

رزومه نامزدهای عضویت در هیات مدیره انجمن علمی متخصصین پوست ایران  
(بخش های قرمز رنگ تکمیل شود)  
در خاتمه فایل در ساختار PDF آماده شود

**[Mehdi Gheisari] M.D.**

***Dermatologist***

Loghman Hakim Hospital

Tehran

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### **EDUCATION**

1374/1381 Shahid Sadughi University of Medical Sciences  
Yazd/ Iran

***General Practitioner***

### **POST GRADUATE TRAINING**

1384/1389 Shahid Beheshti University of Medical Sciences/ Tehran/ Iran  
Dermatologist

### **POST DOCTORIAL WORK**

1390 - Now Shahid Beheshti University of Medical Sciences (FACULTY), Tehran, Iran  
**Faculty member as Dermatologist**

### **PROFESSIONAL APPOINTMENTS**

Start Date - End Date NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year) **Title, Area of Specialty**

Start Date - End Date NAME OF INSTITUTION (FACULTY), City, Province or State  
(Month/Year) **Title, Area of Specialty**

### **PRIVATE PRACTICE**

Start Date - End Date NAME OF PRACTICE, Address  
City, Province, State

### **MEDICAL AND SCIENTIFIC SOCIETIES**

Date NAME OF SOCIETY

Date NAME OF SOCIETY

### **COMMITTEE APPOINTMENTS**

Start/End Date NAME OF INSTITUTION (FACULTY), City, Province or State

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**Title/Accountability**

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Start/Date

NAME OF INSTITUTION (FACULTY), City, Province or State

**Title/Accountability**

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**POST DOCTORAL CONFERENCES**

Date

NAME OF CONFERENCE, City, Province or State

Date

NAME OF CONFERENCE, City, Province or State

Date

NAME OF CONFERENCE, City, Province or State

**PUBLICATIONS**

**Skin reactions to non-glove personal protective equipment: an emerging issue in the COVID-19 pandemic**

Mehdi Gheisari, Farnaz Araghi, Hamideh Moravvej, Mohammadreza Tabary, Sahar Dadkhahfar  
2020/7/1

J Eur Acad Dermatol Venereol

**RESEARCH PROJECTS**

Name of Project or Title

Name of Author(s), Date

Name of Project or Title

Name of Author(s), Date

Name of Project or Title

Name of Author(s), Date

**PERSONAL DATA**

DATE OF BIRTH:1355

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PLACE OF BIRTH Yazd

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LANGUAGES Persian/ English

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