Uniform Application for Licensure

Application ID: 300460
FID: 213537574

License Requested: DO
License Type: Permanent Medical License
Submitted to: Kansas State Board of Healing Arts
Submission Date: 5/4/2020 7:15 PM

Practitioner Name

Moayedi, Ghazaleh Kinney

Contact Information

Address

Public Access	Board Contact	Type	Address
Yes	Yes	Home	CONFIDENTIAL

Phone

Public Access	Board Contact	Type	Phone Number	Phone Extension
Yes	Yes	Mobile	CONFIDENTIAL	

Email

Public Access	Board Contact	Email
No	No	CONFIDENTIAL
Yes	Yes	

Identification

USMLE Number	SSN	Birth Date	Birth Place	Gender	NPI	Practitioner Type	US Citizen
	CONFIDENTIAL		Portland, OR UNITED STATES	F	1639435662	DO	Yes

Medical School

Medical School Name	Address	Start Date	End Date	Graduation Date	Degree Code
University of North Texas Health Science Center	3500 Camp Bowie Blvd Fort Worth, TX 76107 UNITED STATES	07/01/2008	05/19/2012	05/19/2012	DO

Fifth Pathway

None Reported

ECFMG

Certificate Number	Issue Date
None Reported	

© 2015 Federation of State Medical Boards

From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: APPLICATION STATUS
Date: Saturday, June 27, 2020 8:51:58 PM
Attachments: image001.png

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy!

CONFIDENTIAL

Best,

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Mon, Jun 15, 2020 at 7:23 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

CONFIDENTIAL

> Thanks,

Postgraduate Training

Hospital Name:	**Texas Tech University Health Sciences Center-PLFSOM Program** El Paso, TX UNITED STATES	**Program Code:**	ACGME 2204811315
		Attendance Dates:	
Institution:	Texas Tech University Health Sciences Center-PLFSOM	**Start Date:**	07/01/2012
Training Specialty:	Obstetrics & Gynecology	**End Date:**	06/30/2016
		Program Type:	Residency
Training Status:	Completed		
Clinical %:	100	**Administrative %:**	0

Hospital Name:	**University of Hawaii John A. Burns School of Medicine** Honolulu, HI UNITED STATES	**Program Code:**	
		Attendance Dates:	
Institution:		**Start Date:**	07/11/2016
Training Specialty:	Family Planning	**End Date:**	06/30/2018
		Program Type:	Fellowship
Training Status:	Completed		
Clinical %:	80	**Administrative %:**	20

Examination History

Exam	State	Last Attempt	Pass/Fail	Number Of Attempts
USMLE Step 1 Examination		06/11/2010	Pass	1
NBOME - Comlex Level 1		06/18/2010	Pass	1
NBOME - Comlex Level 2 CE		07/15/2011	Pass	1
USMLE Step 2 CK Examination		07/21/2011	Pass	1
NBOME - Comlex Level 2 PE		08/25/2011	Pass	1
NBOME - Comlex Level 3		03/18/2013	Pass	1

State Licensure History

MD, DO, PA License History

License Entity	Licensing State	License Number	Issue Date	Expiration Date	License Type	License Status
Texas Medical Board	TX	BP10044667	07/01/2012	06/30/2016	Training	Terminated
Alabama State Board of Medical Examiners	AL	DO-1678	01/23/2017	12/31/2020	Full	Active
Hawaii Medical Board	HI	DOS-1714	01/14/2016	06/30/2020	Full	Active
Texas Medical Board	TX	R6051	02/16/2018	02/28/2021	Full	Active

Physician Reported License History

Practitioner License Type	Licensing State	License Number	Issue Date	Expiration Date	Type	License Status
None Reported						

Chronology of Activity Type

Practice/Emp/ Desc:	**University of North Texas Health Science Center**	**Chronology Type:**	Medical Education

© 2015 Federation of State Medical Boards

Address: Fort Worth, TX
US

Attendance Dates:

Position/Dept:

From: 07/01/2008 to 05/19/2012

Clinical %:

Admin %:

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **Moving from Medical School to Residency**

Chronology Type: Vacation

Address:

Attendance Dates:

Position/Dept:

From: 06/01/2012 to 07/01/2012

Clinical %: 0

Admin %: 0

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **Texas Tech University Health Sciences Center-PLFSOM Program**

Chronology Type: Accredited Training

Address: El Paso, TX
US

Attendance Dates:

Position/Dept:

From: 07/01/2012 to 06/30/2016

Clinical %: 100

Admin %: 0

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **University of Hawaii John A. Burns School of Medicine**

Chronology Type: Other Training

Address: Honolulu, HI
US

Attendance Dates:

Position/Dept:

From: 07/11/2016 to 06/30/2018

Clinical %: 80

Admin %: 20

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **moving from Hawaii to Texas from fellowship to job**

Chronology Type: Vacation

Address:

Attendance Dates:

Position/Dept:

From: 07/01/2018 to 08/19/2018

Clinical %: 0

Admin %: 0

Employment: **Staff Privileges:** **Affiliation:**

Practice/Emp/ Desc: **Surgery Group of Greater Texas**

Chronology Type: Work

Address: 7424 Greenville Avenue
Suite 206
Dallas, TX 75231
US

Attendance Dates:

Position/Dept: Regional Medical Director - Health Services

From: 08/20/2018 to 04/09/2020

© 2015 Federation of State Medical Boards

Clinical %: 80

Admin %: 20

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Gennev**

Chronology Type: Work

Address: N/A
Dallas, TX 75207
US

Attendance Dates:

Position/Dept: Telemedicine Physician - OB/GYN

From: 10/01/2019 to In Progress

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **TEAMHealth**

Chronology Type: Work

Address: 3500 W Wheatland Rd
Dallas, TX 75237
US

Attendance Dates:

Position/Dept: Hospitalist - OB/GYN

From: 12/01/2019 to In Progress

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Physician Associates of Southwest Dallas**

Chronology Type: Work

Address: 1441 N Beckley Ave,
Dallas, TX 75203
US

Attendance Dates:

Position/Dept: Hospitalist - OB/GYN

From: 01/20/2020 to In Progress

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Pandia Health**

Chronology Type: Work

Address: N/A
Dallas, TX
US

Attendance Dates:

Position/Dept: Telemedicine Physician - OB/GYN

From: 04/01/2020 to In Progress

Clinical %: 100

Admin %: 0

Employment: • **Staff Privileges:** • **Affiliation:** •

Practice/Emp/ Desc: **Southwestern Womens Surgery Center**

Chronology Type: Work

Address: 8616 Greenville Ave
#101
Dallas, TX 75243
US

Attendance Dates:

Position/Dept: Contract Physician - OB/GYN

From: 04/01/2020 to In Progress

© 2015 Federation of State Medical Boards

Clinical %: 100

Admin %: 0

Employment: **Staff Privileges:** **Affiliation:**

Malpractice

None Reported

© 2015 Federation of State Medical Boards

FCVS

FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Professional Information Profile

This report provides credentialing information for:

Name:	**Moayedi, Ghazaleh Kinney**
Social Security Number:	CONFIDENTIAL
Date of Birth:	
FID#:	**213537574**
Recipient:	**KS - Kansas State Board of Healing Arts**
Delivery Date:	**05/14/2020**

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.

FCVS | FEDERATION CREDENTIALS VERIFICATION SERVICE

Affidavit and Release

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.

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

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.

Ghazaleh Moayedi, DO
Applicant's Signature (must be signed in the presence of a notary)

Moayedi
Applicant's Printed Last Name

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

11/20/2017
Date of Signature (must correspond to date of notarization)

TONI JOSETTE WRIGHT
ELECTRONIC NOTARY PUBLIC
REG # 7535126
EXPIRES 6/30/2020
COMMONWEALTH OF VIRGINIA

State of Virginia, County of James City

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 20 day of November, 20 17.

Notary Public Signature: Toni Josette Wright

My Notary Commission Expires: 06/30/2020

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

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 | TEL(817)868-5000

© 2014 Federation of State Medical Boards

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Identity

fsmb

Biographic Information

Medical professional Name(s): **Moayedi, Ghazaleh Kinney**

Moayedi-Esfahani, Ghazaleh

Date of Birth: CONFIDENTIAL

Place of Birth: Portland, Oregon, UNITED STATES

Contact Information

Home Address: CONFIDENTIAL

Mobile Phone:

Email:

Email:

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: Moayedi (Last) Ghazaleh (First) K (Middle)

FCVS ID Number: 231537574

Notary – Please complete the section below:

State of Virginia County of James City

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) 20, of (Month) November, (Year) 2017.

Notary Public Signature: Toni Josette Wright

Commission Expiration Date* (Month) 06 /(Day) 30 /(Year) 2020

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

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
Euless, TX 76039-3856

Docid: 5a12a5fa6323de0b0cc83f88

CONFIDENTIAL

DocId: 5a12a5fa6323de0b0cc63f88

CONFIDENTIAL

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Chronology of Activities

fsmb

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
07/01/2008	05/19/2012	Medical Education	University of North Texas Health Science Center Fort Worth Texas UNITED STATES
06/01/2012	07/01/2012	Vacation	Moving from Medical School to Residency
07/01/2012	06/30/2016	Postgraduate Training	Texas Tech University Health Sciences Center-PLFSOM Program El Paso Texas UNITED STATES
07/11/2016	06/30/2018	Postgraduate Training	University of Hawaii John A. Burns School of Medicine Honolulu Hawaii UNITED STATES
07/01/2018	08/19/2018	Vacation	moving from Hawaii to Texas from fellowship to job
08/20/2018	04/09/2020	Work	Surgery Group of Greater Texas 7424 Greenville Avenue Suite 206 Dallas, Texas UNITED STATES
10/01/2019		Work	Gennev N/A Dallas, Texas UNITED STATES
12/01/2019		Work	TEAMHealth 3500 W Wheatland Rd Dallas, Texas UNITED STATES
01/20/2020		Work	Physician Associates of Southwest Dallas 1441 N Beckley Ave, Dallas, Texas UNITED STATES
04/01/2020		Work	Pandia Health N/A Dallas, Texas UNITED STATES
04/01/2020		Work	Southwestern Womens Surgery Center 8616 Greenville Ave #101 Dallas, Texas UNITED STATES

End of Chronology of Activities report for: Moayedi, Ghazaleh Kinney

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Medical Education

fsmb

Medical Education

Medical School: **University of North Texas Health Science Center**

Location: Fort Worth, TX
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Verification of Medical Education

Federation of STATE MEDICAL BOARDS

Instruction to the Dean

Please complete both pages of this form, sign date and seal on the front page then return to:

Federation Credentials Verification Service
400 Fuller Wiser Road
Suite 300
Euless, TX 76039

The individual identified on the attached Authorization for Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution.

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover.

If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).

Institution Name: University of North Texas Health Science Center

Address Line 1: College of Osteopathic Medicine

Address Line 2: 3500 Camp Bowie Boulevard

City: Fort Worth **State/Province:** TX **Zip Code (Postal Code):** 761072699

Country: US

If name of institution was different when this individual attended, please note this name below:
N/A

Premedical Education:
Years of education required for admission to your medical school: 3
Credential/degree presented by the applicant for admission to your medical school: Bachelors of Arts

Enrollment and Participation: Our records indicate that Moayedi-Esfahani, Ghazaleh
(type/print individual's name: Last, First, Middle, Suffix)
attended our medical school for total of 198 weeks of medical education on the following dates: **From:** 07/28/2008 **To:** 05/19/2012
Month Day Year Month Day Year

This individual
Was awarded the degree of Doctor of Osteopathic Medicine on 05/19/2012
Month Day Year
Was NOT awarded a degree because: (please explain - additional page if necessary)

Attestation

Affix Institutional Seal Here

If no seal is available, this form must be notarized.

Watermark
For FCVS internal use only.

ELECTRONIC SEAL VERIFIED

Name: LaTarra Lewis

Signature: *LaTarra Lewis*

Title: Assistan Director, Enrollment and Records

Date of Signature: 11/28/2017 **Phone:** (817) 735-2201

Fax: (817) 735-0448 **Email:** registrar@unthsc.edu

213537574 2301 213537574

© 1996 Federation of State Medical Boards

Unusual Circumstances

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education? **No**

If Yes, please specify the reason(s) for, indicate the date of the interruptions(s) or extension(s) and check whether the Interruption/extension was approved or unapproved:

From Date: **To Date:**

Personal/Family_____

Academic remediation_____

Health _____

Financial _____

Participation in joint degree Program (e.g., MD/PhD)

Participation in non-research special study

(e.g., fellowship, international experience)_____

Participation in non-degree research _____

Other:

Other:

Please Specify:

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? **No**

If YES, please select the reason(s) for the probation, indicate the dates of placement on and removal from probation and attach additional documentation to this report:

From Date: **To Date:**

Academic Probation _____

Probation for unprofessional conduct/behavioral _____

Other:

Please specify a reason:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? **No**

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

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? **No**

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

5. Do this individual's official records 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? **No**

If YES, please provide detailed documentation/information about the nature of the limitations or special requirement:

400 FULLER WISER ROAD | SUITE 300 | EULESS, TX 76039 TEL(817)868-5000 FAX(817)868-5099

© 1996 Federation of State Medical Boards

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Medical School

Medical Professional Name: Moayedi, Ghazaleh Kinney

University of North Texas Health Science Center

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: Moayedi, Ghazaleh Kinney

© 1996 FEDERATION OF STATE MEDICAL BOARDS

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

University of North Texas Health Science Center at Fort Worth

Texas College of Osteopathic Medicine

Be it Known That

Ghazaleh Kinney Moayedi

having successfully completed the prescribed course of study and having fulfilled all requirements for graduation is hereby awarded the degree of

Doctor of Osteopathic Medicine

and is entitled to all rights and privileges pertaining to that degree.
In testimony whereof the Board of Regents of the University of North Texas System and the Faculty of the University of North Texas Health Science Center at Fort Worth, by virtue of the authority conferred upon them by the State of Texas, have granted this diploma.
Dated at Fort Worth, Texas, this nineteenth day of May, Two thousand and twelve.

Chancellor

ELECTRONIC SEAL VERIFIED

President

Chairman of the Board of Regents

Dean, Texas College of Osteopathic Medicine

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Postgraduate Training

fsmb

Postgraduate Training

Accreditation ID: **2204811315**

Institution: **Texas Tech University Health Sciences Center-PLFSOM Program**

Location: El Paso, TX
UNITED STATES

Accreditation ID: **None**

Institution: **University of Hawaii John A. Burns School of Medicine**

Location: Honolulu, HI
UNITED STATES

Credentials Analysis Information for Postgraduate Training

Issue:
The Verification of Post Graduate Training Form from University of Hawaii John A. Burns School of Medicine dated 07/11/2016 to 06/30/2018 reported in the Chronology of Activities is not included in the Profile.

Solution(s):
FCVS does not obtain verification of non-accredited training programs.

Federation of STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Rd, Euless, TX 76039
Tel: (817) 868-5000 Fax: (817) 868-5099 Email: fcvsgme@fsmb.org

Verification of Postgraduate Medical Education

Institution: Texas Tech University Health Sciences Center Paul L Foster School of Medicine Pr

Specialty: Obstetrics & Gynecology

Address: El Paso, TX

Attention: **Program Director**

Affiliated University:

Verification For:

Name: Ghazaleh Kinney Moayedi
CONFIDENTIAL

DOB

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

☑ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: OBGYN

From: 07/01/12 To: 06/30/13

Successfully Completed?: ☑ Yes ☐ No ☐ In Progress

Accredited by: ☑ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

PGY: 2,3

☐ Internship ☑ Residency ☐ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: OBGYN

From: 7/1/2013 To: 06/30/15

Successfully Completed?: ☑ Yes ☐ No ☐ In Progress

Accredited by: ☑ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

PGY: 4

☐ Internship ☐ Residency ☑ Chief Residency ☐ Fellowship ☐ Research

Specialty/Subspecialty: OBGYN

From: 7/1/2015 To: 06/30/16

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 ☑ No
2. Was this individual ever placed on probation? ☐ Yes ☑ No
3. Was this individual ever disciplined or placed under investigation? ☐ Yes ☑ No
4. Were any negative reports for behavioral reasons ever filed by instructors? ☐ Yes ☑ 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 ☑ 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: Melissa Mendez, MD Signature: Melissa Mendez, MD

Title: Program Director Date of Signature: 11/21/2017

Tel: 915.215.5020 Fax: 915.215.8660 E-Mail: Melissa.Mendez@ttuhsc.edu

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

Applicant Reported Unusual Circumstances

Federation of STATE MEDICAL BOARDS

Graduate Medical Education

Medical Professional Name:	Moayedi, Ghazaleh Kinney
Accreditation ID:	2204811315
Institution:	Texas Tech University Health Sciences Center Paul L Foster School of Medicine Pr
Specialty:	Obstetrics & Gynecology

Unusual Circumstances

Training Period: 7/1/2012 - 6/30/2016 **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: Moayedi, Ghazaleh Kinney

© 1996 FEDERATION OF STATE MEDICAL BOARDS

Texas Tech University
Health Sciences Center

and affiliated hospitals

Be it known that

Ghazaleh Kinney Moayedi, D.O.

has satisfactorily served as

Obstetrics and Gynecology Resident

in El Paso

July 1, 2012 through June 30, 2016

Veronica Mallett, M.D.
Department Chair

Melissa Mendez, M.D.
Program Director

Richard Lange, M.D., M.B.A.
President, TTUHSC El Paso
Dean, Paul L. Foster SOM

Armando D. Meza, M.D.
Associate Dean – GME

J. Manuel de la Rosa, M.D., MSC
Provost
VP Academic Affairs

Generated by Docufy http://bit.ly/Docufy

Licensure / Examinations

Exam: USMLE

Exam: NBOME - Comlex
Level 1

Exam: NBOME - Comlex
Level 2 CE

Exam: NBOME - Comlex
Level 2 PE

Exam: NBOME - Comlex
Level 3

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: 05/13/2020

Federation Credentials Verification Service
ATTN: FCVS

FCVSID: 397573

Examinee: Moayedi, Ghazaleh Kinney
Alt Name(s): Moayedi-Esfahani, Ghazaleh

Examinee ID: 4-101-949-8
Date of Birth: CONFIDENTIAL

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
06/11/2010	Pass	CONFIDENTIAL		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/21/2011	Pass	CONFIDENTIAL		

End of Exam History

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this 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 Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Moayedi, Ghazaleh Kinney

Examinee ID: 4-101-949-8
Date of Birth: CONFIDENTIAL

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.

COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION - USA

Official Transcript

Federation Credentials Verification Svcs
Federation Place
400 Fuller Wiser Rd., Ste. 300
Euless, TX 76039-3855

Examinee: Moayedi-Esfahani, Ghazaleh
NBOME ID: 951263 **Date of Birth:** CONFIDENTIAL

EXAMINATION	DATE COMPLETED	PASS / FAIL	3 - DIGIT STANDARD SCORE	3 - DIGIT MINIMUM PASSING	2 - DIGIT STANDARD SCORE	2 - DIGIT MINIMUM PASSING	NOTE
Level 1							
	18-Jun-2010	Pass					
Level 2 Cognitive Evaluation (CE)							
	15-Jul-2011	Pass					
Level 2 Performance Evaluation (PE)							
	25-Aug-2011	Pass					
Level 3							
	18-Mar-2013	Pass					

CONFIDENTIAL

The National Board of Osteopathic Medical Examiners, Inc., does hereby certify the above to be a true report of the examinee.

Date Prepared: May 12, 2020

1145226011248616

-- please see reverse for information and description of notes -- v3.0

National Board of Osteopathic Medical Examiners, Inc.
8765 West Higgins Road Suite 200 Chicago IL 60631-4174
Phone: 773/714-0622 Fax: 773/714-0631

213 537 574

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: FCVS As of Date:5/13/2020

PRACTITIONER INFORMATION

Name:	Moayedi, Ghazaleh Kinney
Alternate Name(s):	Moayedi-Esfahani, Ghazaleh
DOB:	CONFIDENTIAL
Medical School:	University of North Texas Health Science Center Fort Worth, Texas, UNITED STATES
Year of Grad:	2012
Degree Type:	DO
NPI:	1639435662

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
1639435662	Individual			04/27/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	DO-1678	01/23/2017	12/31/2020	04/24/2020
HAWAII	DOS-1714	01/14/2016	06/30/2020	04/27/2020
TEXAS	BP10044667	07/01/2012	06/30/2016	05/01/2020
TEXAS	R6051	02/16/2018	02/28/2021	05/01/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FM7880924	22N 33N 4 5	DALLAS,TX 75237	01/31/2021	04/10/2020

© 2014 FEDERATION OF STATE MEDICAL BOARDS

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	FCVS	As of Date:5/13/2020
Practitioner Name:	Moayedi, Ghazaleh Kinney	

ABMS® CERTIFICATION HISTORY

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Certification Type:	General
Certification Status:	Certified
Participating in MOC:	Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Expired	Time Limited	02/25/2019	12/31/2019		Initial	04/30/2020
Active	Time Limited	12/31/2019	12/31/2020		Recertification	04/30/2020

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

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.

FCVS FEDERATION CREDENTIALS VERIFICATION SERVICE

NPDB Report

MOAYEDI, GHAZALEH KINNEY **DCN: 5500000160473934**

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts **Continuous Query ID: 300000009045443**

Process Date: 5/13/2020

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

MOAYEDI, GHAZALEH KINNEY - CONTINUOUS QUERY RESPONSE

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

Practitioner Name:	MOAYEDI, GHAZALEH KINNEY MOAYEDI-ESFAHANI, GHAZALEH
Date of Birth:	CONFIDENTIAL
Gender:	FEMALE
Work Address:	OBGYN DEPT 4800 ALBERTA AVE EL PASO, TX 79905
Home Address:	CONFIDENTIAL
Social Security Numbers (SSN):	
National Provider Identifiers (NPI):	1639435662
Drug Enforcement Administration (DEA) Numbers:	FM7880924
License(s):	Osteopathic Physician (DO), BP10044667, TX Osteopathic Physician (DO), DO-1678, AL Osteopathic Physician (DO), DOS-1714, HI Osteopathic Physician (DO), R6051, TX
Professional School(s):	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER (2012)
Subject ID:	213537574

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status:	Enrolled - 5/13/2020 - 5/31/2021* * Unless enrollment is canceled by the entity prior to this date
Statutes Queried:	Title IV, Section 1921, Section 1128E
Entity Name:	Kansas State Board of Healing Arts
Authorized Agent:	Federation of State Medical Boards, (817) 868 - 4000
Customer Use:	213537574

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 5/13/2020

The following report types have been searched:

Medical Malpractice Payment Report(s): No Reports Health Plan Action(s): No Reports

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

© 2017 FEDERATION OF STATE MEDICAL BOARDS

MOAYEDI, GHAZALEH KINNEY **DCN: 5500000160473934**

FOR AUTHORIZED USE BY: Kansas State Board of Healing Arts **Continuous Query ID: 300000009045443**

State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
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

© 2017 FEDERATION OF STATE MEDICAL BOARDS

UA UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Postgraduate Training Verification (UA Form #3)

RECEIVED
JUL · 7 2020
KSBHA

Applicant: Complete this form as instructed in the left sidebar.
Program Director or Designated Official: Complete as instructed in the left sidebar.

Applicant:

This form is not needed if you are using FCVS for credentials verification.

Complete Section 1 and fill in your name at the top of page 2. Type or print legibly.

Send this form to the current Program Director of your postgraduate training program.

Copy this form for multiple training programs.

Section 1: Applicant Information

Last name: Moayedi Suffix: _____

First name: Ghazaleh

Middle name: _____

Name if different when diploma awarded: _____

Name of postgraduate training program: University of Hawaii - Family Planning Fellowship

Date of birth: CONFIDENTIAL Social Security number*: CONFIDENTIAL

**The social security number is to be used for purposes of identification only and may not be used for any other reason.*

Waiver for Release of Information: I authorize the postgraduate training program listed above to provide any and all information pertaining to my medical education at that institution to the Board listed below. I request that the Program Director or a designated official complete Section 2 of this form and send it to the Board listed below at the given address.

Board name: Kansas State Board of Healing Arts
Mailing address: 800 SW Jackson, Lower Level – Suite A
City/State/Zip: Topeka, KS 66612

Applicant signature: _____ Date: 6/27/2020

Dean or Designated Official:

Please complete Section 2. Report incomplete years separately from those that were completed successfully. Report each Internship, Residency, and Fellowship separately.

Use one section per specialty/subspecialty. Provide a schedule of rotations if the specialty/ subspecialty is rotating/transitional.

Make copies and attach additional pages if necessary.

Send this form to the Kansas State Board of Healing Arts at the address listed in Section 1 with any added documentation, if applicable.

Section 2: Postgraduate Training Verification

Institution name: University of Hawaii - Family Planning Fellowship

Institution address: 1319 Punahou St. Suite 801

Institution city / state or province / zip code: Honolulu, HI, 96826

Affiliated medical school name: John A. Burns School of Medicine

Institution / school name if different when the applicant attended: _____

Postgraduate year (e.g., 1, 2, 3, etc.): 5-6 ☐ Internship ☐ Residency ☑ Fellowship
☐ Research ☐ Chief Residency ☐ Other: _____

Specialty/Subspecialty: Family Planning

Attendance dates: From July 2016 to June 2018

Successfully completed*? ☑ Yes ☐ No ☐ In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC
☐ RCPSC ☐ APPAP ☑ None of these

DO NOT SEND THIS FORM TO FCVS/FSMB.
© July 2014 Federation of State Medical Boards

Applicant Name: Ghazaleh Moayedi

Postgraduate year (e.g., 1, 2, 3, etc.): _____ ☐ Internship ☐ Residency ☐ Fellowship
☐ Research ☐ Chief Residency ☐ Other: _____

RECEIVED
JUL 7 2020
KSBHA

Specialty/Subspecialty: _____

Attendance dates: From _____ to _____

Successfully completed*? ☐ Yes ☐ No ☐ In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Postgraduate year (e.g., 1, 2, 3, etc.): _____ ☐ Internship ☐ Residency ☐ Fellowship
☐ Research ☐ Chief Residency ☐ Other: _____

Specialty/Subspecialty: _____

Attendance dates: From _____ to _____

Successfully completed*? ☐ Yes ☐ No ☐ In progress with expected completion date of _____

**In each year of training, did the applicant demonstrate sufficient academic and clinical ability to qualify for advancement without conditional or probationary status to the next year and next progressive level of responsibility in a designated specialty program?*

Accredited by: ☐ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Please explain any "Yes" response on an additional page or in the blank sidebar area above.

Unusual Circumstances

1. Did this individual ever take a leave of absence or break from his/her training?	☐ Yes ☑ No
2. Was this individual ever placed on probation?	☐ Yes ☑ No
3. Was this individual ever disciplined or placed under investigation?	☐ Yes ☑ No
4. Were any negative reports for behavioral reasons ever filed by instructors?	☐ Yes ☑ 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 ☑ No

Seal Verified KSBHA

I CERTIFY THAT to the best of my knowledge and belief, the foregoing is a true, accurate, and complete statement of the record of the individual named on this form.

AFFIX IN[illegible]E
(If no sea[illegible]st be notarized.)

Signature: _____
Print name: Krysten Kawamata
Title: Family Planning Fellowship Administrator
Date: 6/29/2020
Phone number: 808-203-6508 Fax number: 808-955-2174
Email: krystenm@hawaii.edu

© July 2014 Federation of State Medical Boards

University of Hawai'i, John A. Burns School of Medicine
Department of Obstetrics, Gynecology and Women's Health
Kapi'olani Medical Center for Women & Children
1319 Punahou Street, Suite 824, Honolulu, HI 96826

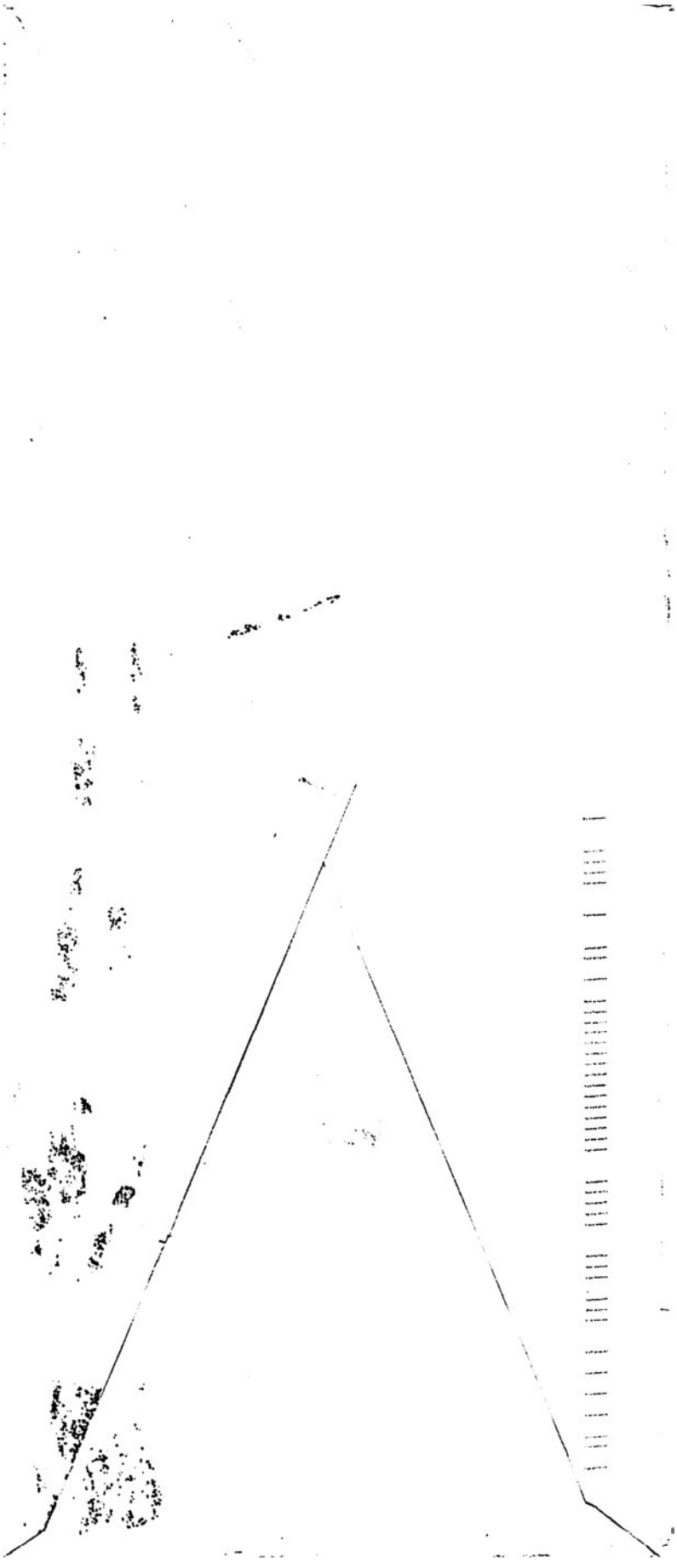
HONOLULU
HI 968
30 JUN '20
PM 1 L

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $000.50⁰
0000654979 JUN 29 2020
MAILED FROM ZIP CODE 96813

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level - Suite A
Topeka, KS 66612

RECEIVED
JUL 7 2020
KSBHA

66612-124473



State of Alabama

Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer
Karen Silas, Executive Assistant

05/05/2020

Kansas State Board of Healing Arts
800 SW Jackson Street
Lower Level, Suite A
Topeka, KS 66612-

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)
Ghazaleh Kinney Moayedi

Date of Birth: CONFIDENTIAL

License Number: **DO.1678**

Current Status: **Active**

Date Issued: **01/23/2017**

Basis of License: **NBOME/HI**

Expiration Date: **12/31/2020**

Medical School: **University of North Texas Health Science Center**

Location: **Fort Worth**

Date From/To: **06/08-05/12**

Disciplinary Actions:

[X] No

[ ] Yes, visit Public Actions at www.albme.org for documents.

Signature: George C. Smith Sr MD

George C. Smith, Sr., M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at http://www.albme.org.

From: bme@albme.org
To: KSBHA_Licensing
Subject: Verification Mail
Date: Tuesday, May 5, 2020 10:51:28 AM
Attachments: verification.pdf

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

please check the verification print

Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

KANSAS STATE BOARD OF HEALING ARTS
800 SW JACKSON, LOWER LEVEL STE A
TOPEKA, KS 66612-

June 16, 2020

For: KANSAS STATE BOARD OF HEALING ARTS

In response to a recent request, we verify the following information:

****

Physician: GHAZALEH MOAYEDI, DO
License: R6051
Date Issued: 02/16/2018
Licensed by:
Date of Birth: CONFIDENTIAL
Medical School: UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH
Graduation Year: 2012
Permit Expires: 02/28/2021

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

Disciplinary Status:

The board has not filed any formal complaints or statements of charges against this physician.

Investigation Status:

Not applicable.

****

If you have any further questions, please contact the Hearings division

Sincerely,
Chris McElrath
Customer Information Center
BOARD SEAL

From: Registrations
To: Brown, Tammy [BOHA]
Subject: Verification for Ghazaleh Moayedi, DO
Date: Tuesday, June 16, 2020 1:35:18 PM
Attachments: MOAYEDI, GHAZALEH.pdf

This sender might be impersonating a domain that's associated with your organization. Learn why this could be a risk Feedback

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Attached is a verification for Ghazaleh Moayedi, DO.

Registrations Department - CMM
Texas Medical Board
Registrations@tmb.state.tx.us
www.tmb.state.tx.us

DISCLAIMER
Any and all statements herein should not be construed as official policy or positions of the Texas Medical Board and are merely provided by Board staff for general guidance. No individual staff member is authorized to provide a binding opinion or statement for the full Board. Nothing herein should be construed as legal advice for any particular situation.

UA UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE

Affidavit and Authorization for Release of Information

Applicant: Follow the instructions in the left sidebar.
Send this notarized form to the Kansas State Board of Healing Arts,
800 SW Jackson, Lower Level - Suite A, Topeka, KS 66612

Applicant:

This is a separate form from the FCVS affidavit and release.

If you are using FCVS, you must complete both FCVS and UA affidavits. Send the FCVS affidavit to FCVS.

Sign this form with attached photo in the presence of a notary public.

Send this notarized affidavit to:

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level - Suite A
Topeka, KS 66612

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Uniform Application for Physician State Licensure and 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 my 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 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 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 Board, its agents or representatives, and any 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 of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice medicine being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice medicine.

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

MOAYEDI
Applicant's printed last name

GHAZALEH
Applicant's printed first name, middle initial, and suffix (e.g., Jr.)

5/8/2020
Date of signature (must correspond to date of notarization)

Notary

State of Texas County of Dallas

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 8th day of May 2020.

Notary Public Signature: Neal H Stout

My Notary Commission Expires: 9-2-2020

NEAL H. STOUT (NOTARY PUBLIC SEAL)
My Notary ID # 8082264
Expires September 2, 2020

© July 2014 Federation of State Medical Boards

Seal Verified KSBHA

ADDENDUM 1
KANSAS STATE BOARD OF HEALING ARTS

Select the discipline applying for and the license designation being requested.

☐ Medicine & Surgery ☑ Osteopathic Medicine & Surgery

☑ Active

A license issued to a person authorizing the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Applicants for active licensure must provide evidence of professional liability insurance (which will be in effect as of the date of licensure) in compliance with Kansas law before a license will be issued. Each active license may be renewed annually. Licensees must maintain and submit evidence of satisfactory completion of a program of continuing education. Licensees must maintain and submit evidence of professional liability insurance, and contribute to the Kansas Health Care Stabilization Fund (more information about this fund can be found here: https://hcsf.kansas.gov/).

☐ Federal Active

A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practiced that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

☐ Inactive

A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

☐ Exempt

A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect.

List intended professional activities: ___

Additional Information:

1. Have you ever been licensed to practice the Healing Arts in Kansas? ☐ Yes ☑ No
2. Give location of intended practice in Kansas TBD - Looking to expand my telemedicine practice, but also potentially an in-person position
3. Primary Specialty OB/GYN

American Board Certified ABOG American Board Eligible ___

REC 5/13/2020

ADDENDUM 2
KANSAS STATE BOARD OF HEALING ARTS

Please answer each of the following questions. All "yes" answers MUST be thoroughly explained in detail on a separate signed page. You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. It is imperative you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.

If you are unsure of your response to a question, check the "yes" box and submit the appropriate documentation. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty. Please be advised that a false response to any of these questions may be grounds for denial of licensure. If a question is not applicable, then check the "no" box.

1. Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training? Yes ☐ No ☑

2. Have you ever had any application for any professional license refused or denied by any licensing authority? Yes ☐ No ☑

3. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? Yes ☐ No ☑

CONFIDENTIAL

4. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?

5. Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?

6. **Have you ever been requested to resign,** withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?

7. Have you ever voluntarily surrendered any professional license? Yes ☐ No ☑

8. Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held? Yes ☐ No ☑

9. Have you ever been notified or requested to appear before a licensing or disciplinary agency? Yes ☐ No ☑

10. To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility? Yes ☐ No ☑

11. Has any professional association imposed any disciplinary action against you? Yes ☐ No ☑

CONFIDENTIAL

12. Do you currently have any physical or mental health condition (including alcohol or substance use) that impairs your judgment or would otherwise adversely affect your ability to practice your profession in a competent, ethical, and professional manner?

13. Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?

14. Have you ever surrendered your state or federal controlled substances registration, or had it revoked, suspended, or restricted in any way?

15. Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency? Yes ☐ No ☑

16. Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes ☐ No ☑

17. Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued. Yes ☐ No ☑

18. Have you ever been court martialed or discharged dishonorably from the armed services? Yes ☐ No ☑

19. Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself? Yes ☐ No ☑

20. Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company? Yes ☐ No ☑

21. Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company? Yes ☐ No ☑

It is your continued duty to update the Board on any changes once the application has been submitted.

RECEIVED 6-8-2020

ADDENDUM 2
KANSAS STATE BOARD OF HEALING ARTS

Please answer each of the following questions by putting a check (✓) in the appropriate box. All "yes" answers MUST be thoroughly explained in detail in a separate signed page. You are required to furnish complete details including date, place, reason and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.

If you are unsure of your response to a particular question, check (✓) the "yes" box and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest "yes" answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest "no" answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. If a question is not applicable, then check (✓) the "no" box. It is your continuing duty to update the Board on any changes once the application has been submitted.

1. ☐ Yes ☒ No Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training or educational program, including but not limited to medical school, prior to completing the training?

2. ☐ Yes ☑ No Have you ever had any application for any professional license refused or denied by any licensing authority?

3. ☐ Yes ☑ No Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?

CONFIDENTIAL

Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?

Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?

Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?

7. ☐ Yes ☑ No Have you ever voluntarily surrendered any professional license?

8. ☐ Yes ☑ No Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation, or had any other disciplinary action taken against any professional license you have held?

9. ☐ Yes ☑ No Have you ever been notified or requested to appear before a licensing or disciplinary agency?

10. ☐ Yes ☑ No To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?

11 ☐ Yes ☑ No Has any professional association imposed any disciplinary action against you?

CONFIDENTIAL

Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?

Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?

Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?

Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?

Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?

17. ☐ Yes ☑ No Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?

18. ☐ Yes ☑ No Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?

19. ☐ Yes ☑ No Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?

20. ☐ Yes ☑ No Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.

21 ☐ Yes ☑ No Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.

22. ☐ Yes ☑ No Have you ever been court-martialed or discharged dishonorably from the armed services?

23. ☐ Yes ☑ No Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?

24. ☐ Yes ☑ No Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or in a private insurance company?

25. ☐ Yes ☑ No Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance company?

From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: APPLICATION STATUS
Date: Monday, June 8, 2020 9:32:48 PM
Attachments: image001.png
Addendum #2.gm.pdf

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy -

CONFIDENTIAL

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Fri, May 22, 2020 at 10:44 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

CONFIDENTIAL

ADDENDUM 3

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612

Recommendations from Two Reputable Physicians

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

CONFIDENTIAL

Name of Applicant (Printed or Typed): Ghazaleh Moayedi **Date of Birth:** _____

Please mail this document to the Kansas State Board of Healing Arts at the address above. Thank you. DO NOT RETURN TO APPLICANT.

This is to certify that I have known Dr. Ghazaleh Moayedi (type or print) for 6 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Moayedi is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name: Jessica Gher

Profession: Please select one: MD ☐ DO ☑

CONFIDENTIAL

Street 1: _____

Street 2: _____

State/Zip: _____

Telephone: _____

Signature: 6.8.2020

Date:

From: Jessica Gher (AZ AZCOM 14)
To: Brown, Tammy [BOHA]
Subject: Reference Ghazaleh Moayedi
Date: Monday, June 8, 2020 10:03:13 PM
Attachments: ATT00001.htm
Addendum #3.gher.pdf

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

ADDENDUM 3

RECEIVED
JUL 20 2020
KSBHA

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612

Recommendations from Two Reputable Physicians

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

CONFIDENTIAL

Name of Applicant (Printed or Typed): Ghazaleh Moayedi **Date of Birth** _

Please mail this document to the Kansas State Board of Healing Arts at the address above. Thank you. DO NOT RETURN TO APPLICANT.

This is to certify that I have known Dr. Ghazaleh Moayedi (type or print) for 8 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Moayedi is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name: Jami Barnard

Profession: Please select one: MD☑ DO☐

CONFIDENTIAL

Street 1: _

Street 2: _

State/Zip: _

Telephone: _

Signature: [signature]

Date: 7/13/2020

Women's Health
TEXAS
Obstetrics · Gynecology · Fertility
999 E. Basse Road, Suite 100
San Antonio, TX 78209-1802

CONFIDENTIAL

SAN ANTONIO TX 780
RIO GRANDE DISTRICT
14 JUL 2020 PM 3 L

Kansas State Board of Healing Arts
800 SW Jackson, Lower level, Suite A
Topeka Kansas 66612

66612-124473

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for:	Uniform Application for Physician State Licensure	As of Date:5/5/2020

PRACTITIONER INFORMATION

Name:	Moayedi, Ghazaleh Kinney
Alternate Name(s):	Moayedi-Esfahani, Ghazaleh
DOB:	CONFIDENTIAL
Medical School:	University of North Texas Health Science Center Fort Worth, Texas, UNITED STATES
Year of Grad:	2012
Degree Type:	DO
NPI:	1639435662

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
1639435662	Individual			04/27/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ALABAMA	DO-1678	01/23/2017	12/31/2020	04/24/2020
HAWAII	DOS-1714	01/14/2016	06/30/2020	04/27/2020
TEXAS	BP10044667	07/01/2012	06/30/2016	05/01/2020
TEXAS	R6051	02/16/2018	02/28/2021	05/01/2020

US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FM7880924	22N 33N 4 5	DALLAS,TX 75237	01/31/2021	04/10/2020

© 2014 FEDERATION OF STATE MEDICAL BOARDS

PDC PHYSICIAN DATA CENTER

fsmb

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure

As of Date:5/5/2020

Practitioner Name: Moavedi. Ghazaleh Kinnev

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Expired	Time Limited	02/25/2019	12/31/2019		Initial	04/30/2020
Active	Time Limited	12/31/2019	12/31/2020		Recertification	04/30/2020

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

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.

WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ☐ *OR* have not ☑ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature

5/8/2020

Ghazaleh Moayedi

Printed Name

Date of Birth

CONFIDENTIAL

CONFIDENTIAL

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity: Driver's License ☑ Military ID ☐ State Issued ID Card ☐

State/Branch: Hi

ID Number:

CONFIDENTIAL

Agency Name: Budget Fingerprinting

Address: 1226 N. Belt Line Rd., Irving, TX 75061

Telephone: 214-529-8157 Fax: 800-204-6894

Name of Individual Verifying Identity: Ghazaleh Moayedi

AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.

CONFIDENTIAL

AOIA
AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION
142 E. Ontario Street Chicago, Illinois 60611-2864

OFFICIAL PHYSICIAN PROFII

Report Valid Only For KS - Kansas State Board of

ELECTRONIC MAIL: credentials@AOAp

Physician Name: Ghazaleh Moayedi-Esfahani, DO

Address: CONFIDENTIAL

Work Phone: CONFIDENTIAL

Birth Date:

Self-Designated Major Practice Focus: Obstetrics and Gynecology

Self-Designated Minor Practice Focus:

AOA Memberhip Status: Non-Member

The following information was obtained from the original issuing source of the credential, also known as the primary source

Predoctoral Education: Univ N Texas Health Science Center Texas College of Osteo Med.
Fort Worth TX

Year of Graduation: 2012

Postdoctoral Education: (Current and/or prior osteopathic postdoctoral internship and residency training programs, as well as ACGME-accredited allopathic residency training progran have been approved by the AOA. Additional information used for appointments and privileges is not solicited nor maintained. If more detailed information is r contact the program director.)

Internship:

Dates Attended:

Residency:

Dates Attended:

Please note: Some osteopathic physicians complete all or part of their postdoctoral training in allopathic programs accredited by the ACGME. Those programs attended that have been ver with the primary source are listed below. Check with the program director if residency does not appear.

Residency: Texas Tech Univ Hlth Sci Ctr - Obstetrics and Gynecology Residency
El Paso, TX

Dates Attended: 07/01/2012 - 06/30/2013 Verified

Residency: Texas Tech Univ Hlth Sci Ctr - Obstetrics and Gynecology Residency
El Paso, TX

Dates Attended: 07/01/2013 - 06/30/2014 Verified

Residency: Texas Tech Univ Hlth Sci Ctr - Obstetrics and Gynecology Residency
El Paso, TX

Dates Attended: 07/01/2014 - 06/30/2015 Verified

dency: Texas Tech Univ Hlth Sci Ctr - Obstetrics and Gynecology Residency
El Paso, TX

Dates Attended: 07/01/2015 - 06/30/2016 Verified

State	Date Granted	Expiration Date	Status	Date Last Reported to the AOA	** Contact Board for More Information
AL	01/23/2017	12/31/2018	Active	03/07/2018	

A product of the American Osteopathic Information Association (AOIA)
© 2020 by the American Osteopathic Association

2 E. Ontario Street Chicago, Illinois 60611-2864

ELECTRONIC MAIL: credentials@AOAp

HI	01/14/2016	06/30/2020	Active	10/01/2018
TX	02/16/2018	02/28/2021	Active	08/08/2019

*** A "yes" in this column indicates that the state board has, at some time, reported final disciplinary actions taken to the AOA. Since this information is histori never removed from the AOA physician record, the Report user should contact the state board directly for current detailed information.*

ertification by member oard(s) of the American oard of Medical pecialties ® (ABMS):

(The AOIA Official Osteopathic Physician Profile Report has been designated by the ABMS as an Official Display Agent and provides this primary source data o organization's behalf.)

		Date Granted	Expiration Date	Date Last Reported to the AOA
ABMS Member Board:	Obstetrics and Gynecology			
Primary Certification: :	Obstetrics and Gynecology	02/2019	12/2020	06/03/2020
ABMS Maintenance of Certification:	Meeting MOC requirements			

he above certifying board(s) has/have implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (I lease Note: For more information on MOC, please goto www.abms.org

ederal Drug Enforcement dministration: None Reported
***Please note:** Many states require their own controlled substance registration/license. Please check with your state licensing authority as the AOA does not n this information.*

ormer Name(s):

lease Note:

The content of this Official Physician Profile Report is intended to assist in the complete credentialing process by providing primary source verified information on physicians. Appropriate us nstrument in combination with your organization's documented credentialing policies and procedures meets the primary source requirements of the Healthcare Facilities Accreditation Prog (HFAP/AAHHS); the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC); The Joint Commission; URAC; and the National Association of Insurance Commissioners (NAIC). The I Committee for Quality Assurance (NCQA) recognizes the information included in this Report as meeting its DNV GL requirement for primary source verification of predoctoral education, postdoctoral education and specialty board certification.

If you find any discrepancies, please mark them on a copy of this report and email to the AOIA credentials@AOAprofiles.org. Thank you.

A product of the American Osteopathic Information Association (AOIA)
© 2020 by the American Osteopathic Association

A product of the American Osteopathic Information Association (AOIA)
© 2020 by the American Osteopathic Association

OFFICIAL RECEIPT
KANSAS BOARD OF HEALING ARTS
800 SW Jackson, Lower Level-Suite A
Topeka, KS 66612
(785) 296-7413

RECEIPT NUMBER: 622349 DATE: 05/13/2020

NAME:	LICENSE TYPE:	FEE:	LIC #:
GHAZALEH MOAYEDI	DO	APP $300 KBI $47	5.13.2020

AMOUNT: 347.00 TYPE: Check CH/CC #: 633

RECEIVED FROM:

CONFIDENTIAL

CONFIDENTIAL

1 LBS 1 OF 1
SHP WT: 1 LBS
DATE: 11 MAY 2020

SHIP TO: KANSAS STATE BOARD OF HEALING ARTS
LOWER LEVEL
STE A
800 SW JACKSON ST

TOPEKA KS 66612-1244

KS 666 0-01

UPS GROUND
TRACKING #: 1Z A91 19T 03 4715 9084

BILLING: P/P

RECEIVED
MA t 3 2020
KSBHA

ISH 13.00N ZZP 450 20.5U 04/2020

KANSAS STATE BOARD OF HEALING A
800 SW JACKSON ST
STE A
TOPEKA KS 66612

P:GREEN S:GRN L:GRN
G6-3168
1ZA9119T0384716 9084

Kansas State Board of Healing Arts
800 SW Jackson, Lower Level, Suite A
Topeka, KS 66612

Phone: 785/296-7413
Toll Free: 888/886-7205
www.ksbha.org

RECEIVED
MAY 13 2020
KSBHA

KANSAS
BOARD OF HEALING ARTS

KANSAS LICENSURE APPLICATION ADDENDUM INSTRUCTIONS MEDICINE & SURGERY (MD) and OSTEOPATHIC MEDICINE & SURGERY (DO)

Please visit www.ksbha.org for all statutes and regulations

Completing the Kansas Licensure Addendum

Complete each addendum as instructed. Please type or print your responses. Return the completed addenda along with any and all supporting documentation to the Kansas State Board of Healing Arts at the address above.

☑ **Addendum 1** — These questions must be completed by the applicant.

☑ **Addendum 2** — Each question must be completed by the applicant. Documentation must be provided for any "yes" answer(s). **It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant.**

☑ **Addendum 3** — The applicant's full name and date of birth should be printed in the spaces provided on both pages. Two (2) recommendations by licensed physicians that can attest to the applicant's good moral character, and who have known the applicant for at least one year are required. The completed forms must be **returned directly to the Board.** Two (2) forms have been provided for your convenience.

☒ **Addendum 4** N/A — This form must be completed by the applicant. All applicants for licensure in the State of Kansas must request a disciplinary inquiry report from the Federation of State Medical Boards (FSMB). Once this form has been completed, you may email it to the FSMB at boardinquiry@fsmb.org.

If you are using FCVS, do not complete this form. They will obtain your disciplinary report and send it to the Board.

☑ **Addendum 5** — Effective January 1, 2009, applicants to practice the healing arts will be required to submit their fingerprints for state and national criminal history background checks. Addendum 5 explains in detail how to obtain and submit fingerprints to the Board.

Be aware that fingerprint processing may delay your application. Please make it a PRIORITY to complete the fingerprint process. Complete, sign and return the *Waiver Agreement and Statement* form directly to the Board.

☑ **Credit Card Payment Authorization Form** — This form should be used by applicants for payment of the Kansas application fee by credit card. Please enter the required information and return the form directly to the Board at the address above.

UNIFORM APPLICATION FOR PHYSICIAN STATE LICENSURE CHECKLIST

After completing the Uniform Application, you are responsible for submitting certain documents. There are two checklists below; one to use if you are using the Federation Credentials Verification Service (FCVS) and one to use if you are not using FCVS. Please use the checklist that applies to you.

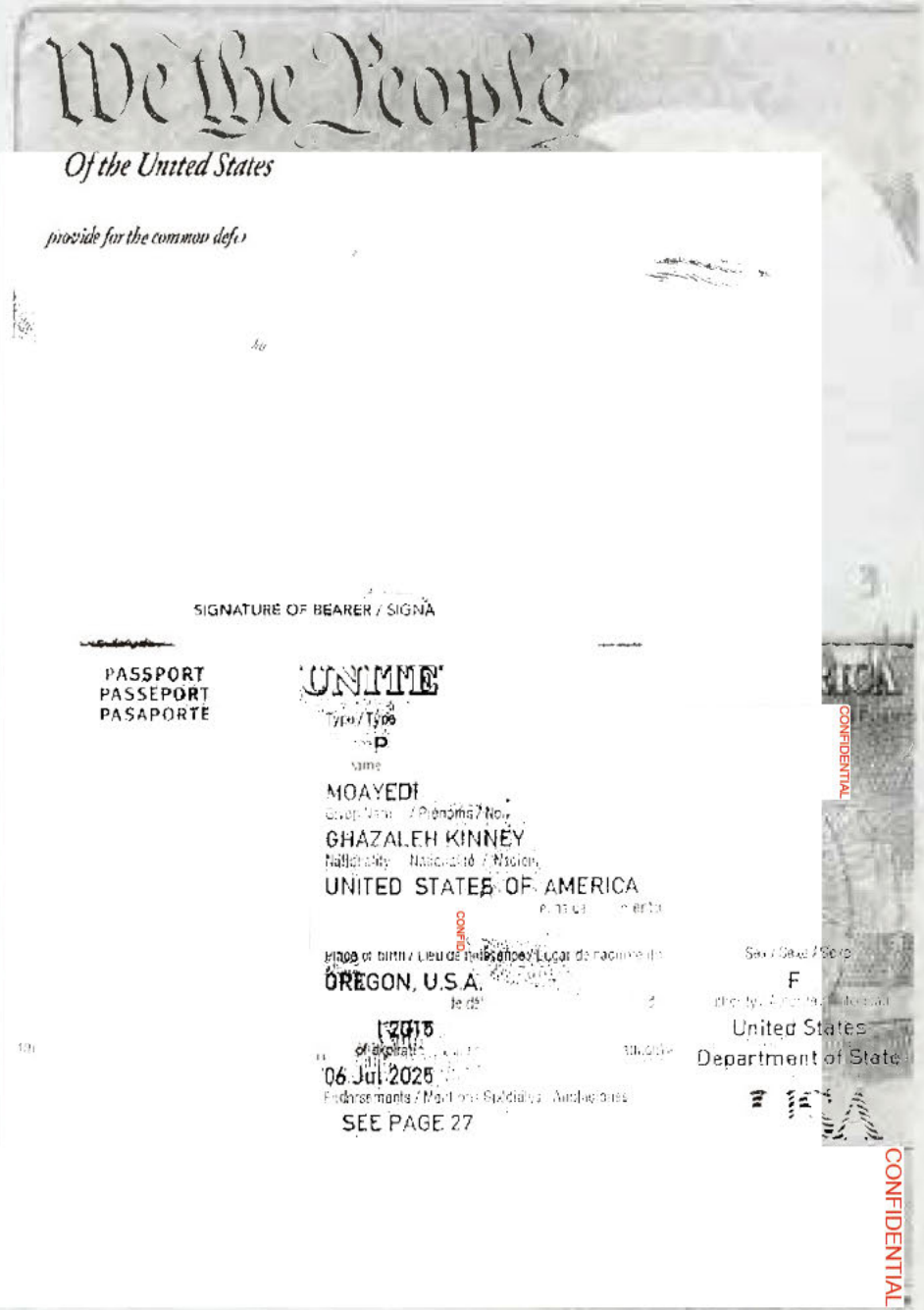
	NOT using FCVS to verify credentials	Using FCVS to verify credentials
Completed Uniform Application (UA).	☐	☑
Completed state addenda and fees (licensure fee of $300 plus National Practitioner Data Bank Report fee of $3) sent to the Board.	☐	☑
Notarized UA Affidavit and Authorization for Release of Information form sent to the Board.	☐	☑
UA Licensure Verification form sent to the Board from each state board through which you have ever held any physician license if KSBHA is unable to verify the license.	☐	☑
American Medical Association or American Osteopathic Information Association report sent to the Board from the AMA or AOIA.	☐	☑
Fingerprint card.	☐	☑
Notarized copy of birth certificate or current, valid passport sent to the Board.	☐	Completed via FCVS
Supporting documentation of any legal name change sent to the Board.	☐	Completed via FCVS
Medical Education Verification form sent to the Board from all medical schools attended.	☐	Completed via FCVS
Medical School Transcripts sent to the Board by your medical school(s).	☐	Completed via FCVS
Notarized copy/copies of medical school diploma sent to the Board.	☐	Completed via FCVS
Postgraduate Training Verification form sent to the Board from all programs you attended.	☐	Completed via FCVS
Copy of your postgraduate training certificate(s) sent to the Board.	☐	Completed via FCVS
Fifth Pathway form (if applicable) sent to the Board from the medical school and institution - include a copy of your diploma (must be sealed by your school).	☐	Completed via FCVS
Examination Transcripts sent to the Board.	☐	Completed via FCVS
ECFMG Status Report (if applicable) sent to the Board.	☐	Completed via FCVS
Notarized copy of ECFMG Certificate (if applicable) sent to the Board.	☐	Completed via FCVS

5/8/2020
This is a true and certified copy of the original document.

Neal H Stout

NEAL H STOUT
My Notary ID # 6082264
Expires September 2, 2020

Seal Verified KSBHA



From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: KANSAS MISSING REQUIREMENT LETTER
Date: Tuesday, May 12, 2020 9:51:47 AM
Attachments: image001.png

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Best,

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Tue, May 12, 2020 at 9:30 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

CONFIDENTIAL

> Tammy Brown
>
> Senior Administrative Assistant
>
> Licensing Division
>
> Kansas State Board of Healing Arts
>
> 800 SW Jackson, Lower Level, Ste A
>
> Topeka, KS 66612
>
> Tammy.brown@ks.gov
>
> www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

ADDENDUM 3

RECEIVED
JUN 15 2020
KSBHA

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Suite A
Topeka, Kansas 66612

Recommendations from Two Reputable Physicians

The KSBHA requires two (2) recommendations from licensed physicians. Persons attesting to the good character of the applicant are attesting to the fact that they have known the applicant for at least one (1) year.

CONFIDENTIAL

Name of Applicant (Printed or Typed): Ghazaleh Moayedi **Date of Birth:**

Please mail this document to the Kansas State Board of Healing Arts at the address above. Thank you. DO NOT RETURN TO APPLICANT.

This is to certify that I have known Dr. Ghazaleh Moayedi (type or print) for 6 years; that he/she is a capable physician and is not addicted to alcohol or drugs.

I further certify that to the best of my knowledge and belief Dr. Moayedi is a fit and proper person for endorsement for license by the Kansas State Board of Healing Arts.

(Please type or print)

Name: Jessica Gher

Profession: Please select one: MD☐ DO☑

CONFIDENTIAL

Street 1:

Street 2:

State/Zip:

Telephone:

Signature:

Date: 06.08.2020

CONFIDENTIAL

PHOENIX AZ 852

09 JUN 2020 PM 9 L

Kansas State Board of Healing Hearts
800 SW Jackson Lower Level Suite A
Topeka Kansas 66612

RECEIVED
JUN 15 2020
KSBHA

66612$1216 C006

[illegible]

From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: APPLICATION STATUS
Date: Saturday, June 27, 2020 8:51:58 PM
Attachments: image001.png

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy!

CONFIDENTIAL

Best,

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Mon, Jun 15, 2020 at 7:23 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

> Dr. Moayedi,

CONFIDENTIAL

> Thanks,

Tammy Brown

Senior Administrative Assistant

Licensing Division

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Ste A

Topeka, KS 66612

Tammy.brown@ks.gov

www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Ghazaleh Moayedi CONFIDENTIAL
Sent: Monday, June 8, 2020 9:32 PM
To: Brown, Tammy [BOHA] <Tammy.Brown@ks.gov>
Subject: Re: APPLICATION STATUS

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy -

CONFIDENTIAL

CONFIDENTIAL

Ghazaleh Moayedi, DO, MPH, FACOG

she/her/hers

On Fri, May 22, 2020 at 10:44 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

> Dr. Moayedi,

CONFIDENTIAL

> Thanks,
>
> Tammy Brown
>
> Senior Administrative Assistant
>
> Licensing Division

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Ste A

Topeka, KS 66612

Tammy.brown@ks.gov

www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily

represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: APPLICATION STATUS
Date: Friday, July 10, 2020 1:58:57 PM
Attachments: image001.png

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Mon, Jun 29, 2020 at 6:16 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

> Dr. Moayedi,

CONFIDENTIAL

> Thanks,
>
> Tammy Brown
>
> Senior Administrative Assistant
>
> Licensing Division
>
> Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Ste A

Topeka, KS 66612

Tammy.brown@ks.gov

www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever

regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Ghazaleh Moayedi CONFIDENTIAL
Sent: Saturday, June 27, 2020 8:52 PM
To: Brown, Tammy [BOHA] <Tammy.Brown@ks.gov>
Subject: Re: APPLICATION STATUS

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy!

CONFIDENTIAL

Best,

Ghazaleh Moayedi, DO, MPH, FACOG

she/her/hers

On Mon, Jun 15, 2020 at 7:23 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

> Dr. Moayedi,

CONFIDENTIAL

> Thanks,
>
> Tammy Brown
>
> Senior Administrative Assistant
>
> Licensing Division
>
> Kansas State Board of Healing Arts
>
> 800 SW Jackson, Lower Level, Ste A
>
> Topeka, KS 66612
>
> Tammy.brown@ks.gov
>
> www.ksbha.org
>
> Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Ghazaleh Moayedi CONFIDENTIAL
Sent: Monday, June 8, 2020
To: Brown, Tammy [BOHA] <Tammy.Brown@ks.gov>
Subject: Re: APPLICATION STATUS

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Hi Tammy -

CONFIDENTIAL

Ghazaleh Moayedi, DO, MPH, FACOG

she/her/hers

On Fri, May 22, 2020 at 10:44 AM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

Dr. Moayedi,

CONFIDENTIAL

Thanks,

Tammy Brown

Senior Administrative Assistant

Licensing Division

Kansas State Board of Healing Arts

800 SW Jackson, Lower Level, Ste A

Topeka, KS 66612

Tammy.brown@ks.gov

www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.

From: Ghazaleh Moayedi
To: Brown, Tammy [BOHA]
Subject: Re: APPLICATION STATUS
Date: Monday, July 13, 2020 2:53:58 PM
Attachments: image001.png

EXTERNAL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

CONFIDENTIAL

Ghazaleh Moayedi, DO, MPH, FACOG
she/her/hers

On Mon, Jul 13, 2020 at 12:08 PM Brown, Tammy [BOHA] <Tammy.Brown@ks.gov> wrote:

> Dr. Moayedi,

CONFIDENTIAL

> Thanks,
>
> Tammy Brown
>
> Senior Administrative Assistant
>
> Licensing Division
>
> Kansas State Board of Healing Arts
>
> 800 SW Jackson, Lower Level, Ste A

Topeka, KS 66612

Tammy.brown@ks.gov

www.ksbha.org

Phone: 785-296-8824

Fax: 785-296-0852

****The Kansas State Board of Healing Arts is committed to service excellence. Please complete the Licensing Customer Satisfaction Survey to evaluate your experience.****

Confidentiality Notice: This message is from the Licensing Division of the Kansas State Board of Healing Arts and is intended only for the addressee. The information contained in this message is confidential, may be attorney-client privileged, may be privileged work product, may constitute protected health information not subject to disclosure under applicable federal or state laws, and is intended only for the use of the addressee. Unauthorized forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error. E-mail is not a secure medium and there is no guarantee e-mail information will remain confidential. If you would prefer not to receive future communication by e-mail, please notify the sender, Tammy Brown, Licensing Analyst, Kansas State Board of Healing Arts.

The Kansas State Board of Healing Arts does not issue advisory opinions or render legal advice or services. Any and all statements herein should not be construed as legal advice relating to your particular situation or the establishment of an attorney-client relationship. Any information provided by Board staff is for general guidance and does not necessarily represent the opinions or position of the Board. The Kansas State Board of Healing Arts disclaims any and all responsibility and makes no warranties or representations whatsoever regarding the quality, content, completeness, or adequacy of the information provided on

this matter. Board staff recommends you obtain independent legal counsel for an application of the law to your particular situation.