

## MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Ghazaleh Kinney Moayed  
First Middle Last

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1639435662

Medical Board Name KANSAS STATE BOARD OF HEALING ARTS

Member Board License Number 05-46043

Date License Issued 8/30/2022  
mm/dd/yyyy

Date of Expiration 10/31/2023  
mm/dd/yyyy

Member Board Signature *Ronda Bohannon*

Name Ronda Bohannon

Date 8/30/2022

## Application for Renewal Licensure

I attest that I am qualified and eligible to Renew my license through the Compact. **Yes**

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

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

I understand pursuant to IMLC rules, all fees are non-refundable. **Yes**

Full Legal Name Ghazaleh , Kinney , Moayedi ,

NPI 1639435662 State of Renewal KANSAS BOARD OF HEALING ARTS

License # 05-46043

Renewal Cost \$330.00 Late Fees    

I understand the statutes and regulations related to the Renewal of my license. I attest that I am in compliance with these rules. **Yes**

I have maintained a full and unrestricted license in my State of Principal License (primary state of LOQ) **Yes**

SPL TEXAS MEDICAL BOARD License# R6051 Expiration    

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

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

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

## ATTESTATION

I, Ghazaleh Kinney Moayedi the undersigned, hereby attest and certify that I am the person named in this APPLICATION FOR RENEWAL OF MEDICAL LICENSE IN AN IMLC MEMBER STATE THROUGH THE IMLC ("Renewal Application") that I have submitted, that all statements I have made or shall make with respect thereto are true, and that all statements, representations, documents, forms, or copies thereof furnished or to be furnished with respect to my Renewal Application are strictly true in every aspect.

I hereby apply to KANSAS STATE BOARD OF HEALING ARTS ("Member Board") and further authorize the Member Board to process my Renewal Application for renewal of medical licensure by the Member Board, and I hereby release, discharge, and exonerate the Member Board, the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Board.

I acknowledge that I have read, understand and answered all questions contained in the Renewal Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to a refusal to renew a medical license or permit, or disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I understand and acknowledge that the Member Board may require submission of information in addition that provided with this Renewal Application; that I am required to comply with all of the Member Board's continuing professional development or medical education requirements; and, that my failure to submit such information to the Member Board, or to comply with the Member Board's continuing professional development or medical education requirements, may constitute grounds for revocation of, or other disciplinary action against, the medical license issued to me and renewed by the Member Board in response to this Renewal Application.

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

I will immediately notify the SPL, the Member Board, and the Commission in writing of any changes to the answers to any of the questions contained in the Renewal Application if such a change occurs at any time prior to a medical license being renewed by the Member Board.

I understand my failure to answer questions contained in the Renewal Application truthfully and completely may lead to denial of my renewal of a medical license in the Member Board, and revocation of, or other disciplinary action against, my license(s) or permit(s) to practice medicine in one or more Compact Member States.

Applicant's Signature

*Ghazaleh Moayedi*

Applicant's Name Ghazaleh Moayedi

Applicant's National Provider Identifier (NPI) Number 1639435662

Date 8/30/2022

**PHYSICIAN'S CORE DATA SHEET**

*(Must be the physician's accurate information to avoid delay or rejection)*

Personal Email Address drgmoayed@gmail.com

# CONFIDENTIAL

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number **CONFIDENTIAL**

Physician's office or practice telephone number of public record (512) 643 - 4760

1. The majority of my practice is in:

- Direct Patient Care      **No**
- Telemedicine                **Yes**
- Teaching                      **No**
- Research                      **No**
- Other (explain)              **No**

2. In what cities do you practice medicine?

Name	Code (State)
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3. Did you find the IMLC license process beneficial?

- Strongly Agree              **No**
- Agree                         **Yes**
- Neutral                        **No**
- Disagree                      **No**
- Strongly Disagree         **No**