassam, Daniel Prevedello, Domenico Solari, Kiarash Shahlaie, **Nasrin Fatemi**, Ricardo L. Carrau, Daniel F. Kelly (2012). “Craniopharyngioma, Comparison between Supraorbital versus Endonasal Keyhole Approaches.” Book Chapter 20 (page 198-209); “Tumors of Central Nervous System.” Volume 8th; Astrocytoma, Medulloblastoma, Retinoblastoma, Chordoma, Craniopharyngioma, Oligodendroglioma, Ependymoma. Springer. Editor: M.A. Hyatt, Kean University, NJ ISBN: 978-94-007-4212-3
- M. A. dePaiva, M.D., Joshua R. Dusick, M.D., **Nasrin Fatemi, M.D.**, Daniel F. Kelly, M.D. (2012). “Endoscopic-Assisted Skull Base Surgery.” Book Chapter, *Endoscopic Approaches to the Skull Base* Volume 26 in the series “Progress in Neurological Surgery.” Karger. Editors: Amin B. Kassam, M.D., Paul Gardner. M.D. University of Pittsburgh Medical Center, PA ISBN: 978-38-055-9210-9
- J. R. Dusick, M. A. dePaiva Neto, **N. Fatemi**, D. F. Kelly (2011). “Endoscope-Assisted Transsphenoidal Surgery for Pituitary Adenomas.” Book Chapter 20; *Endoscopic Pituitary Surgery. A Comprehensive Guide*, Thieme. Editors: Theodore H. Schwartz, M.D., Vijay K. Anand, M.D. Weill Cornell Medical College, NY. ISBN: 978-16-040-6347-9
- Manoel A. dePaiva Neto, M.D., **Nasrin Fatemi, M.D.**, Joshua Dusick, M.D., Dennis Malkasian, M.D., PhD, Daniel F. Kelly, M.D. (2010). “Minimally Invasive Approach to Frontal Fossa & Suprasellar Meningiomas.” Book Chapter 31 (page 413-427); *Endoscopic Exposure to Anterior Skull Base Meningiomas: International Textbook on Meningiomas*; “Meningiomas: A Comprehensive Text” Elsevier. Editors: Necmettin Pamir, M.D., Peter Black, M.D., Rudolf Fahlbusch, M.D. Brigham & Women’s Hospital, MA ISBN: 978-1-4160-5654-6

- **Nasrin Fatemi** (1997). "Neurological Manifestations of Systemic Diseases." Edited by Neurology Chairman; Mehdi Moghadassi, M. D. Iran University of Medical Sciences. Hayyan Book Company. Tehran, Iran
- **Nasrin Fatemi** (1997). "Secondary Complications of Head Trauma." Medical School Thesis Supervised by Neurosurgery Chairman; Maziar Azar, M.D. Iran University of Medical Sciences. Tehran, Iran

Abstracts Accepted for Oral Presentation:

- **N. Fatemi, MD**, T.H Cruz, PhD, D. Kesler, MD, M. Schiff, MD, MPH. "The Association of Risk Behaviors and Vaping among Youth in New Mexico." UNM Internal Medicine Research Day Virtua meeting: Albuquerque, NM. October 29th, 2020
- **N Fatemi, MD**, M Lee, G Singh, MD, L Wagman, MD, M Fakih, MD, J Park, MD, PhD, A Lee, MD, J Kessler, MD. "Percutaneous liver ablation of colorectal liver metastasis after hepatic arterial pump chemotherapy." Society of Interventional Oncology (SIO) Annual Meeting; Boston, MA. June 8th-11th 2019
- **Nasrin Fatemi, MD**, Jieming Fang, MD, John Park, MD, PhD, Jinha Park, MD, PhD. "Localization of Parathyroid Adenoma using Dynamic Contrast Enhanced MRI." American Roentgen Ray Society (ARRS) Annual Meeting; Hawaii. May 4th-10th 2019
- **N. Fatemi, MD**, D. Kruze, BA, M. Schweitzer, MD. "CONFLICT OF INTEREST disclosure IN MEDICAL JOURNALS; Comparing imaging journal to non-imaging journals, and radiologists to other specialists." RSNA 102nd Annual Meeting; Chicago, IL. Nov 26th-Dec 1st, 2016
- Joshua R. Dusick, M.D., **Nasrin Fatemi, M.D.**, Daniel F. Kelly, M.D. "Extended Transsphenoidal Approaches to Skull Base: Endoscope-Assistance and Endocrine Outcomes." 4th ISGNE Conference; Versailles, France. May 9-12th 2007
- **Fatemi N**, Dusick J, Malkasian D, McArthur D, Schad D, Kelly DF. "Trapezoid Speculum for Suprasellar and Infraselar Exposure in Extended Transsphenoidal Approaches: Technical Note." 4th ISGNE Conference; Versailles, France. May 9-12th 2007
- Mesiwala A, M.D., Svirid G, M.D., **Fatemi N, M.D.**, Newell D, M.D. "Long Term Outcome of Superficial Temporal-Middle Cerebral Artery Bypass for Moya Moya patients in the United States." WSSFN 51st Annual Meeting; Lake Tahoe, California. 2005

Abstracts Accepted for Poster Presentation:

- **N. Fatemi, MD**, A. Lee, MD, J. Kessler, MD, J. Park, MD. "Evaluating the safety of radioembolization with Yttrium 90 microspheres in patients with prior biliary intervention." Society of Interventional Radiology (SIR) Annual Meeting; Washington DC. March 4th-9th 2017
- F. Avraham Dilmanian, PhD, John G. Eley, PhD, William E. McLaughlin. MBA, Jameson T. Baker, PhD, Sandeep Ailawadi, MSc, Renee Cattell. BSc, Rahul ROY, BSc, Joel Helter. MS, Kevin ware, DVM, Jean Rooney, MSc, Pat Zanzonico,

PhD, **Nasrin Fatemi, MD**, and Sunil Krishnan, MD. "Orthovoltage x-ray minibeam; radiosurgery with proximal tissue-sparing." Radiation Research Society (RRS) Annual Meeting; Hawaii. Oct 16th-19th 2016

- Alex Vandergrift, **Nasrin Fatemi**, Daniel Kelly. "Endonasal Treatment of Sellar Arachnoid Cyst: A Case Series." CNS Annual Meeting New Orleans, LA. October 24-29th 2009
- M dePaiva Neto, **N Fatemi**, AA Gorgulho, AAF De Salles, DF Kelly. "Giant Pituitary Adenomas; Experience with management of 34 cases." CNS Annual Meeting; Orlando, FL. September 20-25th 2008
- **Nasrin Fatemi, M.D.**, Joshua R. Dusick, M.D., Manoel A. dePaiva Neto, M.D., Dennis Malkasian, M.D., Ph.D., Daniel F. Kelly, M.D. "Keyhole Removal of Craniopharyngiomas and Suprasellar Meningiomas: Supra-orbital versus Endonasal Approach." AANS Annual Meeting; Chicago, IL. April 26-May 1st, 2008
- **Nasrin Fatemi**, Joshua Dusick, Alessandra Gorgulho, Antonio De Salles, Daniel Kelly. "The extended endonasal approach for clival chordomas." CNS Annual Meeting; San Diego, CA. September 15-20th 2007
- Joshua Dusick, M.D., **Nasrin Fatemi, M.D.**, Carlos Mattozo, M.D., David McArthur, Ph.D., M.P.H, Pejman Cohan, M.D., Christina Wang, M.D., Ronald Swerdloff, M.D., Daniel F Kelly, M.D. "New pituitary failure and recovery after transsphenoidal surgery for pituitary adenomas." CNS Annual Meeting; San Diego, CA. September 15-20th 2007
- Joshua Dusick, M.D., **Nasrin Fatemi, M.D.**, Carlos Mattozo, M.D., David McArthur, Ph.D., M.P.H, Pejman Cohan, M.D., Christina Wang, M.D., Ronald Swerdloff, M.D., Daniel F. Kelly, M.D. "New pituitary failure and recovery after transsphenoidal surgery for parasellar tumor: Rathke's cleft cyst, craniopharyngioma and meningioma." CNS Annual Meeting; San Diego, CA September 15-20th 2007
- Nabili V, **Fatemi N**, St. John M, Calcaterra T, Kelly D, Abemayor E. "Transnasal, transfacial, anterior skull base resection of Olfactory Neuroblastoma." AHNS Annual Meeting; San Diego, CA. April 18-19th 2007

Manuscripts Submitted for Publication:

- J. Fang, **N. Fatemi**, J. Park, J. Kessler. "Abnormal Gadoexetate Disodium Uptake as an Early Marker of Hepatic Toxicity Following Yttrium-90 Radioembolization." Submitted to AIMA
- **N. Fatemi, MD**, A. Lee, MD, J. Kessler, MD, J. Park, MD. "Evaluating the Safety of Radioembolization with Yttrium 90 Microspheres in Patients with Prior Biliary Intervention." Submitted to JVIR
- **N. Fatemi, MD.**, J Kessler, MD., A Lee, MD., J Park, MD. "Treatment of Traumatic Chylous Pleural Effusion Using Ethylene Vinyl Alcohol (EVOH) Copolymer." Submitted to JVIR

References:

- Denece Kesler, MD, MPH dkesler@salud.unm.edu
- Kevin Vlahovich, MD, MS kvlahovich@salud.unm.edu
- L. Olivia Hopkins, MD, MSCR lhopkins@salud.unm.edu



AMA Physician Profile

PREPARED FOR

New Mexico Medical Board, Santa Fe, NM

Name and Mailing Address

SEYEDEH NASRIN FATEMI

IOWA CITY, IA 52245-1586

Primary Office Address

Phone UNKNOWN

Birth date

Physician's major professional activity

NOT CLASSIFIED

Self-designated practice specialty

GENERAL SURGERY (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status NON MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
None Reported					

Current and/or historical medical school

IRAN UNIVERSITY OF MEDICAL SCIENCES (IUMS)

Degree Awarded: YES
Degree Year: 2000



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: GRAND RAPIDS MEDICAL EDUCATION PARTNERS
Sponsoring State: MICHIGAN
Specialty: GENERAL SURGERY
Training Type:
Dates: 7/2005 - 6/2006 (Being Verified)

Sponsoring Institution: UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
Sponsoring State: WASHINGTON
Specialty: NEUROLOGICAL SURGERY
Training Type:
Dates: 7/2003 - 6/2004 (Verified)

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-



approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: TO DATE, THERE HAVE BEEN NO BOARD CERTIFICATIONS REPORTED.
 Certificate:
 Certificate type:

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
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For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

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Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
RS2019-0449	MD	NM	06/03/2019	07/01/2022		ACT	RES	07/12/2021	Nasrin N Fatemi
4301086145	MD	MI	07/01/2005	06/30/2006		INA	RES	09/05/2006	NRT
FE00042539	MD	WA	06/27/2003	06/30/2004	06/30/2004	INA	LIM	07/05/2021	SEYEDEH NASRIN FATEMI

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
None Reported							

* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver. [Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification

Applicant Number: 06186530

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

PRACTITIONER PROFILE

Prepared for:

New Mexico Medical Board

As of Date:7/27/2021

PRACTITIONER INFORMATION

Name: Fatemi, Nasrin Nasim
 Alternate Name(s): Fatemi, Nasrin
 Fatemi, Seyedeh Nasrin
 DOB: [REDACTED]
 Medical School: Iran University Of Medical Sciences
 Tehran, Tehran, IRAN, ISLAMIC REPUBLIC OF
 Year of Grad: 1997
 Degree Type: MD
 NPI: [REDACTED]

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1710218458	Individual			07/15/2019

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MICHIGAN	4351037139	07/01/2005	06/30/2006	07/12/2021
NEW MEXICO	RS2019-0449	06/03/2019	07/01/2022	07/22/2021
WASHINGTON	FE00042539	06/27/2003	06/30/2004	06/30/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

No DEA found.

PRACTITIONER PROFILE

Prepared for: New Mexico Medical Board As of Date: 7/27/2021
Practitioner Name: Fatemi, Nasrin Nasim

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

AOA® CERTIFICATION HISTORY

No AOA Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

New Mexico Medical Board
 2055 S. Pacheco St.
 Building 400
 Santa Fe, NM 87505
 (505) 476-7220



PROFESSIONAL RECOMMENDATION

The New Mexico Medical Board requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department Chief with whom I have worked and who has personal knowledge of my character and competence to practice medicine. This form is required as part of my application for licensure. **All** elements in the section below **must** be completed. The lower half of the form may be used for narrative comment. This is my authorization to release all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Applicant's Name: Nasrin Nasim Fatemi Date of Birth: [REDACTED]
 Applicant's Signature: [Signature] Date: 7/14/21
 Address: [REDACTED] City Albuquerque State New Mexico

ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PHYSICIAN
 The information on this form is NOT a public document.

1. Date and type of service: This individual served with me as Medical Resident
 from 07/01/2019 to Present (07/2021) at University of New Mexico
Month/Year Month/Year Location

2. Please evaluate:

(Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge			X	
Clinical judgment			X	
Relationship with patients				X
Ethical/professional conduct				X
Ability to communicate			X	
Clinical skills			X	

3. Recommendation: (please indicate with a check mark)

- 1. Recommend highly and without reservation X
- 2. Recommend as qualified and competent _____
- 3. Recommend with some reservation (explain) _____
- 4. Concerns (explain) _____

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate your comments

Dr. Fatemi has experience working in medicine abroad prior to U.S. residency training. She therefore has more clinical experience than most (medical) residents.

5. The above report is based on: (please indicate with check mark)

- 1. Close personal observation X
- 2. General impression X
- 3. A composite of evaluations X
- 4. Other _____

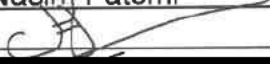
Name (Please Print): Kevin Vathovict Title: MD/Medical Clinic Director Phone: (505) 272-8043

Signature: [Signature] Date: 07/16/2021

New Mexico Medical Board
 2055 S. Pacheco St.
 Building 400
 Santa Fe, NM 87505
 (505) 476-7220

PROFESSIONAL RECOMMENDATION

The New Mexico Medical Board requires the completion of this Professional Recommendation by a physician or a Chief of Staff or a Department Chief with whom I have worked and who has personal knowledge of my character and competence to practice medicine. This form is required as part of my application for licensure. **All** elements in the section below **must** be completed. The lower half of the form may be used for narrative comment. This is my authorization to release all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Applicant's Name: Nasrin Nasim Fatemi Date of Birth: [REDACTED]
 Applicant's Signature:  Date: 7/14/21
 Address: [REDACTED] City: Albuquerque State: New Mexico

ALL ELEMENTS IN THIS SECTION MUST BE COMPLETED BY THE RECOMMENDING PHYSICIAN
 The information on this form is NOT a public document.

1. Date and type of service: This individual served with me as Preventive Medicine resident
 from July/2019 to June/2021 at UNM Health Sciences Center
Month/Year Month/Year Location

2. Please evaluate: (Please indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				X
Clinical judgment				X
Relationship with patients				X
Ethical/professional conduct				X
Ability to communicate				X
Clinical skills				X

3. Recommendation: (please indicate with a check mark)

1. Recommend highly and without reservation _____ X _____

2. Recommend as qualified and competent _____

3. Recommend with some reservation (explain) _____

4. Concerns (explain) _____

4. Of particular value in evaluating the candidate is information regarding any notable strengths and weaknesses (including personal demeanor). We would appreciate your comments.

High level of knowledge and desire to keep learning

5. The above report is based on: (please indicate with check mark)

1. Close personal observation _____ X _____ 3. A composite of evaluations _____ X _____

2. General impression _____ 4. Other _____

Name (Please Print): Denece Kesler Title: MD Phone: 505-272-1443

Signature:  Date: 7/20/21



New Mexico Medical Board
 2055 S. Pacheco, Building 400
 Santa Fe, NM 87505
 505-476-7220 fax 505-476-7237
 (toll free within New Mexico 800-945-5845)

General Information

Licensee	Nasrin N Fatemi	License Type	Resident
Business address	University of NM	License Number	RS2019-0449
Business address		License Status	Active
Business city state zip	Albuquerque NM 87131	License Date	06/03/2019
Business phone	None	**License Expires	07/01/2022
Medical School	Iran Univ of Med Sci		
Graduation Date	09/22/1997		

****For MD's only a New Mexico Medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.**

*****For PA's only a New Mexico Medical license that has not been renewed by March 1 of the renewal year will remain temporarily active with respect to medical practice until April 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.**

* The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: www.abms.org to determine if the physician has earned a specialty certification from this private agency.

** A New Mexico medical license that has not been renewed by July 1 of the renewal year will remain temporarily active with respect to medical practice until September 30 of the renewal year at which time, the status will be changed to lapsed. A lapsed license is not valid for practice in New Mexico.

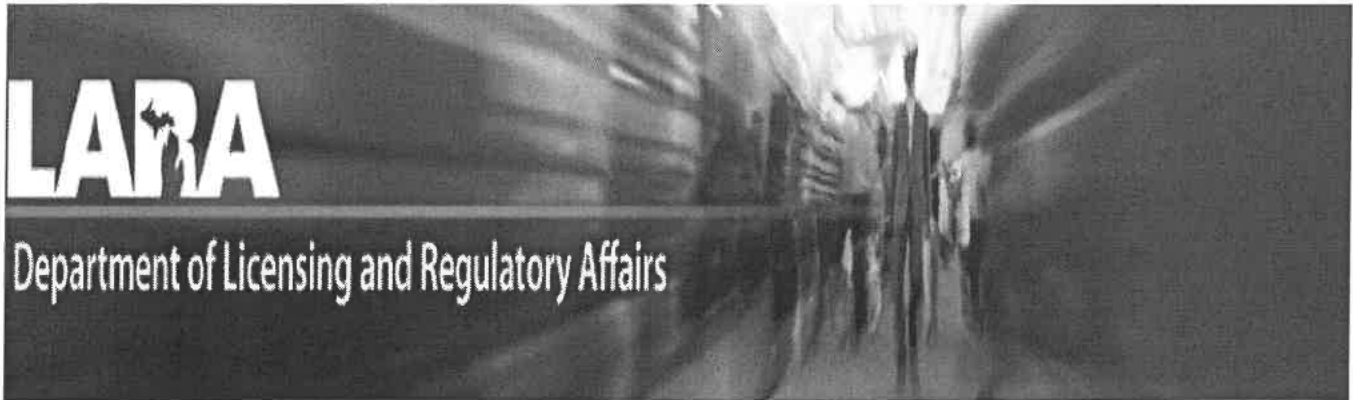
PUBLIC ACTIONS:None
 (while licensed in New Mexico)

New Search

This Board's data has been searched 12536779 times since 05/08/2001
Date information last updated: 09/10/21

Please read the AIM **Disclaimer**

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[Home](#) [Search](#) [+ New](#) [? Help](#)

[Register for an Account](#) [Login](#)

NOTE: If you would like to Renew your license follow these instructions:

- You must use a desktop or laptop computer to complete the registration and renewal process.
- Login to MiPLUS.
- Click on the "Licenses" tab.
- Find your License Number under the "Record Number" column. Click on the "Renew License" link located under the "Action" column.

[Home](#) [Licenses](#) [Enforcement](#)

[Advanced Search](#)

Licensed Professional Information: Medical Doctor Educational Limited 4351037139

Licensee Detail

License Type:

Medical Doctor Educational Limited

License Number:

4351037139

Name:

Seyedeh Nasrin Fatemi

License Issue Date:

07/01/2005

License Expiration Date:

06/30/2006

License Status:

Lapsed

County:

Kent

CONTROLLED SUBSTANCE LIST

City: Grand Rapids

State or Province: Michigan

ZIP or Postal Code: 49503

CS Record Number: 5315022659

CS Status: Lapsed

CS Expiration Date: 06/30/2006

▼ <--- Click to view Public Documents

Attachment List

Type	Name
<	

No Records Found - *cx*

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

9/10/2021

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon Fellowship License for FATEMI, SEYEDEH NASRIN .

This site is a Primary Source for Verification of Credentials.

Credential Number:	FE00042539
Credential Type:	Physician And Surgeon Fellowship License
First Credential Date:	06/27/2003
Last Renewal Date:	06/30/2004
Credential Status:	EXPIRED
Current Expiration Date:	06/30/2004
Enforcement Action:	No

The Washington Department of Health presents this information as a service to the public.

The absence or presence of information in this system does not imply any recommendation, endorsement, or guarantee of competence of any health care professional, the mere presence of such information does not imply a practitioner is not competent or qualified.

This site provides disciplinary actions taken and credentials denied for failure to meet qualifications. If the Enforcement Action is listed as a No, there has been no disciplinary action. It allows viewing and downloading of related legal documents since July 1998. Contact our [Public Records Office](#) for information on actions before July 1998. This information comes directly from our database. It is updated daily.





New Mexico Medical Board
2055 S. Pacheco St.
Building 400
Santa Fe, NM 87505
(505) 476-7220

WORK EXPERIENCE VERIFICATION

I am applying for a medical license in the State of New Mexico. The New Mexico Medical Board requires this form to be completed by the Chief of Staff or facility's administrative staff. I hereby authorize release of all information in your files, favorable or otherwise, DIRECTLY to the NMMB, 2055 S. Pacheco St., Bldg. 400, Santa Fe, NM 87505.

Nasrin N. Fatemi

Applicant Name: [Redacted]
Address: Albuquerque, NM 87111
City/State/Zip

Applicant Signature: [Signature]
Dates of Privilege/Employment: 07/2016-6/30/2019
Telephone Number: (310) 909-6459

The section below should be completed by the chief of staff or facility's administrative staff. Letters of Recommendation are NOT accepted in lieu of this form.

John Park, M.D., Ph.D.
Interventionally Radiology Chief
City of Hope National Medical Center
1500 E. Duarte Rd.
Duarte, CA 91010

- 1. This evaluation is based on: [X] Observation of applicant
2. In your estimation, is there any reason why this applicant should not be licensed to practice? [X] No
3. To your knowledge, is there any mental or physical reason why this applicant should not be licensed? [X] No
4. To your knowledge, is there any derogatory/disciplinary information regarding this applicant? [X] No
5. Are the dates of privilege/employment provided by the applicant on this form accurate? [X] Yes

If you answered "YES" to questions 2, 3, and/or 4, please provide a written explanation and/or any supporting documentation that may be relevant.

John Park, M.D. [Signature] 8/10/2021
Printed name of person completing this form Signature Date

Please affix hospital or notary seal here

Signature of Notary (if applicable) Date
California Compliant Notary
Acknowledgment Just Attached [Signature] 8/10/2021
My commission expires:

Please note on this form if there is no hospital or notary seal available.

Please return this form directly to the address above. Thank you for your cooperation.

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Fatemi, Nasrin Nasim**
Social Security Number: [REDACTED]
Date of Birth: [REDACTED]
FID#: [REDACTED]
Recipient: **NM - New Mexico Medical Board**
Delivery Date: **09/08/2021**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



FEDERATION OF
STATE MEDICAL BOARDS

I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor 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 answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, 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 Federation Credentials Verification Service 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 Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Nasrin Fatemi

Applicant's Signature (must be signed in the presence of a notary)

Fatemi

Applicant's Printed Last Name

Nasrin N.

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

07/14/2021

Date of Signature (must correspond to date of notarization)



State of Virginia, County of Chesterfield

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 14 day of July, 2021.

Notary Public Signature: [Signature]

My Notary Commission Expires: 11/30/2022

Completed via Remote Online Notary using 2way Audio/Video Techonlogy

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL(817)868-5000

Biographic Information

Medical professional Name(s): **Fatemi, Nasrin Nasim**
Fatemi, Nasrin
Fatemi, Seyedeh Nasrin

Date of Birth: September 11, 1970

Place of Birth: Langroud, Gilan, IRAN, ISLAMIC REPUBLIC OF

Contact Information

Home Address: [REDACTED]
Apt 5304
Albuquerque, NM 87111
UNITED STATES

Mobile Phone: [REDACTED]

Email: nfatemi@live.com

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION
Certification by Notary Public Is Required

Applicant Full Legal Name: Fatemi Nasrin Nasim
Last First Middle
FCVS ID Number: [Redacted]

Notary – Please complete the section below:

State of Virginia County of Chesterfield

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 14, of (Month) July, (Year) 2021.

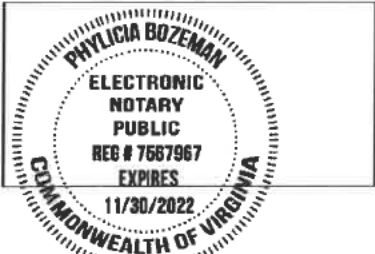
Notary Public Signature: *Phylcia Bozeman*

Commission Expiration Date* (Month) November / (Day) 30 / (Year) 2022

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Completed via Remote Online Notary using 2way Audio/Video Techonlogy

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards
ATTN: FCVS
400 Fuller Wiser Rd., Suite 300
Eules, TX 76039-3856



Petition for Name Change

7-4-01122112-6883 - FEDERAL DISTRICT OF CALIFORNIA
(NAME OF COURT)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete Sheet 1.
8 (Type or print clearly).

My full and correct name (current name):

1. SEYEDEH (FIRST) NASRIN (MIDDLE) EATEMI (LAST)
2. Address: 555 South Barrington Los Angeles, CA 90049
Avenue # 326 (Number/Street) (City/State) (Zip Code)
3. Country of Nationality: Iran 4. Date of Birth: 09/11/1970
(Month) (Day) (Complete Year)

5. Alien Registration Card (Green Card) Number: A 077 994 817

6. I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.

7. I petition the court to change my name to:

NASRIN (FIRST) NASIM (MIDDLE) EATEMI (LAST)

8. Date: 11/12/2009  (Signature of Petitioner, (current name))

CERTIFICATION OF NAME CHANGE

I CERTIFY THAT THE ABOVE PETITION WAS GRANTED BY THE COURT ON DEC 0 2 2009
(Date)

Clerk, U.S. District Court

Alvinda Cabo
(Clerk)
(Deputy Clerk)

IMPORTANT INFORMATION

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you decided to change your name. Your Certificate of Naturalization bears your new name as changed per Order of the Court.



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
02/28/1990	09/22/1997	Medical Education	Iran University Of Medical Sciences Tehran Tehran IRAN, ISLAMIC REPUBLIC OF
10/01/1997	07/30/1998	Work	Physician and Minab Clinic Medical Director, Iran Health Department City of Minab Primary Clinic Minab, Hormozgan IRAN, ISLAMIC REPUBLIC OF
08/01/1998	08/30/1999	PGT/Education	Neurosurgery Resident, Iran University of Medical Sciences Tehran Tehran IRAN, ISLAMIC REPUBLIC OF
09/01/1999	09/30/2002	Vacation	Relocating to the U.S. / Caring for Ill Parents Pittsburgh Pennsylvania UNITED STATES
10/01/2002	05/30/2003	PGT/Education	Neurotrauma Researcher, UCLA Medical Center Los Angeles California UNITED STATES
07/01/2003	06/30/2004	Postgraduate Training	University of Washington Program Seattle Washington UNITED STATES
07/01/2004	06/30/2005	Vacation	Study for USMLE Board as well as looking for residency position (interviews) LaCanada California UNITED STATES
07/01/2005	06/30/2006	Postgraduate Training	Spectrum Health/Michigan State University Program Grand Rapids Michigan UNITED STATES
07/01/2006	06/30/2007	PGT/Education	Neurosurgery Skull Base Research Fellow, UCLA Medical Center Los Angeles California UNITED STATES
07/01/2007	12/30/2009	PGT/Education	Neuro-Endocrine Research Fellow, John Wayne Cancer Inst. Santa Monica California UNITED STATES
01/19/2010	06/03/2010	Postgraduate Training	University of Arkansas for Medical Sciences (UAMS) College of Medicine Program Little Rock Arkansas UNITED STATES
07/01/2010	10/01/2015	Vacation	ATLS Certification / Independent Study, Looking for residency position
11/01/2015	06/30/2016	Postgraduate Training	Stony Brook University Stony Brook New York UNITED STATES
07/01/2016	06/30/2019	Postgraduate Training	City of Hope Duarte California UNITED STATES

07/01/2019	07/15/2021	PGT/Education	UNM Master of Science in Clinical Research (MSCR) Degree Completed Albuquerque New Mexico UNITED STATES
07/01/2019	06/30/2021	Postgraduate Training	University of New Mexico School of Medicine Public Health and General Preventive Medicine Program Albuquerque New Mexico UNITED STATES

End of Chronology of Activities report for: Fatemi, Nasrin Nasim

Medical Education

Medical School: Iran University Of Medical Sciences

Location: Tehran, 07

IRAN, ISLAMIC REPUBLIC OF

Credentials Analysis Information for Medical Education

Issue:

The Transcripts from Iran University Of Medical Sciences have been omitted.

Solution:

FCVS has made several unsuccessful attempts to obtain the requested elements from the Source.



VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached *Medical School Release Request, Certification of Identification Form, or Certification Statement* has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

RE: Nasrin Nasim Fatemi
0-818-653-0
Iran University of Medical Sciences (IUMS) School of Medicine
Crossroads of Hemmat and Chamran Exp.ways
14496-14535 Tehran
IRAN

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator – An official English language version medical school transcript is also acceptable – Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



**SEAL
VERIFIED**

Signature: *F. Jahani*

Printed Name: Farzaneh Jahani

Title: Verification Executive

Date of Signature: 10 August 2021

Phone: [Redacted] Fax: [Redacted]

Email: [Redacted]

SECTION 2B: DEGREE CERTIFICATION

This individual:

Was conferred/issued the degree of medicine ~~doctrate~~ on 13/08/2000 (dd/mm/yyyy) and the attached medical diploma is authentic and correct.

- Or -

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school : 12 years

Credential/degree presented by the applicant for admission to your medical school : high school diploma

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Nasrin Nasim Fatemi attended our medical school for total of 365 weeks of medical education on the following dates:

From 21/01/1990 (dd/mm/yyyy) To 22/09/1997 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	<u>From Month/Year</u>	<u>To Month/Year</u>	<u>Approved</u>	<u>Unapproved</u>
<u>Personal/Family</u>	__/___	__/___	()	()
<u>Academic remediation</u>	__/___	__/___	()	()
<u>Health</u>	__/___	__/___	()	()
<u>Financial</u>	__/___	__/___	()	()
Participation in joint degree				
<u>Program (e.g., MD/PhD)</u>	__/___	__/___	()	()
Participation in non-research special study (e.g., fellowship, international experience)				
<u>international experience)</u>	__/___	__/___	()	()
Participation in non-degree research				
<u>research</u>	__/___	__/___	()	()
<u>Other</u>	__/___	__/___	()	()

Please Specify: _____

2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	<u>From Month / Year</u>	<u>To Month / Year</u>
Academic Probation _____	__/__/__	__/__/__
Probation for unprofessional conduct/behavioral _____	__/__/__	__/__/__
Probation for other reason _____	__/__/__	__/__/__

Please specify reason: _____

3. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? YES () NO (X)

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

4. Does this individual's official record reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? YES () NO (X)

If you checked "YES" please provide detailed documentation/information about the circumstances and outcome(s):

5. Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? YES () NO (X)

If you checked "YES" please provide detailed documentation/information about the nature of the limitations or special requirements:



Medical School

Medical Professional Name: Fatemi, Nasrin Nasim

Iran University Of Medical Sciences

Unusual Circumstances**Did you have any interruption(s) or extension(s) in your medical education?** No**Were you ever placed on probation?** No**Were you ever disciplined or placed under investigation?** No**Were any negative reports for behavioral reasons ever filed by instructors?** No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Fatemi, Nasrin Nasim



Affixed by medical school
26 July 2021

PROCESSED

۱۸-۶۵۳-۰

بهدشت

بزرگ آقا محمد تقی امامت و آقا محمد تقی امامت

شماره ۲۵۱۶

تاریخ ۲۹/۵/۲۲

دانشگاه پزشکی

دانشنامه پیمان تحصیلات



جمهوری اسلامی ایران

دانشگاه علوم پزشکی و خدمات بهداشتی درمانی ایران

بوجوب قانون و زارت بهداشت ایران و آموزش پزشکی مصوب نم هرماه ۱۳۷۴ مجلس شورای اسلامی

نظر اینکه خانم دکتر سیده نسیرین فاطمی

فرزندیت حضرت در امری شناسنامه شماره ۶۲۵ صادره از گسکوود متولد سال ۱۳۴۹ تاریخ ۳۱/۶/۷۶ تحصیلات خود در رشته پزشکی

در با اهمیت سابقان ساینده گذارین دانشنامه صادره و عطا میشود و از امتیازات آن بهره مند گردد. توفیق بامروزه را در تو اتم کردن علم و عمل و خیریت و تقوی و کسب رضای

خانی و تماشای خدمت بخلق آرزو مند است.

رئیس دانشکده دکتر سیده مهدی مدرسی خا

رئیس دانشکده دکتر غلامرضا شاه حسینی

SEAL
VERIFIED

[Seal: Iran University of Medical
Sciences
(IUMS)]

(University Logo)
Office of Vice Chancellor for Education]
Affixed by medical school on
26 July 2021

[Emblem of the Islamic
Republic of Iran]

In the Name of God

[Arabic verse]

No.: 2516

Iran University of Medical Sciences and Health Services

Date: 08/13/ 2000

Graduation Diploma

According to the formation law of the Ministry of Health and Medical Education approved on 10/01/1985 by the Islamic Consultative Assembly

Given that Ms. **Seyedeh Nasrin Fatemi**

child of **Jafar** with birth certificate no. **625** issued from **Langrood**, year of birth **1970-71** has successfully completed the **Doctor of Medicine** course of study on **09/22/1997**; this diploma is hereby granted to her to benefit from the privileges of this diploma. Wishing success for the mentioned in combining science, practice, modesty, purity, and earning the Creator's satisfaction and in her endeavors for serving the people.

Head of Faculty

Dr. Seyed Mehdi Modareszadeh
[Signature]

University President

Dr. Ghulam Reza Shahhoseini
[Signature]

Certified Translation by Teneo Linguistics Company, LLC

**SEAL
VERIFIED**

[Handwritten: 618-653-0]



Certificate of Accurate Translation

No. 08172021-301

Teneo Linguistics Company, LLC,

a translation company based in Tarrant County, state of Texas
(TX state vendor ID: 120511285800), hereby certifies that the attached is a true and
accurate translation of the original submitted, completed to the best of our knowledge,
ability and belief by a qualified and certified translator of the
Farsi and English languages. *

Original Language: Farsi
Target Language: English
No. of pages: 1
Type of Document: Diploma (Fatemi, Seyedeh Nasrin)
Date of Translation: August 17, 2021

**Tori
Gugino** Digitally signed
by Tori Gugino
Date: 2021.08.17
15:28:28 -05'00'

Tori Gugino
Project Manager

* Teneo Linguistics Co. does not warrant the authenticity of the original document.



بنام خداوند متعال
دانشگاه علوم پزشکی و خدمات بهداشتی - درمانی ایران
دانشکده پزشکی

مشخصات و ریز نمرات امتحانی خانم / آقای سیده سرین لاطمی فرزند سید جعفر
دارنده شناسنامه شماره ۶۲۵ صادره از لنگرود متولد سال ۱۳۴۹
بشرح ذیل اعلام میگردد.

امتیاز	نمره امتحانی		تعداد واحد	نام درس
	بمسئول	بمعدل		
۲۸	نوزده تمام	۱۹	۲	متون اسلامی
۲۳	شانزده ونیم	۱۶/۵	۲	زبان عمومی (۱)
۲۹	نوزده ونیم	۱۹/۵	۴	تاریخ اسلام
۲۸	نوزده تمام	۱۹	۲	فارسی (۱)
۲۷	هیجده ونیم	۱۸/۵	۲	زبان عمومی (۲)
۲۳	یازده ونیم	۱۱/۵	۲	پنجارک اسلامی (۱)
۲۵	هفده ونیم	۱۷/۵	۲	معارف اسلامی (۲)
۱۸	هیجده تمام	۱۸	۱	تربیت بدنی (۱)
۱۹/۵	نوزده ونیم	۱۹/۵	۱	تربیت بدنی (۲)
۴۰	بیست	۲۰	۲	اخلاق و تربیت اسلامی (۱)
۲۱	پانزده ونیم	۱۵/۵	۲	انقلاب اسلامی و ریشه های آن
۸۵/۵	پنج صدم چهارده و بیست و	۱۴/۲۵	۶	بپوشیمی نظری و عملی
۵۲	سیزده تمام	۱۳	۴	بافت شناسی نظری و عملی
۴۰/۵	سیزده ونیم	۱۳/۵	۳	آناتومی اندام
۶۶	شانزده ونیم	۱۶/۵	۴	آناتومی تنه

اداره آموزش و پرورش دانشکده پزشکی



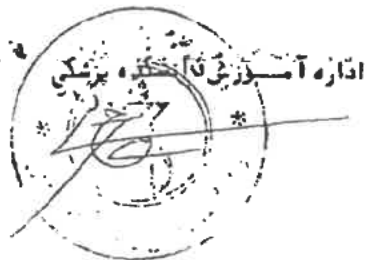
محل امضاء و مهر



بنام خداوند متعال
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شرح ذیل اعلام میگردد.

امتیاز	نمره امتحانی		تعداد واحد	نام درس
	بصورت	بعقد		
۲۸	نوزده تمام	۱۹	۲	بهداشت عمومی (۱)
۲۸	چهارده تمام	۱۴	۲	اصول کلی تغذیه
۲۶	سیزده تمام	۱۳	۲	فیزیك پزشکی
۲۷	سیزده ونیم	۱۳/۵	۲	جذین شناسی
۴۹/۵	شانزده ونیم	۱۶/۵	۳	آناتومی سروگردن
۲۵	هفده ونیم	۱۷/۵	۲	بهداشت عمومی (۲)
۲۲	شانزده ونیم	۱۶/۵	۲	روانشناسی
۶۰	پانزده تمام	۱۵	۴	فیزیولوژی (۱)
۴۵	پانزده تمام	۱۵	۲	زبان تخصصی (۱)
۳۹	سیزده تمام	۱۳	۳	زبان تخصصی (۲)
۷۹	پانزده و هشتاد صدم	۱۵/۸۰	۵	فیزیولوژی (۲) نظری و عملی
۴۵/۲۱	پانزده و هفت صدم	۱۵/۰۷	۳	ایمونولوژی
۹۲/۵	هیجده ونیم	۱۸/۵	۵	میکروبیشناسی نظری و عملی
۲۶	هیجده تمام	۱۸	۲	ژنتیک
۲۷	هیجده ونیم	۱۸/۵	۲	بهداشت عمومی (۳)





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 بشرح ذیل اعلام میگردد.

امتیاز	نمره امتحانی		تعداد واحد	نام درس
	بمقوف	بعقد		
۶۹/۲۰	همده وسی صدم	۱۷/۲۰	۴	انگل شناسی قارچ شناسی نظری و عملی
۷۸	پانزده و شصت صدم	۲۵/۶۰	۵	پاتولوژی عمومی
۹۶	شانزده تمام	۱۶	۶	پاتولوژی اختصاصی
۵۲	سیزده تمام	۱۳	۴	فارماکولوژی
۷۶	نوزده تمام	۱۹	۴	سمپولوژی
۲۷/۲۲	سیزده و شصت و شش صدم	۱۳/۶۶	۲	فیزیوپاتولوژی گوراش
۲۱	پانزده و نیم	۱۵/۵	۲	فیزیوپاتولوژی قلب
۲۶	سیزده تمام	۱۲	۲	فیزیوپاتولوژی غده
۲۷	سیزده و نیم	۱۲/۵	۲	فیزیوپاتولوژی خون
۲۸	چهارده تمام	۱۴	۲	فیزیوپاتولوژی ریه
۲۲	شانزده تمام	۱۶	۲	فیزیوپاتولوژی کلیه
۲۴	همده تمام	۱۷	۲	فیزیوپاتولوژی روماتولوژی
۶۴	شانزده تمام	۱۶	۴	زنان و ایمن نظری
۸۱	سیزده و نیم	۱۲/۵	۶	کودکان نظری
۱۴۴	چهارده و چهل صدم	۱۴/۴۰	۱۰	جراحی نظری

اداره دانشکده پزشکی

ریز نمرات امتحانی خانم / سیده نسرين فاطمی



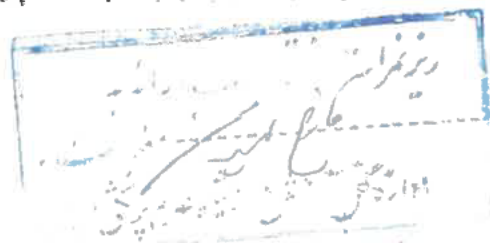
بنام خداوند متعال
 دانشگاه علوم پزشکی و خدمات بهداشتی - درمانی ایران
 دانشکده پزشکی

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 شرح ذیل اعلام میگردد.

امتیاز	نمره امتحانی		تعداد واحد	نام درس
	بمسد	بحسروف		
۲۲	۱۶	شانزده تمام	۲	اعصاب نظری
۴۵	۱۵	پانزده تمام	۲	عقونی نظری
۲۶	۱۲	سیزده تمام	۲	روانپزشکی نظری
۲۰	۱۵	پارده تمام	۲	تاریخ و علم اخلاق پزشکی
۲۶/۵۰	۱۲/۲۵	سیزده و بیست و پنج صدم	۲	ایمیدمیولوژی بیماریهای شایع در ایران
۲۵	۱۷/۵	هفده و نیم	۲	پزشکی قانونی نظری
۲۶	۱۸	هیجده تمام	۲	آمار پزشکی و روش تحقیق
۱۰۸	۱۸	هیجده تمام	۶	کارآموزی زنان و زایمان
۱۶۲	۱۸	هیجده تمام	۹	کارآموزی کودکان
۱۵۲	۱۷	هفده تمام	۹	کارآموزی جراحی عمومی
۵۷	۱۹	نوزده تمام	۲	کارآموزی ارتوپدی
۱۴۸/۵	۱۶/۵	شانزده و نیم	۹	کارآموزی داخلی عمومی
۲۹	۱۲	سیزده تمام	۲	کارآموزی عقونی
۴۹/۵	۱۶/۵	شانزده و نیم	۲	کارآموزی چشم
۶۰	۲۰	بیست	۲	کارآموزی گوش و حلق و بینی



ع

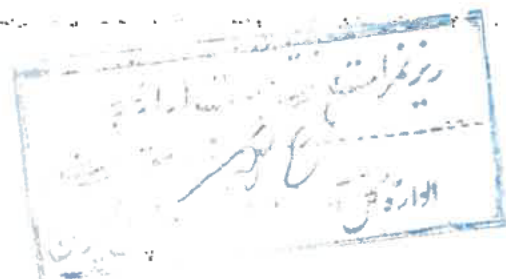




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 بشرح ذیل اعلام میگردد .

امتیاز	نمره امتحانی		تعداد واحد	نام درس
	بحر و ف	بمسد		
۵۴	هیجده تمام	۱۸	۲	کارآموزی رادیولوژی
۵۴/۷۵	هیجده و بیست و پنج صدم	۱۸/۲۵	۲	کارآموزی پوست
۵۴	هیجده تمام	۱۸	۲	کارآموزی روانپزشکی
۵۷	نوزده تمام	۱۹	۲	کارآموزی اعصاب
۴۵	پانزده تمام	۱۵	۲	کارآموزی نفرولوژی
۲۶	هیجده تمام	۱۸	۲	کارآموزی بهداشت
۲۲۲	هیجده و نیم	۱۸/۵	۱۲	کلوزوزی کودکان
۱۶۰	بیست	۲۰	۸	کارورزی جراحی
۱۶۰	بیست	۲۰	۸	کارورزی داخلی (۱)
۱۴۸	هیجده و نیم	۱۸/۵	۸	کارورزی داخلی (۲)
۱۵۲	نوزده تمام	۱۹	۸	کارورزی زنان و نوزایمان
۸۰	بیست	۲۰	۴	کارورزی پوست
۷۶	نوزده تمام	۱۹	۴	کارورزی اورژانس
۷۲	هیجده تمام	۱۸	۴	کارورزی بهداشت
۶۸	هفده تمام	۱۷	۴	کارورزی چشم

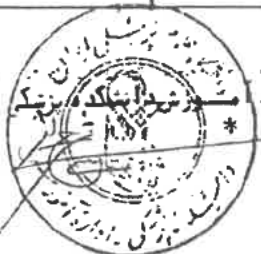




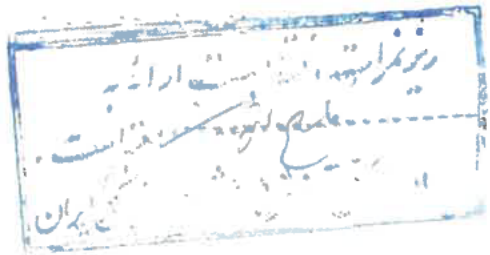
بنیام خداوند متعال
 دانشگاه علوم پزشکی و خدمات بهداشتی - درمانی ایران
 دانشکده پزشکی

مشخصات و ریز نمرات امتحانی خانم /فاطمی/ سیده نسرین فاطمی
 فرزندی سیدجعفر
 دارنده شناسنامه شماره ۶۲۵ مابره از لنگرود متولد سال ۱۳۴۹
 بشرح ذیل اعلام میگردد.

امتیاز	نمبره امتحانی		تعداد واحد	نظام درس
	بحروف	باعد		
۷۶	نوزده تمام	۱۹	۴	کارورزی گوش و حلق و بینی
۷۲	هیجده تمام	۱۸	۴	کارورزی روانپزشکی
۶۸	هفده تمام	۱۷	۴	کارورزی ارتوپدی
۱۲۰	بیست	۲۰	۶	پایان نامه
۴۹۱۳/۴۸			۲۹۱	جمع کل
	شانزده و هشتاد و هشت صدم	۱۶/۸۸		میانگین کل



اداره



۱۸۸۹۱

۱۸۸۹۱



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شماره دفتر مترجم

جمهوری اسلامی ایران

توزیع کننده - اداره کل فنی

Gholamreza Farrokhi

English Language Official Translator

Tehran, Enghelab Ave. No.: 716 Tel.: 6710038, 6700612

Translation from Persian Text
In the Name of God

Islamic Republic of Iran
Ministry of Health and Medical Education
Iran University of Medical Sciences & Health Services
School of Medicine

The detailed list of grades obtained by **Ms. Seyedeh NASRIN FATEMI**, daughter of Seyed Jafar, holder of ID.Card No.: 625, issued at Langroud, born in 1970, is as follows:

<u>COURSE TITLE</u>	<u>UNIT</u>	<u>GRADE</u>	<u>POINTS</u>
Islamic Texts	2	19	38
General English, I	2	16.5	33
History of Islam	2	19.5	39
Persian I	2	19	38
General English, II	2	18.5	37
Islamic Culture I	2	11.5	23
Islamic Culture II	2	17.5	35
Physical Education I	1	18	18
Physical Education II	1	19.5	19.5
Islamic Ethics and Education I	2	20	40
The Islamic Revolution & its Roots	2	15.5	31
Biochemistry, Theo. & Lab.	6	14.25	85.5
Histology, Theo. & Lab.	4	13	52
Anatomy of Limbs	3	13.5	40.5
Anatomy of Trunk	4	16.5	66
Public Health I	2	19	38
Principles of Nutrition	2	14	28
Medical Physics	2	13	26
Embryology	2	13.5	27
Anatomy of Head & Neck	3	16.5	49.5
Public Health III	2	17.5	35
Psychology	2	16.5	33
Physiology I	4	15	60
Special English for Medicine I	3	15	45
Special English for Medicine II	3	13	39
Physiology II, Theo. & Lab.	5	15.80	79
Immunology	3	15.07	45.21
Microbiology, Theo. & Lab.	5	18.5	92.5
Genetics	2	18	36
Public Health III	2	18.5	37
Parasitology & Mycology, Theo. & Lab.	4	17.30	69.20
General Pathology	5	15.60	78

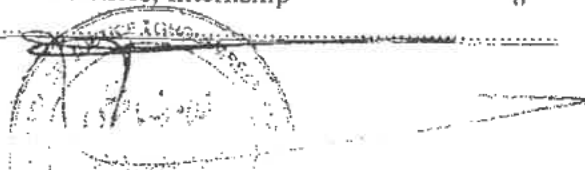
Page 2 / Cont.





Page 2 / Transcript of records of Ms. Seydeh NASRIN FATEMI / Doctoral Course in Medicine.

Special Pathology	6	16	96
Pharmacology	4	13	52
Semiology	4	19	76
Physiopathology of Gastrointestinal System	2	13.66	27.32
Physiopathology of Cardiovascular System	2	15.5	31
Physiopathology of Endocrine Glands	2	13	26
Physiopathology of Blood System	2	13.5	27
Physiopathology of Respiratory System	2	14	28
Physiopathology of Renal System	2	16	32
Physiopathology of Rheumatology	2	17	34
Gynaecology & Obstetrics, Theo.	4	16	64
Paediatrics, Theo.	6	13.5	81
Surgery, Theo.	10	14.40	144
Neurology, Theo.	2	16	32
Infectious Diseases, Theo.	3	15	45
Psychiatry, Theo.	2	13	26
History & Ethics of Medicine	2	15	30
Epidemiology of Diseases Prevalent in Iran	2	13.25	26.50
Legal (Forensic) Medicine, Theo.	2	17.50	35
Medical Statistics and Research Methodology	2	18	36
Gynaecology & Obstetrics, Clinical Training	6	18	108
Paediatrics, Clinical Training	9	18	162
General Surgery, Clinical Training	6	17	153
Orthopaedics, Clinical Training	3	19	57
General Internal Medicine, Clinical Training	9	16.5	148.5
Infectious Diseases, Clinical Training	3	13	39
Ophthalmology, Clinical Training	3	16.5	49.5
Otolaryngology (E.N.T.), Clinical Training	3	20	60
Radiology, Clinical Training	3	18	54
Dermatology, Clinical Training	3	18.25	54.75
Psychiatry, Clinical Training	3	18	54
Neurology, Clinical Training	3	19	57
Nephrology, Clinical Training	3	15	45
Health, Clinical Training	2	18	36
Paediatrics, Internship	12	18.5	222
Surgery, Internship	8	20	160
Internal Medicine I, Internship	8	20	160
Internal Medicine II, Internship	8	18.5	148
Gynaccology & Obstetrics, Internship	8	19	152





Page 3 / Transcript of records of Ms. Seyedeh NASRIN FATEMI / Doctoral Course in Medicine.

Dermatology, Internship	4	20	80
Emergency, Internship	4	19	76
Health, Internship	4	18	72
Ophthalmology, Internship	4	17	68
Otolaryngology (F.N.T.), Internship	4	19	76
Psychiatry, Internship	4	18	72
Orthopaedics, Internship	4	17	68
Thesis	6	20	120

TOTAL UNITS: 291

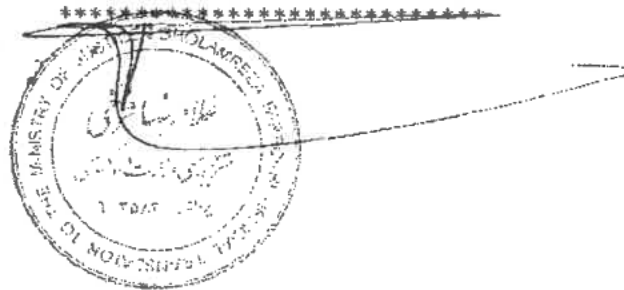
TOTAL GRADE POINTS: 4913.48

CUMULATIVE AVERAGE: 16.88 (Sixteen point eighty eight) out of twenty.

++ Signed & Sealed: Education Department, School of Medicine,
Iran University of Medical Sciences

++ Authenticated by the General Department for Graduates Affairs, Ministry of Health and
Medical Education, Islamic Republic of Iran.

True translation certified
Tehran --- June 26, 2001





Issue Date: 31 Aug 2021

To: NEW MEXICO MEDICAL BOARD
LICENSING MANAGER
2055 S. PACHECO ST., BLDG 400
SANTA FE, NM 87505

State Board Code:

032

Please include this number on
all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: [REDACTED]

Applicant's Name: Nasrin Nasim Fatemi

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 18 Sep 2002

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	29 Nov 2001	*	*
USMLE Step 2 CK	12 Aug 2002	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
ECFMG Clinical Skills Assessment	Aug 2002

Most Recent Passing Performance on English Test: Jun 2003

Name of Medical School and Country: Iran University of Medical Sciences (IUMS) School of Medicine, Tehran, IRAN

Degree Year: 2000

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: CERO0RIXH4

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

† Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Postgraduate Training

Accreditation ID: [REDACTED]**Institution:** University of Washington ProgramLocation: Seattle, WA
UNITED STATES**Accreditation ID:** 4402521410**Institution:** Spectrum Health/Michigan State University ProgramLocation: Grand Rapids, MI
UNITED STATES**Accreditation ID:** 1600421005**Institution:** University of Arkansas for Medical Sciences (UAMS) College of Medicine ProgramLocation: Little Rock, AR
UNITED STATES**Accreditation ID:** None**Institution:** Stony Brook UniversityLocation: Stony Brook, NY
UNITED STATES**Accreditation ID:** None**Institution:** City of HopeLocation: Duarte, CA
UNITED STATES**Accreditation ID:** 3803413133**Institution:** University of New Mexico School of Medicine Public Health and General Preventive
Medicine ProgramLocation: Albuquerque, NM
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Program Code: 1605421090

Issue:

The Medical Professional reported training from 07/01/2003 to 06/30/2004 as accredited. The institution confirmed the training as non-accredited.

Solution:

FCVS no longer obtains or reviews verification of non-accredited training programs; if received, it is included in the profile as is.

Program Code: 1600421005

Issue:

The Verification of Post Graduate Training Form from University of Arkansas for Medical Sciences Program dated 01/19/2010 to 06/03/2010 reported in the Chronology of Activities is not included in the Profile.

Solution:

The institution provided a letter which does not reflect all the requested elements. The institution reports additional information available through public records: Nasrin Fatemi v. Hosea Long, et. al., No. 4:11-cv-0458-DPM (E.D. Ark. 2013); Nasrin Fatemi v. Charles White, et. al., No. 4:11-cv-00458-DPM (8th Cir. 2015).

Issue:

The Verification of Post Graduate Training Form from Stony Brook University dated 11/01/2015 to 06/30/2016 reported in the Chronology of Activities is not included in the Profile.

Solution:

FCVS does not obtain verification of non-accredited training programs.

Issue:

The Verification of Post Graduate Training Form from City of Hope dated 07/01/2016 to 06/30/2019 reported in the Chronology of Activities is not included in the Profile.

Solution:

FCVS does not obtain verification of non-accredited training programs.



Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Rd, Euless, TX 76039
Tel: (817) 868-5000 Email: fcvs@fsmb.org

Verification of Postgraduate Medical Education

Institution: University of Washington Program
Specialty: Neurological Surgery
Address: Seattle, WA

Attention: Program Director
Affiliated University:

Verification For:

Name: Nasrin Nasim Fatemi
DOB:
Individual's Name on Record (If different from above): Seveden Nasrin Fatemi

Program Participation: Important:

Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

PGY: 0 - this was a pre-residency fellowship
Specialty/Subspecialty: General Neurological Surgery
From: 07/01/2003 To: 06/30/2004
Successfully Completed?: [X] Yes [] No [] In Progress
Accredited by: [] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPCSC [] APPAP [X] None of these

PGY:
Specialty/Subspecialty:
From: To:
Successfully Completed?: [] Yes [] No [] In Progress
Accredited by: [] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPCSC [] APPAP [] None of these

PGY:
Specialty/Subspecialty:
From: To:
Successfully Completed?: [] Yes [] No [] In Progress
Accredited by: [] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPCSC [] APPAP [] None of these

Unusual Circumstances:

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

ELECTRONIC SEAL VERIFIED

- 1. Did this individual ever take a leave of absence or break from his/her training? [] Yes [X] No
2. Was this individual ever placed on probation? [] Yes [X] No
3. Was this individual ever disciplined or placed under investigation? [] Yes [X] No
4. Were any negative reports for behavioral reasons ever filed by instructors? [] Yes [X] No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? [] Yes [X] No

Please explain any "Yes" response from above:

Certification:

Affix your institutional seal in this space. If no seal is available, you must have this form notarized

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Richard G. Ellenbogen, MD, FACS Signature:
Title: Chair and Program Director Date of Signature: 07/28/2021
Tel: 206-744-9321 Fax: 206-744-9942 E-Mail: rge@uw.edu

Graduate Medical Education

Medical Professional Name: Fatemi, Nasrin Nasim

Accreditation ID: [REDACTED]

Institution: University of Washington Program

Specialty: Neurological Surgery

Unusual Circumstances

Training Period: 7/1/2003 - 6/30/2004 Fellowship

Did you have any interruption(s) or extension(s) in your medical education? No

Were you ever placed on probation? No

Were you ever disciplined or placed under investigation? No

Were any negative reports for behavioral reasons ever filed by instructors? No

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? No

End of Applicant Reported Unusual Circumstances report for: Fatemi, Nasrin Nasim



Federation Credentials Verification Service (FCVS)

400 Fuller Wisser Rd, Euless, TX 76039
Tel: (817) 868-5000 Email: fcvs@fsmb.org

Verification of Postgraduate Medical Education

Institution: Spectrum Health/Michigan State University Program
Specialty: Surgery
Address: Grand Rapids, MI

Attention: Program Director
Affiliated University: Michigan State University

Verification For:

Name: Nasrin Nasim Fatemi
DOB: [Redacted]
Individual's Name on Record (If different from above):

Program Participation:

Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

If the postgraduate year is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

PGY: 1
Specialty/Subspecialty: General Surgery - Preliminary
From: 07/01/2005 To: 06/30/2006
Successfully Completed?: [X] Yes [] No [] In Progress
Accredited by: [X] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPSC [] APPAP [] None of these

PGY:
Specialty/Subspecialty:
From: To:
Successfully Completed?: [] Yes [] No [] In Progress
Accredited by: [] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPSC [] APPAP [] None of these

PGY:
Specialty/Subspecialty:
From: To:
Successfully Completed?: [] Yes [] No [] In Progress
Accredited by: [] ACGME [] AOA [] LCGME [] RSC [] CFPC [] RCPSC [] APPAP [] None of these

Unusual Circumstances:

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

ELECTRONIC SEAL VERIFIED

- 1. Did this individual ever take a leave of absence or break from his/her training? [] Yes [X] No
2. Was this individual ever placed on probation? [] Yes [X] No
3. Was this individual ever disciplined or placed under investigation? [] Yes [X] No
4. Were any negative reports for behavioral reasons ever filed by instructors? [] Yes [X] No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? [] Yes [X] No

Please explain any "Yes" response from above:

Certification:



Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Susan Hartert, Verifications Coordinator Signature: Susan Hartert, Verifications Coordinator
Title: Verifications Coordinator Date of Signature: 07/27/2021
Tel: Fax: E-Mail: resident.verifications@spectrumhealth.org



Graduate Medical Education

Medical Professional Name: Fatemi, Nasrin Nasim

Accreditation ID: 4402521410

Institution: Spectrum Health/Michigan State University Program

Specialty: Surgery

Unusual Circumstances

Training Period: 7/1/2005 - 6/30/2006 Internship

Did you have any interruption(s) or extension(s) in your medical education? **No**

Were you ever placed on probation? **No**

Were you ever disciplined or placed under investigation? **No**

Were any negative reports for behavioral reasons ever filed by instructors? **No**

Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? **No**

End of Applicant Reported Unusual Circumstances report for: Fatemi, Nasrin Nasim

**Grand Rapids
Medical Education & Research Center**
and
Michigan State University

This certificate is awarded to

Nasrín Fatemi, MD

upon satisfactory completion of a residency in

Preliminary General Surgery

July 1, 2005 - June 30, 2006

Max Schaller

Max Schaller, MD
Program Director
General Surgery Residency Program

P. Andrew Kirsch

P. Andrew Kirsch, PhD



Lowell R. Busch

Lowell R. Busch, MD
Chair, Board of Directors
Grand Rapids Medical Education & Research Center

Philip N. Melnikoff

Philip N. Melnikoff, MD



Department of Neurosurgery
College of Medicine
4301 W. Markham St., #507
Little Rock, AR 72205-7199
MAIN: 501-296-1138
FAX: 501-686-8767
UAMS.edu

UAMS
University of Arkansas for Medical Sciences

July 19, 2021

To Whom It May Concern:

A consultant for Federation Credentials Verification Service (FCVS) sent to me a request of Post Graduate Training for Dr. Nasrin Fatemi. Due to the special circumstances surrounding Dr. Fatemi's residency training at UAMS, I have been advised, by Chief General Counsel for UAMS, Mr. Mark A. Hagemeyer not to complete the form. However, attached is a 32-page decision of United States District Court from the case *Nasrin Fatemi v. Hosea Long, et al.*, No. 4:11-cv-0458-DPM, which granted UAMS summary judgement in the discrimination lawsuit filed by Dr. Fatemi, and the 45-page opinion issued by Eighth Circuit Court of Appeals upholding the District Court's decision. Both decisions are available in the public record, and they should provide you with the context for Dr. Fatemi's training here at UAMS. Dr. Fatemi did not receive credit for her time here at UAMS.

If you have further questions please contact Mr. Hagemeyer directly at 501-686-7608.

Sincerely,

Melanie Bainter

Melanie Bainter
UAMS Neurosurgery Resident Coordinator

Graduate Medical Education

Medical Professional Name: Fatemi, Nasrin Nasim

Accreditation ID: [REDACTED]

Institution: University of Arkansas for Medical Sciences Program

Specialty: Neurological Surgery

Unusual Circumstances

Training Period: 1/19/2010 - 6/3/2010 Residency

Did you have any interruption(s) or extension(s) in your medical education?	No
Were you ever placed on probation?	Yes
Gender discrimination case, resulting in legal action and early termination	
Were you ever disciplined or placed under investigation?	No
Were any negative reports for behavioral reasons ever filed by instructors?	No
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?	No

End of Applicant Reported Unusual Circumstances report for: Fatemi, Nasrin Nasim

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****fsmb****Verification of Postgraduate Medical Education****Accreditation Code:** [REDACTED]**Institution Name:** University of New Mexico School of Medicine Public Health and General Preventive**Affiliated University:** University of New Mexico School of Medicine**City:** Albuquerque**State:** New Mexico**Country:** United States**Verification For:** Nasrin Nasim Fatemi**Date of Birth:** [REDACTED]**Program Participation:**

PGY: 2	Accredited By: ACGME	Status: Complete
Specialty: Preventive Medicine		
From: 07/01/2019	To: 06/30/2020	Program Type: Residency

PGY: 3	Accredited By: ACGME	Status: Complete
Specialty: Preventive Medicine		
From: 07/01/2020	To: 06/30/2021	Program Type: Residency

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:


PGY:	Accredited By:	Status:
Specialty:		
From:	To:	Program Type:

To report additional training, include training as an attachment at the end of page 2.

Unusual Circumstances

- | | | | |
|---|-----|--|---------------|
| 1. Did this individual ever take a leave of absence from his/her training? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 2. Was this individual ever placed on probation? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 3. Was this individual ever disciplined or placed under investigation? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 4. Were any negative reports for behavioral reasons ever filed by instructors? | Yes | No <input checked="" type="checkbox"/> | Not Available |
| 5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? | Yes | No <input checked="" type="checkbox"/> | Not Available |

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

ELECTRONIC SEAL VERIFIED	Name: Hollie Medina
	Title: Sr. Operations Manager Degree: None
	Signature: 
	Date of Signature: 7/15/2021

Would you like to upload an additional attachment (e.g. Rotation Schedule)? Yes No
 If reporting additional years in the attachment, include PGY year, specialty, start date, end date, status and program type.



15 February 2021

Federation of State Medical Boards
Federation Credentials Verification Service
POB 619850
Dallas, TX 75261-5099

RE: Signature Authority for University of New Mexico ACGME Residency Programs

To Whom It May Concern:

I wish to update the information concerning the authorized signatory for the University of New Mexico Graduate Medical Education Programs. Hollie Medina, Senior Operations Manager, is now the Administrative Director of the University of New Mexico Health Sciences Center's Office of Graduate Medical Education. In this position, Ms. Medina is responsible for verification of medical education training information for the institution. Additionally, this information is published in our GME Policies and Procedures on page 27 of the University of New Mexico Houseofficers and the University Regulations and Benefit Manual.

The Associate Dean for GME on behalf of the institution delegates the responsibility for all verification of training dates, as well as other verification of resident data, to the Administrative Director of GME.

Ms. Medina has served this institution for over 17 years. I am certain she will be delighted to continue to work with your organization and provide accurate information to the various agencies served by the FCVS.

If I can provide additional information, please feel free to contact my office.

Sincerely,

A handwritten signature in black ink that reads 'Joanna R. Fair MD PhD'.

Joanna Fair, MD, PhD
UNMHSC Senior Associate Dean for Graduate Medical Education
ACGME Designated Institutional Officer

Graduate Medical Education

Medical Professional Name: Fatemi, Nasrin Nasim

Accreditation ID: [REDACTED]Institution: University of New Mexico School of Medicine Public
Health and General Preventive

Specialty: Preventive Medicine

Unusual Circumstances

Training Period: 7/1/2019 - 6/30/2021 Residency

Did you have any interruption(s) or extension(s) in your medical education? **No**Were you ever placed on probation? **No**Were you ever disciplined or placed under investigation? **No**Were any negative reports for behavioral reasons ever filed by instructors? **No**Were any limitations or special requirements imposed on you because of academic
performance, incompetence, disciplinary problems or for any other reason? **No**

End of Applicant Reported Unusual Circumstances report for: Fatemi, Nasrin Nasim

FCVS

FEDERATION CREDENTIALS
VERIFICATION SERVICE

Licensure / Examinations

fsmb

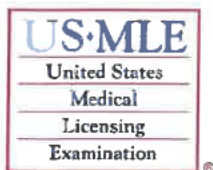


Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 08/30/2021

Federation Credentials Verification Service

ATTN: FCVS

FCV SID: [REDACTED]

Examinee: Fatemi, Nasrin Nasim

Examinee ID: [REDACTED]

Alt Name(s): Fatemi, Nasrin

Date of Birth: [REDACTED]

Fatemi, Seyedeh Nasrin

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/18/2018	Pass ✓	200	(194)	
11/29/2001	Pass ✓	184	(182)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/12/2002	Pass ✓	208	(174)	

USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/01/2008	Pass ✓	205	(187)	
06/07/2005	Fail	175	(184)	
05/29/2003	Fail	177	(182)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

NOTE: The Educational Commission for Foreign Medical Graduates (ECFMG) records include prior Clinical Skills Assessment history for this examinee. Details cannot be released by the ECFMG without written authorization from the examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Fatemi, Nasrin Nasim

Examinee ID: [REDACTED]

Date of Birth: [REDACTED]

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

FATEMI, NASRIN NASIM

DCN: 5500000179508087

FOR AUTHORIZED USE BY: New Mexico Medical Board

Process Date: 8/30/2021

The following is a render of data received by National Practitioner Data Bank (NPDB) as interpreted by FSMB

FATEMI, NASRIN NASIM

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: FATEMI, NASRIN NASIM
 FATEMI, NASRIN
 FATEMI, SEYEDEH NASRIN

Date of Birth: [REDACTED]

Gender: FEMALE

Work Address: 555 S BARRINGTON AVE
 APT 326
 LOS ANGELES, CA 90049

Home Address: [REDACTED]
 ALBUQUERQUE, NM 87111

Social Security Numbers (SSN): [REDACTED]

National Provider Identifiers (NPI): [REDACTED]

License(s): Physician (MD), 4351037139, MI
 Physician (MD), FE00042539, WA
 Physician (MD), RS2019-0449, NM

Professional School(s): IRAN UNIVERSITY OF MEDICAL SCIENCES (1997)

B. QUERY INFORMATION

Statutes Queried: Title IV, Section 1921, Section 1128E

Query Type: This is a One-Time query response. Your organization will only receive future reports on this practitioner if another query is submitted.

Entity Name: New Mexico Medical Board

Authorized Agent: Federation of State Medical Boards, (817) 868 - 4000

Customer Use: 202590444

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 8/30/2021

The following report types have been searched:

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure or Certification Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

FATEMI, NASRIN NASIM**DCN: 5500000179508087****FOR AUTHORIZED USE BY: New Mexico Medical Board**

Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports