VanCourt, Charles M (DOH)

From: IMLCC Support <imlccsupport@imlcc.com>
Sent: Friday, February 4, 2022 8:15 AM
To: DOH HSQA Credentialing Compact
Subject: New Physician License: Ghazaleh Moayedi

Importance: Low

External Email

Greetings! You have a new Physician qualified to practice on your Board.
INSTRUCTIONS:
Please click the link to download and review the physicians documentation to issue a license.

https://imlcc.crm.dynamics.com/main.aspx?appid=9e5f479e-0f6c-494e-99c7-abb5e5e1c74d&pagetype=entityrecord&etn=new_physicianlicense&id=31c28193-d585-ec11-8d21-00224808a9df

Please issue a license per your system.

When you have issued a license please click on the link again and complete the Medical License form for the records.

Thank you!

IMLCC

Washington State Department of Health

391-

OSTEOPATHIC PHYSICIAN & SURGEON

Revenue Section

Print Name Micayeri, Gha.

Return this Portion with Check & Application

1B 0252070000 00429

3/2/22-01-8602-S1187

INTERSTATE MEDICAL LICENSURE COMMISSION

ADDRESS: PO Box 1099
Olympia, WA 98507-1099

PHONE: 360-236-4700
FAX: 360-236-4818
EMAIL: Tessa.Everett@doh.wa.gov, Jaclyn.Rabourn@doh.wa.gov, Charlotte.Krentler@doh.wa.gov, HSQACredCompact@doh.wa.gov

Statement

STATEMENT#: 2022-032_WA_DO
DATE: February 22, 2022
STATE BOARD: WASHINGTON STATE BOARD OF OSTEOPATHIC PHYSICIAN AND SURGEON

PAID BY: INTERSTATE MEDICAL LICENSURE COMMISSI
MARSCHALL SMITH, EXECUTIVE DIRECTOR
5401 SOUTH PRINCE STREET, SUITE 111
LITTLETON, CO 80120

REMITTANCE AMOUNT ENCLOSED $ 3,005.00

PAYMENT NOTES
1. Remittance paid when completed
2. Send paper check to:

Washington State Board of Osteopathic Physician and Surgeon, Department of Health, PO Box 1099, Olympia, WA 98507-1099

TRANSACTION TYPE	PAYMENT DATE	AMOUNT	DOCTOR NAME	NOTES
Renewal	2/7/2022 4:49	$ 441.00	CIPRIANO, SHERRY CATHERINE	
LOQ	2/5/2022 6:45	$ 300.00	DANG, ANNA MARGARET	
Renewal	2/9/2022 4:29	$ 441.00	DEVONO III, JOSEPH	
LOQ	2/7/2022 10:31	$ 300.00	Hiam, Sarah Ellen	
Initial	2/9/2022 3:40	$ 391.00	Fabara, Sabrina	
LOQ	2/9/2022 4:49	$ 300.00	Jacobs, Michelle M	
Renewal	2/9/2022 11:09	$ 441.00	Lubinsky, William ALAN	
Initial	2/4/2022 4:15	$ 391.00	Moayedi, Ghazaleh Kinney	

TOTAL ADJUSTMENTS $

REMINDER:

TERMS: Balance due in 30 days.

RECEIVED
MAR 03 2022
DOH/HSQA/OCS
CREDENTIALING

REMITTANCE	
CUSTOMER NAME:	WASHINGTON STATE BOARD OF OSTEOPATHIC PHYSICIAN AND SURGEON
PAYMENT TRANSACTION#:	CK #0865
STATEMENT#:	2022-032_WA_DO
DATE:	February 22, 2022
AMOUNT DUE:	$ 3,005.00
AMOUNT SENT:	$ 3,005.00

TRANSACTION TYPE:

LOQ = the member board's fee to act as the State of Principal License (SPL) = will always be $300.00

Initial = the member board's fee for issuing a license that comes from an original IMLCC application

Additional = the member board's fee for issuing a license that comes from a subsequent IMLCC application requesting additional licenses

Renewal = the member board's fee charged for renewing the IMLCC license

Adjustment = <with the appropriate fee name from above> = a change made for activity outside of the normal processing for the Remittance Statement

Interstate Medical Licensure Compact

IMLCC
5401 S. Prince Street, Office 111
Littleton, Colorado 80120

DENVER CO 802
23 FEB 2022 PM 4 L

Washington State Board of Osteopathic Physician & Surgeon
Department of Health
PO Box 1099
Olympia WA 98507-1099

RECEIVED
MAR 03 2022
DOH/HSQA/OCS
CREDENTIALING

98507-10999

Interstate Medical Licensure Compact
A faster pathway to medical licensure

Application for Expedited Licensure

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

If you have questions please call your State of Principle License

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

Please carefully review the Application documents before applying. **Yes**

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

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

SPL **ALABAMA BOARD OF MEDICAL EXAMINERS** License # **DO-1678**

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

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

Please provide below information:

Residence Street address_____

Residence City State Zip _____, _____, _____

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

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

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

Name of Employer_____ Employer Contact Phone____

Employer Street address_____

Employer City State Zip ___, ____, __

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

Interstate Medical Licensure Compact
A faster pathway to medical licensure

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

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

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

Which licensing exam did you pass? **NBOME**

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

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

What is the specialty of the program **Obstetrics and Gynecology**

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

Name of Specialty Board Certification **American Board of Obstetrics and Gynecology**

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

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

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

Have you ever had a controlled substance license or permit suspended or revoked by a state or

the United States Drug Enforcement Administration? No

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

Interstate Medical Licensure Compact
A faster pathway to medical licensure

PHYSICIAN'S CORE DATA SHEET

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

Full Legal Name __**Ghazaleh** , __**Kinney** , _**Moayedi** , __

Other names used (maiden, birth) __**Ghazaleh**__, __, _**Moayedi-Esfahani**_

Residential address__**1408 N Riverfront Blvd, Suite 333, Suite 333**__, _**Dallas**__, _**TEXAS**__, _**75207**_,

Office address _**1408 N Riverfront Blvd, Suite 333, Suite 333**_, _**Dallas**_, _**TEXAS**_, _**75207**_,

Where do you wish to receive mail. Office

Physician's cellular or alternative telephone number 23 LicenseeAddress

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

Date of Birth _**2/23/1982**_ Gender: Female

Applicants personal email address __**drgmoayedi@gmail.com**__

Email address delegated by applicant to receive correspondence __drgmoayedi@gmail.com__

Social Security Number: __XXX-XX-XXXX__

Physician's National Provider Identifier Number _**1639435662**_

Interstate Medical Licensure Compact
A faster pathway to medical licensure

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

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

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

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

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

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

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

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

Applicant Signature Ghazaleh Moayedi

Type Applicant's Name Ghazaleh Moayedi
Applicant's NPI 1639435662
Date 11/1/2021

Alabama Medical Licensure Commission

848 Washington Avenue
Montgomery, AL 36104

License Details - MD/DO/L

Personal Information

Licensee name:	Ghazaleh Kinney Moayedi
Location:	Prattville, Alabama

License Information

License type:	DO
License status:	Active
COQ status:	Issued
License number:	DO.1678
License description:	Full Unrestricted DO
Issue date:	01/23/2017
Expiration date:	12/31/2022
Practice Type	Obstetrician/Gynecology (OB/GYN)
School Name:	University of North Texas Health Science Center
School Dates:	06/08-05/12
School Location:	Fort Worth
Public file:	No

Alabama Controlled Substances Certificate

Status:	
License number:	
Issue date:	

Expiration date:

Schedules:

Description:

Restricted
Comments:

Dispensing physician:

Collaborative Practice Agreement

No Collaborative Practice Agreements found.

Registration Agreement Information

No Registration Agreements found.

Printed from http://www.albme.gov (http://www.albme.gov) Present Date 02/08/2022

* Please note that the Alabama Board of Medical Examiners and the Alabama Medical Licensure Commission have no authority over Nurse Practitioners or Midwives. For more information on these licenses, please visit the Alabama Board of Nursing, www.abn.alabama.gov

Redaction Date: 9/30/2022 12:42:07 PM

Redaction Log

Total Number of Redactions in Document: 1

Redaction Reasons by Page

Page	Reason	Description	Occurrences
7	23 LicenseeAddress	RCW 42.56.350(2): Health professionals. (2) The current residential address and current residential telephone number of a health care provider governed under chapter 18.130 RCW maintained in the files of the department are exempt from disclosure under this chapter	1