



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: SAM JAHANI DO

DATE: 07/21/2020

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

Date of Birth: 1961

License Number: H4439 Full Medical License

Issuance Date: 12/06/1988

Expiration Date of Physician's Registration Permit: 05/31/2017

Registration Status: APPLIED FOR
RELICENSURE

Registration Date: 03/19/2020

Disciplinary Status: CANCELLED BY BOARD

Disciplinary Date: 03/03/2017

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH

Medical School Graduation Year: 1987

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

View Board Actions [Get Adobe Reader](#)

Action Date: 03/15/2017

Description: ON MARCH 15, 2017, FORMAL COMPLAINT DISMISSED BY SOAH AS A RESULT OF AGREED ORDER OF REVOCATION AFTER FORMAL FILING DATED 03/03/17.

Action Date: 03/03/2017

Description: ON MARCH 3, 2017, THE BOARD AND SAM JAHANI, D.O., ENTERED INTO AN AGREED ORDER OF REVOCATION AFTER FORMAL FILING IN WHICH DR. JAHANI AGREED TO THE REVOCATION OF HIS TEXAS MEDICAL LICENSE IN LIEU OF FURTHER DISCIPLINARY PROCEEDINGS. THE BOARD FOUND DR. JAHANI WAS INCARCERATED FOLLOWING ENTERING A GUILTY PLEA FOR HEALTH CARE FRAUD, A CLASS D FELONY, IN U.S. DISTRICT COURT IN COLORADO.

Action Date: 10/14/2016

Description: ON OCTOBER 14, 2016, THE BOARD ENTERED AN ORDER DENYING TERMINATION, DENYING SAM JAHANI, D.O.'S PETITION FOR TERMINATION OF HIS APRIL 2016 ORDER. THE BOARD FOUND DR. JAHANI'S REQUEST WAS PREMATURE, GIVEN HE IS CURRENTLY UNDER HOME DETENTION AS PART OF HIS SENTENCE FOR A FELONY CONVICTION AND HIS LICENSE WAS REVOKED BY OPERATION OF LAW UPON HIS INCARCERATION.

Action Date: 10/10/2016

Description: ON OCTOBER 10, 2016, A FORMAL COMPLAINT WAS FILED BY THE BOARD.

Action Date: 04/12/2016

Description: ON APRIL 12, 2016, THE BOARD DIRECTED THE EXECUTIVE DIRECTOR TO ENTER AN ORDER OF SUSPENSION BY OPERATION OF LAW AGAINST SAM JAHANI, D.O., SUSPENDING HIS TEXAS MEDICAL LICENSE. THE BOARD FOUND DR. JAHANI ADMITTED TO DISTRIBUTING CONTROLLED SUBSTANCES WITHOUT A LEGITIMATE MEDICAL NEED OR PURPOSE IN ORDER TO GENERATE FUNDS. ON FEBRUARY 8, 2016, DR. JAHANI WAS SENTENCED TO SIX MONTHS CUSTODY IN THE U.S. BUREAU OF PRISONS, AND UPON RELEASE, AN ADDITIONAL SIX MONTHS OF HOME DETENTION AFTER HE PLED GUILTY TO CONTROLLED SUBSTANCES, HEALTHCARE FRAUD, AND/OR MONEY LAUNDERING VIOLATIONS. THE ORDER REMAINS IN EFFECT UNTIL SUPERSEDED BY SUBSEQUENT ORDER.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: PR

Effective Date: 03/19/2020

Description: APPLIED FOR RELICENSURE

Status Code: PR

Effective Date: 03/16/2018

Description: APPLIED FOR RELICENSURE

Status Code: CB

Effective Date: 03/03/2017

Description: CANCELLED BY BOARD

Status Code: NA

Effective Date: 03/03/2017

Description: NOT ACTIVE

Status Code: FB

Effective Date: 10/10/2016

Description: COMPLAINT FILED

Status Code: SB

Effective Date: 04/12/2016

Description: SUSPENDED BY BOARD

Status Code: SBA
Description: SUSPENDED, ACTIVE

Effective Date: 04/12/2016

Status Code: AC
Description: ACTIVE

Effective Date: 02/27/1989

Status Code: LI
Description: LICENSE ISSUED

Effective Date: 12/06/1988

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

***Ethnicity:** WHITE

Race: WHITE

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: IRAN, ISLAMIC REPUBLIC OF

Current Primary Practice Address:

705 EAST HOUSTON STREET

CLEVELAND , TX 77302

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

The physician reports that he/she has actively practiced medicine in the United States or Canada for **21** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **3** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

Primary Specialty

The physician reports his/her primary practice is in the area of INTERNAL MEDICINE.

Secondary Specialty

The physician did not report a secondary practice area.

Name, Location and Graduation Date of All Medical Schools Attended

Name: TCOM

Location: FT WORTH TX
Graduation Date: 05/1987

Graduate Medical Education In The United States Or Canada

NONE

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

NONE

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician did not report whether he/she provided any language translation services for patients.

Medicaid Participant: The physician reports that he/she **does** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses:The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any

charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain
primary source
verifications,
click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain
primary source
verifications,
click name

Description: NONE

Summary of all License/Permit Types

Issue Date:	Type:
07/01/1987	INSTITUTIONAL PERMIT
12/06/1988	LICENSED PHYSICIAN