BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against: Andrew Alex Davoodian Applicant.	Case No. 800-2024-109413

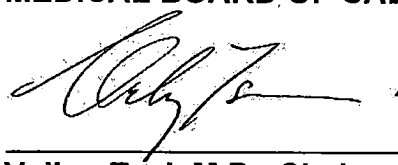
DECISION

The attached Proposed Decision is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 3, 2026.

IT IS SO ORDERED March 4, 2026.

MEDICAL BOARD OF CALIFORNIA



Veling Tsai, M.D., Chair
Panel A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Statement of Issues Against:

ANDREW ALEX DAVOODIAN,

Respondent.

Case No. 800-2024-109413

OAH No. 2024090865

PROPOSED DECISION

Administrative Law Judge Karen Reichmann, State of California, Office of Administrative Hearings heard this matter on October 22 and 23, 2025, and January 9, 2026, by videoconference.

Deputy Attorney General Maryam Ahmad represented complainant Reji Varghese, Executive Director of the Medical Board of California.

Attorney Negin Yamini represented respondent Andrew Alex Davoodian, who was present.

The matter was submitted for decision on January 9, 2026.

FACTUAL FINDINGS

Background and Procedural History

1. On July 2, 2022, respondent Andrew Alex Davoodian submitted an application for a Physician's and Surgeon's Certificate to the Medical Board of California (Board).

2. On June 6, 2024, the Board notified respondent that his application was denied.

3. Respondent contested the denial by email sent to the Board on June 6, 2024.

4. On August 27, 2024, respondent Reji Varghese, acting solely in his official capacity as the Board's Executive Director, filed the Statement of Issues, alleging two causes for license denial: unprofessional/unsatisfactory performance in a residency program and a criminal conviction for assault on a minor. Respondent filed a timely Notice of Defense.

Respondent's Background, Education, and Post-Graduate Training

5. Respondent grew up in Turlock, California and is a proud member of the Assyrian community in the Central Valley. He was raised by his mother and grandmother. Respondent played football in high school and volunteered with the team's doctor, sparking his interest in pursuing a career in medicine. Respondent went to college at the University of California, Berkeley, where he was briefly on the football team. He graduated with a degree in integrative biology in 2011. While in college, he

created a curriculum in modern Assyrian studies. He also served a three-year term on a city commission in Turlock.

6. Respondent attended the University of California, Davis School of Medicine. Respondent took an approved leave of absence for one year during which he obtained a Master's in Business Administration (M.B.A.) degree from Cornell University. Respondent graduated from medical school in 2018.

7. Respondent was accepted into a four-year post-graduate internship/residency program in anesthesia at Oregon Health and Science University (OHSU) in Portland. He began the program in July 2018.

8. OHSU placed respondent on an Individualized Education Program (IEP) in April 2020 due to poor test scores and concerns about his medical knowledge. The IEP was placed on hold in July 2020 due in part to disruptions caused by the pandemic. Respondent was deemed not to have successfully completed the IEP because he failed an examination in November 2020. He was then placed on another IEP in January 2021, due to "low scores in medical knowledge and lack of attention to detail impacting patient care and practice-based-learning/professionalism." The goals for this IEP were: Improvement in Patient Care, Improvement in Medical Knowledge, and Improvement in Practice-Based Learning.

9. Respondent was placed on administrative leave due to professionalism concerns in March 2021, during his third year in the program, and was notified in June 2021 that his contract would not be renewed for the fourth and final year.

10. The letter notifying respondent that his contract would not be renewed stated that respondent had sent two emails in March 2021 (prior to being placed on administrative leave) which "demonstrated a disproportionate response, and an

inability or unwillingness to accept feedback, related to how a female employee felt regarding your interpersonal communication" and that: "Subsequently, four different women have independently indicated that you have made them feel victimized or harassed with flirtatious or forward interactions, and they felt that you did not respect their boundaries when they indicated that your overtures were unwelcome." The letter also noted that there were unrelated criminal and civil allegations pending against respondent. The letter concluded that OHSU might reevaluate its decision, or conduct further investigations, once the criminal and civil cases against respondent concluded.

Criminal Conviction

11. On November 8, 2022, a criminal indictment was filed against respondent in the United States District Court for the District of Oregon, charging him with sexual conduct with a minor aboard an aircraft, in violation of 18 U.S.C. § 2244(a)(3) and 49 U.S.C. § 46506, a felony.

12. On December 21, 2023, respondent pled guilty to a misdemeanor violation of 18 U.S.C. § 113(a)(5), assault on a minor. As part of his plea agreement, respondent admitted that he "intentionally touched" a 14-year-old girl's "upper thigh in a manner that reasonably caused her to fear immediate bodily harm" on an airplane during a flight.

13. Respondent was sentenced on March 14, 2024, to three years of probation, with conditions including 30 days of home detention, 1,000 hours of community service, participation in a sex offense-specific treatment program, no direct contact with children without permission of his probation officer, a $10,000 fine to be paid to the National Center for Missing and Exploited Children, and restitution. Respondent remains on probation.

14. The offense occurred on July 5, 2019, on a Southwest Airlines flight from Portland, Oregon to Oakland, California. Respondent sat next to an unaccompanied 14-year-old girl (Minor Victim), engaged in conversation with her, shared food with her, and placed his hand on her thigh.

15. After the flight, Minor Victim reported to her aunt that an incident occurred on the airplane. The incident was reported to the airline which contacted the FBI. An FBI agent interviewed Minor Victim on July 16, 2019.

16. Minor Victim's statement to the FBI is summarized as follows:

> Minor Victim was sitting in the window seat by herself. Respondent was in a row ahead of her and moved to the aisle seat of her row, with an empty seat between him and Minor Victim. Respondent placed a box of donuts on the middle seat and told Minor Victim that he moved because the other seat was not working properly. Respondent asked Minor Victim her age and where she went to school, and she told him that she was 14 and the name of her school. Respondent told Minor Victim his first name and that he is an anesthesiologist. Respondent asked Minor Victim if she had a boyfriend and what is her favorite color. When Minor Victim asked respondent what is his favorite color, respondent replied, "whatever color you are wearing." Minor Victim was anxious and had an inhaler, and respondent asked whether she had a spacer for it. Respondent offered Minor Victim some roasted vegetables and she accepted.

Later in the flight, respondent began conversing with Minor Victim by typing messages in the "Notes" app of his cellphone, and during the rest of the flight they communicated by typing messages back and forth. Respondent asked Minor Victim when she would turn 18 and she again told him she was 14. Respondent asked Minor Victim whether she had a boyfriend and whether she would date respondent if he was her age. Respondent asked to hold her hand and Minor Victim was afraid to say no. Respondent held her hand across the empty middle seat, and rubbed her hand and wrist. Respondent asked Minor Victim to move to the middle seat and she did. Respondent had the armrest raised between him and Minor Victim. Respondent asked Minor Victim if she felt "safe and turned on." Respondent placed his hand on Minor Victim's inner thigh very close to her vagina, and squeezed his hand, and asked, "how about now?" Minor Victim felt scared and unsafe. Respondent asked for Minor Victim's phone number and stated that they could go to a movie, sit next to each other, and hold hands. Minor Victim reminded respondent that she was 14. Respondent replied that it was okay as long as she did not tell anyone. He stated that he knew she was small and tight, that he was big, and that they would "get along really well."

Respondent asked Minor Victim if she wanted to "feel something big." Minor Victim typed back that she assumed

he meant his dick, and so her answer was "no." Respondent then asked if he could feel Minor Victim for a few seconds and she told him no and that she was sheltered and did not want him to think she was experienced in this type of thing. He responded that it was okay and they would take it slow.

Halfway through the flight respondent put his phone away. He continued to hold Minor Victim's hand while he used his fingers to pick at and adjust his pants in his crotch area. When the plane landed, respondent moved back to his original seat. As they were getting off the plane respondent acted as if he had never met Minor Victim. At some point during their interaction Minor Victim gave respondent her phone number, but respondent had not contacted her after the flight.

17. In a phone call on November 22, 2019, Minor Victim's mother reported to the FBI agent that following the incident Minor Victim had difficulty interacting with people and had asked to withdraw from school.

18. Respondent was contacted by the FBI on February 7, 2020. A search warrant was executed of his apartment. When asked whether he recalled any incident with a 14-year-old girl on an airplane, respondent stated that he: flew home to California every other month; did not recall anything unusual taking place on a flight on July 5, 2019; did not remember a conversation with a girl on the plane; talks to lots of people all the time; and denied touching a minor on the thigh. Respondent shook his head when asked if he had a conversation by typing on his phone, and when asked whether he told a girl to sit next to him and had held her hand.

19. In a follow up meeting in December 2020, Minor Victim told the FBI agent that she had suffered increased anxiety and nightmares following her encounter with respondent and that she had sought services to help her develop coping mechanisms.

Other Women's Allegations About Respondent's Conduct

20. On October 11, 2018, Jane Doe 1 met respondent for a first date. They had previously met on a dating app and had texted each other and talked on the phone. Respondent's profile identified him as "Daniel" and stated that he worked for Nike. Respondent later told Jane Doe 1 that he was a doctor and worked at OHSU. Following their date, Jane Doe 1 made a report to the Portland Police Department alleging that respondent sexually assaulted her.

21. Jane Doe 1's report to the police officer is summarized below:

> After Jane Doe 1 and respondent had taken a walk near his apartment, respondent invited her into his apartment, but she told him she was not comfortable with this suggestion. Respondent then suggested they go to a public space on the building's roof and she agreed. Jane Doe 1 followed respondent into the building, but instead of taking her to the roof, respondent took her into his apartment where he kissed her, unzipped her sweatshirt, tried to climb on top of her, fondled and put his mouth on her breasts, and put his hand under her leggings. Jane Doe 1 resisted, told respondent to stop, and told respondent that she was scared. Respondent pointed to objects in the room and

asked, "I wonder if I hit you with that, would it kill you?" Jane Doe 1 agreed to another date in the future in order to convince him to let her leave and he eventually agreed to walk her to her car in the parking garage. He took her down the stairs instead of the elevator and stopped several times to aggressively kiss her, pin her against the wall in the stairwell, and fondle her. He retrieved her car and assaulted her again in the car. Jane Doe 1 discovered respondent's true name by searching the OHSU website.

22. Respondent was interviewed by Portland police officers. He referred to a written summary of the evening that he had prepared after the date. Respondent stated that he engaged in consensual kissing and touching with Jane Doe 1, and that she never said "no" or asked him to stop. He stated that he ended the date because he was concerned about some statements that Jane Doe 1 had made to him. He offered that in his clinical judgment, Jane Doe 1 suffers from anxiety, paranoia, and PTSD.

23. Jane Doe 1's allegations were referred to the District Attorney's office, but no criminal charges were filed against respondent relating to his interactions with Jane Doe 1.

24. On October 11, 2023, Jane Doe 2 went to the Vestal, New York, police department and reported an interaction she had with respondent at a Target store that day. Jane Doe 2 reported that respondent asked to take pictures of her, asked if she modeled, and asked for her phone number. He was persistent and Jane Doe 2 gave him her phone number. He texted her later and again asked her about modeling. Jane Doe 2's friend tracked respondent's phone number and discovered his name and that there was an FBI case against respondent for touching a minor. The Vestal police

officer reported the matter to the local FBI office to check whether respondent was permitted to be in New York. No action was taken regarding respondent's interaction with Jane Doe 2.

25. On October 15, 2023, Jane Doe 3 contacted the Albuquerque, New Mexico, police department to report an interaction she had with respondent at a Target store that day. Jane Doe 3 reported that respondent approached her in the store, told her he had been following her, complimented her clothes, asked if she was single, asked if she was a model, offered to take "headshots" of her, and asked for her phone number. She stated that she panicked and gave respondent her mother's number to get him to leave her alone. Respondent texted the number with the name, "Dru." Jane Doe 3's mother searched respondent's phone number online and discovered information on the internet that was concerning. The Albuquerque police department contacted the local FBI office to advise them of the incident. No action was taken regarding respondent's interaction with Jane Doe 3.

Expert Opinion – John S. MacGregor, M.D.

26. Complainant retained John S. MacGregor, M.D., as an expert witness. Dr. MacGregor is a cardiologist and professor of medicine at the University of California, San Francisco (UCSF). He supervises residents and evaluates residents' competency and professionalism. Dr. MacGregor has been an expert reviewer for Board cases for more than 10 years. He reviewed documents provided by OHSU and statements from respondent to the Board in connection with his application. Dr. MacGregor wrote an expert report dated November 25, 2024. Dr. MacGregor wrote a supplemental report dated July 3, 2025, after additional material (court documents regarding respondent's conviction and police reports pertaining to Minor Victim and Jane Does 1-3) were provided to him. Dr. MacGregor testified at the hearing. His opinions were persuasive.

27. Dr. MacGregor concluded that OHSU's files from respondent's anesthesiology residency reflected consistent concerns regarding respondent's lack of professionalism and medical knowledge. His report highlighted the following comments by the OHSU Clinical Competency Committee:

April 2019: "some issues with professionalism (treatment of administrative staff, integrating feedback, calling in sick)."

July 2019: with an ITE [In-Training Examination] score below the 20 percentile respondent "is not meeting his full potential for medical knowledge and could benefit from an organized study plan to improve his knowledge base "

October 2019: Low score on the AKT (Anesthesia Knowledge Test)

January 2020: On an Individualized Education Plan (IEP)

June 2020: "Poor ATK and ITE; failed to come in when paged – was out of town instead ..... Poor professional conduct. Should be reported to GME [graduate medical education]."

October 2020: "Marked as needing direct supervision – should not need as a CA2 [second year anesthesiology resident] Test results low."

January 2021: Lack of attention to detail. Respondent "is not at the expected level of medical knowledge for this stage of the program as demonstrated by his test scores." The committee also noted concerns "about evaluations related to patient care skills."

April 2021: One percentile score on ITE. "Ob attending felt he was unprofessional," "very low exam scores," "unprofessional interaction," "a pattern of behavior that does not reflect well."

28. Dr. MacGregor characterized respondent's performance during his post-graduate training at OHSU as "spotty." He noted that respondent's test scores were low and did not improve significantly after he was placed on an IEP. Dr. MacGregor noted that some narrative remarks by attending physicians regarding respondent's clinical performance were quite positive, but many others were very negative. Over the course of the residency, the comments became increasingly negative.

29. Dr. MacGregor found statements respondent provided to the Board regarding his performance at OHSU to be notable. Respondent claimed that his termination had been a surprise, that he had not heard about any allegations or issues, that he had never received any negative feedback ("not a single one") at OHSU, that he was wrongfully terminated, and that he was being discriminated against. Dr. MacGregor found these statements – especially respondent's assertion that he had never received any negative feedback during his residency – not credible.

30. In Dr. MacGregor's initial expert report, he concluded that respondent cannot practice medicine safely, competently, and independently based on the severity, duration, and consistency of the performance issues during his OHSU residency. He explained that he reached this conclusion regardless of any professionalism concerns.

31. In Dr. MacGregor's supplemental report, he discussed respondent's criminal conviction and the various police reports reflecting allegations of unwelcome

conduct towards women. Dr. MacGregor's opinion is that respondent "should never practice medicine again" because he is a threat to public safety, in light of his assault on Minor Victim and the pattern of behavior towards others both before and after this incident.

Respondent's Evidence

Respondent's Testimony and Written Statements to the Board

32. Respondent testified that his goal has always been to practice chronic pain medicine. He stated that he suffered chronic pain for two to three years due to an undiagnosed rare condition while he was in medical school, and this experience made him want to help individuals struggling with chronic pain.

33. Respondent went to OHSU because he was "recruited heavily" by the program director and department chair. He was told that he was the program's "number one" choice during the residency match process. He explained that there was "turmoil" at OHSU during his first year, which included changes in leadership in his department. He considered leaving but was persuaded to stay.

34. Respondent insisted that he performed well during his OHSU residency. He accused OHSU of "sabotaging" his ability to obtain licensure by intentionally sending incomplete records to the Board. He asserted that there are hundreds more pages of records from his residency that OHSU has not produced. Respondent stated that reviews during residency "hone in on the areas needing improvement" to help residents learn, and that the "positives" are not included. He stated that he received feedback from attending physicians "during real time" and that he never saw any negative comments during his residency. He denied missing work during residency

and speculated that maybe there had been a last-minute scheduling change that he had not been made aware of. He insisted that he always responded to pages.

35. Respondent testified that he never learned of any negative comments in his resident file until receiving discovery prior to this hearing. However, he acknowledged that attending physicians regularly put comments about residents in the OHSU "MedHub" system, which he had access to during his residency. He was shown some of these statements[1] from his resident file during the hearing, but stated

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[1] Statements by attending physicians in respondent's resident file include:

> "The patient did not do well during the case and I think that some of this was due to a knowledge deficiency regarding the management of this patient and failure to interpret vital signs appropriately and to have medications adequately prepared and ready to be used as we had discussed. He did not think that the blood pressure was a real reading, leading to delayed management and morbidity to the patient."
>
> "[Respondent] appeared to struggle during my time with him understanding basic pathophysiology of medical conditions."
>
> "Struggled with being able to present both an H&P and SOAP note despite me explaining to him how to deliver his presentations on several occasions, as well as prior

that he never looked at MedHub during his residency and was unaware of these comments. This testimony was not credible.

36. Respondent downplayed the significance of his failing scores on exams during residency, stating that he prioritized his patients and his clinical learning and that he had told his program director when he first started that he has a history of poor performance on multiple choice tests. He also stated that OHSU told him that his scores on exams would not be reported to prospective employers or fellowship programs and would not cause negative repercussions. Respondent acknowledged at some points in his testimony that he did not study much for the exams and that in hindsight he should have studied more. He also stated that anesthesia residents have more tests and the tests are harder, with multiple choice exams requiring one to select from 18 possible responses. Respondent also noted that the COVID-19 pandemic occurred during his residency, the hospital was heavily impacted, and he did not have time to study because he was busy intubating patients. Finally, respondent stated that he was told that about 20 percent of residents were on an IEP.

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attendings had also attempted to educate him on his presentations."

"I do not think that [respondent] was aware of his deficits despite receiving feedback during this rotation from attendings before me, as well as from me."

"Although he did respond to his pages, it was evident that his lack of medical knowledge made it difficult for him to be able to make proper medical decisions."

37. Respondent disparaged complainant's expert witness, Dr. MacGregor, calling him a "quote unquote expert" and expressed his doubt that Dr. MacGregor read the entire OHSU resident file provided to him.

38. During residency, respondent was elected to be the president of the resident component of the American Society of Anesthesiologists. He stated that his program carved out time for him to attend meetings and supported him in this endeavor, and that his program director wrote a recommendation letter on his behalf when he sought this position.

39. Respondent complained that he did not receive "due process" from OHSU when he was terminated and has no idea who the women are who allegedly complained about him.

40. Respondent asserted that, prior to being placed on administrative leave, he filed a complaint about the chief of obstetrics, a female, calling him "sweetie" and touching his shoulder and back during rounds. He stated that he received no response from OHSU about his complaint. He does not have any corroboration because he lost access to his OHSU email account. Respondent did not mention this claim of sexual harassment against him at OHSU in his written statements to the Board regarding his termination at OHSU.

41. Respondent testified that he received "bizarre gaslighting emails" from OHSU in March 2021 and insists that he responded professionally. He believes these emails possibly relate to the fact that individuals in the OHSU obstetrics department were aware that respondent refuses to participate in elective abortions or transgender treatment for minors and that some people "might have had feelings about it" or had to do extra work because of it.

42. Respondent testified that he was placed on administrative leave just a few hours after he saved a patient's life by noticing that she had carbon dioxide narcosis when no other physicians noticed.

43. Respondent related that one day, after a snowstorm, an attending obstetrician bought food for her team, which respondent also ate; he offered to pay her back on Venmo and asked for her phone number; he wrote her a thank you note because one of her residents asked him to; and this other resident read the note and approved of it before respondent sent it. Respondent stated that he was later "gaslit" by OHSU Human Resources about this incident, and was never allowed to talk to them about it to present his side of the story. He believes this incident was used as an excuse to place him on administrative leave, because OHSU was aware by this time that he was being investigated by the FBI in connection to Minor Victim.

44. Respondent provided lengthy, detailed, and implausible testimony regarding his interactions with Minor Victim on July 5, 2019. He denied committing any crime, and specifically denied assaulting Minor Victim, stating "I have never assaulted anyone" and that he "had no reason to touch her." Respondent insisted, "I haven't done anything illegal."

45. Respondent denied making any of the statements attributed to him by Minor Victim in her FBI interview, and called all of her statements "false." He stated that he "never" engages in conversations with minors. His testimony was self-serving and implausible and not found to be credible. Respondent's testimony about Minor Victim is summarized below:

> Respondent was flying on Southwest Airlines from Portland to Oakland because it was an "affordable" flight. During

ascent, respondent observed Minor Victim in the row ahead of him, in his peripheral vision, acting jittery and anxious and using her accessory muscles. He did not know whether the individual was a man or a woman or what age they were. He saw Minor Victim take four puffs from an inhaler, which respondent knew to be at least a double dose. He saw that there was no spacer on the inhaler, which can lead to the user not getting enough medication. He was concerned because asthma attacks can be life-threatening, and Minor Victim seemed to be taking too much medication, or using the inhaler incorrectly. He waved his hand to get her attention and said "hello," but she could not hear him due to the airplane noise. He "cleverly" decided to type a message on his phone and hold it up for the person using the inhaler to see. His first message was to inquire whether she had a spacer for her inhaler, which he asked by simply typing "spacer?" and holding up his phone towards her. She replied by shaking her head. He then typed "are you okay?" and she replied by nodding. A short while later, respondent saw Minor Victim quickly "scarfing" the snacks provided by the flight attendant and was concerned that she was hungry. The flight attendant had run out of snacks right before reaching respondent's row and went to get more. When the flight attendant returned, respondent told her to give his snacks to Minor Victim. When the flight attendant did so, Minor Victim looked at

respondent "with gratitude" and "scarfed" the additional snacks. Respondent "had no reason to think she was underage." Respondent had food with him because he had a $56 credit that was about to expire that he used in the airport to purchase two meals (one fish and one chicken) and a box of donuts he planned on giving his mother. Respondent felt "compelled" to offer Minor Victim his food. Respondent showed Minor Victim that he had food with him and she got up and sat next to him. Minor Victim never spoke a word during the entire flight. Respondent was "caught off guard" that she sat down next to him rather than taking the food back to her seat. Minor Victim ate all of respondent's food in a "heartbreaking and ravenous way," leading him to believe that she had not eaten for days and was malnourished in addition to being anxious, non-verbal, and overmedicated. Her presentation was "very concerning" to him as a physician. He was in "disbelief" about her malnourishment and pallor, something he had "not seen in the United States" and found it "bizarre to witness." When the plane started to descend, respondent was concerned about Minor Victim's "symptoms kicking in" from the inhaler, so he introduced himself and told her that he is an anesthesiologist. Respondent was thinking about Minor Victim "clinically." He started to type "basic" questions, as an effective distraction to keep her anxiety from progressing. He asked her where she was going and if

she was travelling for work. He believed she was a young adult. The conversation lasted less than five minutes and was not sexual. He believed it was a pleasant conversation and very helpful to Minor Victim. Minor Victim typed her phone number in his phone which made him uncomfortable and so he put his phone away. There was turbulence and Minor Victim grabbed respondent's hand, digging her nails into him causing pain. Respondent then put Minor Victim's hand on her left knee and left it there for a few seconds, "to signify that we are going to be okay." Touching her this way was consistent with his medical training, where he was taught a physician may touch a patient's knee (when seated) or shoulder (in the operating room). He denied any intent to harm or intimidate her. He deleted her number immediately so that he would not accidentally tap it.

46. Respondent stated that when the FBI contacted him, he did not think about the incident with Minor Victim because he had not thought about it since it happened.

47. Respondent stated that he refused to plead guilty to a felony, because it would violate his ethics and conscience. He instead directed his legal team that he would accept a plea agreement if it was not a felony, there was no jail time, and it was "something I can explain" to the Board. He stated that there are "mistakes in the legal system all the time," again suggesting that he did not commit a crime but is a victim of a false allegation. He stated that the "advice" he got "given the political climate" is the reason he did not go to trial.

48. Respondent stated that he "should have called a flight attendant" instead of trying to "play hero" and that he learned that "in the real world everyone is not my patient." He added that recently, on a trans-Pacific flight, he observed a passenger in distress but waited until the flight attendants requested help before rendering aid.

49. Respondent reported that he is in compliance with his criminal probation, but did not provide corroborating documentation. He reported that he completed the community service hours and has been attending therapy with a licensed clinical social worker. He did not provide a letter from this therapist.

50. In a statement to the Board, respondent described his conviction as stemming from "misrepresented contact with a person's distal femur." He also wrote that he had undergone an examination by a board certified clinical psychologist and scored "below average in every category for future or current risk." Respondent did not offer a report or letter from this psychologist into evidence.

51. Respondent denied sexually assaulting Jane Doe 1. He testified that Jane Doe 1 and he watched a show and kissed and cuddled. She said some concerning things, including "radical political statements" and had a "lot of fears and phobias" and so he politely kicked her out of his apartment. He acknowledged that he was "too nice and too trusting and naïve." He felt set up and typed out what happened. More than two years after the incident, he received a demand letter from Jane Doe 1. He stated that he sued Jane Doe 1, who countersued him. He believes his attorney committed malpractice and did not know the statute of limitations. He reached a settlement in which he "technically" paid Jane Doe 1 some money which was "close to zero." He did so because it is "not a fair playing field in Portland."

52. Regarding Jane Doe 2, the woman at the Vestal, New York, Target store, respondent stated that he and the woman left the store at the same time and walked together towards their cars, which turned out to be parked next to each other. Respondent introduced himself and noticed that the woman had a Slavic accent. He inquired about the local Slavic community because his sister was living in the area and he thought the woman could be a resource for her. Because he was not practicing medicine, he told her that he is a consultant and does photography. He told her he does "headshots." He denies mentioning modeling. She "freely" gave him her number and they texted back and forth. He believes she got "spooked" after looking him up online. He denied harassing or harming her.

53. Regarding Jane Doe 3, the woman at the Albuquerque, New Mexico, Target store, respondent stated that the woman commented on his hair, lips, and eyelashes. He in turn complimented her. She mentioned that she used to model and respondent told her he does consulting and photography, including headshots. He asked for her number to "build his network" as he learned to do in business school. She was flirtatious with respondent and voluntarily gave him her number. He believes she looked him up online, saw FBI articles about him, and got scared. He also finds her report to the police suspicious, and speculates that she gave him her mother's number not because she was scared of him but because she wanted to hide her contact with him from her boyfriend. He denied harassing, following, or touching her.

54. Respondent stated that negative information about him online has hurt him and caused him to suffer. He reported that a doctor refused to treat him because of something the doctor read online about him.

55. Respondent stated that he worked in his mother's dress shop growing up, was its best salesperson, and received no complaints from customers.

56. Respondent reported working with his therapist to create strategies to stay out of risky situations. He also meets with his pastor one to two times per week.

57. Respondent is now married. He stated that he does not need to network, has appropriate boundaries, and will not engage in conversations with females outside of family or work.

58. Respondent reported that he has never harmed a patient or crossed a boundary and that he has "never done anything unprofessional at work." He stated that he avoids "bantering" with patients, other than small talk about sports with male patients, if they are wearing any sports insignia.

59. Respondent testified that he is willing to comply with any probation conditions should the Board grant his application. If allowed to practice medicine, he plans on always using a chaperone and would not treat children. Respondent wants to return to practice. He described himself as a careful and safe physician. Although he "could make the same money with" his M.B.A., he wants to practice medicine because he cares about patients.

60. Respondent's dream is to work in the Central Valley where there is a shortage of physicians. He wants to set up surgical centers in areas lacking them. He also wants to help the Assyrian community in Northern Iraq by establishing health care there.

61. Respondent explained that he took a break from medical school to obtain an M.B.A. because of "discouraging things" he saw during medical school and his belief that he could make "positive changes on a bigger scale" with an M.B.A. degree.

62. Respondent reported that he is working as an independent consultant for small businesses on health care, health insurance, and health benefits.

63. Respondent has an active license to practice medicine in Michigan, which he renewed in 2025. He has never practiced in Michigan. Complainant presented evidence suggesting that respondent failed to notify the Michigan licensing authority about his criminal conviction, but this evidence was inconclusive.

64. The Oregon Medical Board conducted an investigation and notified respondent on April 20, 2022, that no further action would be taken at that time. Respondent held a post-graduate training license in Oregon which had already expired by the time of the Oregon Board's letter and never held full licensure.

65. Respondent related that his wife's doctor recently missed a false negative prenatal test result which respondent "caught on time" to treat. He is collaborating with Sutter Health to implement changes which he believes will prevent miscarriages and birth defects for thousands of patients.

RESPONDENT'S WITNESSES

66. Robert Karoukian, M.D., has known respondent since respondent was a college student. Dr. Karoukian is an anesthesiologist in San Francisco and is active in the Assyrian community in the Bay Area. While in college, respondent observed Dr. Karoukian in the operating room on a few occasions and became involved with the San Francisco Assyrian community. Dr. Karoukian testified at the hearing and wrote a letter on respondent's behalf.

67. Dr. Karoukian described respondent as compassionate, a man of integrity, and someone who follows up projects to their completion. He believes respondent should be licensed to practice medicine.

68. Dr. Karoukian was not aware that OHSU had raised concerns about respondent's medical knowledge and was unaware that respondent had been placed on an IEP during his residency.

69. Dr. Karoukian reported his understanding of the facts underlying respondent's conviction as: Minor Victim came and sat next to respondent in distress, she held respondent's hand, and respondent placed Minor Victim's hand on her leg. He stated that respondent was honest and humble when disclosing the criminal matter to him, and was committed to clearing his name.

70. Dr. Karoukian was aware that a clinical instructor at OHSU had "mistook" respondent's request for her telephone number. He was not aware of the allegations of misconduct raised by any other women.

71. Kyle Robinson, M.D., started the OHSU anesthesiology residency the year before respondent and was chief resident during respondent's last year in the program. Dr. Robinson wrote a letter and testified about his experiences working with respondent. He had not been in contact with respondent after respondent left OHSU until shortly before the hearing.

72. As chief resident, Dr. Robinson was aware that respondent was placed on an IEP, but he stated that respondent was not the only resident in this situation. Dr. Robinson believes that respondent was on a trajectory to complete his training.

73. Dr. Robinson described respondent as working hard, showing up, getting his work done, willing to learn, dependable, and not causing problems for other residents. He described him as a "strong resident" making "normal progress." Dr. Robinson also served on the resident component of the American Society of Anesthesiologists and traveled with respondent to meetings.

74. Dr. Robinson was not made aware of any professionalism issues involving respondent while chief resident and was not aware of the allegations at OHSU from female staff about respondent. However, he acknowledged that he might not have been informed about these types of professionalism concerns. From Dr. Robinson's personal experience with respondent, he sees no reason respondent should not be a physician. He noted that he was providing his opinions only about his experience working with respondent during the period of 2018 through 2021.

75. Dr. Robinson is aware of respondent's conviction. Respondent told him that Minor Victim had a panic attack and he touched her hand and leg.

76. Dr. Robinson was not aware of the allegations raised by the three women in three states (Jane Does 1-3).

77. Ryan Hermansen is a physician's assistant in Oregon. Hermansen trained at OHSU while respondent was a resident and they have remained friends. Hermansen testified at the hearing and wrote a letter in support of respondent.

78. Hermansen testified that respondent had a good reputation and was a "standout resident" who respected staff and had exceptional patient care skills.

79. Hermansen described his understanding of respondent's criminal offense as "he helped someone in distress, believing she was an adult," "tried to comfort her

by asking if she was alright," and "prayed" with her. Respondent did not tell Hermansen that he touched the victim. Hermansen expressed his understanding that "someone can be convicted without committing a crime."

80. Despite being made aware of the allegations against respondent, Hermansen believes that respondent is a person of the utmost high character and morals.

ADDITIONAL LETTERS

81. Respondent submitted an additional 12 letters from family members, a friend from college, a friend from his M.B.A. program, a nurse colleague at OHSU, his pastor, and a past president of the Board of Advisors of the Assyrian American National Federation. Respondent is strongly praised for his character, honesty, professionalism, ethics, devotion to his community, and commitment to serving others.

82. Several authors refer to the "unsubstantiated" or "false" allegations against respondent, and his "unfair treatment."

LEGAL CONCLUSIONS

1. Respondent has the burden of proving by a preponderance of the evidence that his application should be granted. (*Martin v. Alcoholic Beverage Control Appeals Bd.* (1959) 52 Cal.2d 259, 264-265; Evid. Code, §§ 115, 500.)

2. Pursuant to Business and Professions Code section 2229, in exercising its licensing functions, the Board's highest priority is the protection of the public.

3. Complainant alleges that cause exists to deny respondent's application pursuant to Business and Professions Code sections 475, 480, 2221 and 2234 and/or 2234, subdivision (d).

4. Business and Professions Code section 2221, subdivision (a), provides that the Board may deny an application for a physician's and surgeon's certificate for unprofessional conduct or any cause that would subject a licensee to discipline. Section 2234 requires the Board to take action against a licensee who is charged with unprofessional conduct. Section 2234, subdivision (d), provides that unprofessional conduct includes incompetence. Cause for denial of respondent's application pursuant to these provisions, based on respondent's deficient performance during his OHSU residency, which included issues with his medical knowledge, clinical competence, and professionalism, has been established, in light of the matters set forth in Findings 8 through 10, 27 through 30, and 35.

5. Business and Professions Code sections 475 and 480 provide that the Board may deny an application for a physician's and surgeon's certificate if the applicant has been convicted of a crime or commission of an act that would be grounds for discipline against a licensee, if it is substantially related to the qualifications, duties, or functions of the profession. Section 2236 provides that the conviction of a substantially related offense constitutes unprofessional conduct. Cause for denial of respondent's application pursuant to these provisions, based on his federal criminal conviction for assault on a minor and the conduct underlying the conviction, has been established, in light of the matters set forth in Findings 11 through 14 and 31.

6. The evidence established that respondent demonstrated persistent performance issues during his residency, resulting in his placement on an education

plan twice. Although OHSU ultimately removed respondent from the program due to professionalism concerns and not performance concerns, the opinion of Dr. MacGregor that respondent cannot safely and competently practice medicine was persuasive. Respondent accepted no responsibility for his poor performance during residency, and falsely represented to the Board in written statements and during testimony that he had been unaware of any negative feedback by attending physicians. The evidence supports denial of respondent's application solely on the basis of his unprofessional conduct during his residency and failure to demonstrate competency sufficient to warrant licensure.

7. Of greater concern is respondent's conviction for assault on a minor. Although the exact details of respondent's encounter with Minor Victim on the airplane were not established, it was established that respondent sat next to a young girl, offered her food, engaged in conversation, and touched her upper thigh. Numerous other women have reported respondent's unwelcome behavior towards them.

Despite entering a guilty plea, respondent maintains his innocence. Respondent has provided implausible accounts of the airplane incident, minimizing his misconduct and portraying himself as heroically intervening to assist another passenger.

Respondent's conviction, aggravated by his fabricated explanations, firmly establishes respondent's unfitness for licensure. Dr. MacGregor's opinion that respondent is unfit to practice medicine in light of his assault on a minor is persuasive.

8. Based on both his poor performance in residency and his criminal conduct, viewed separately and in combination, it would be against the public interest to grant respondent's application for a physician's and surgeon's certificate.

ORDER

The application of Andrew Alex Davoodian for a Physician's and Surgeon's Certificate is denied.

DATE: 02/02/2026

Karen Reichmann

KAREN REICHMANN
Administrative Law Judge
Office of Administrative Hearings