AGENDA ITEM 26(f)

Demographic Details

First Name

Joseph

Middle Name

Leroy

Last Name *

Williams

Previous Name(s)

Joseph Williams

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Gender

Male

Date of Birth

-1970

Name Suffix

City of Birth

/CA/US

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

Historical File Number

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

◯ Yes ◉ No

Discipline / SPL

Disciplinary Action?

◯ Yes ◯ No

SPL?

Yes No

Date of SPL Issuance

Contact Information

Primary Phone

(217) 299-6038

Secondary Phone

#

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

Mail should be directed to

Cell Phone

#

Fax

#

Public Address

Street Address

1070 Gault Way

ZIP / Postal Code

89431

Address Line 2

City

Sparks

County

NV

State / Province

Nevada

Country

United States

Is your physical address different from your mailing address?

Yes No

Public Phone

(217) 299-6038

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Online Service

Last Login Date

Authentication Failures

0

Access Blocked

Yes No

Security Question #1

Security Answer #1

Security Question #2

Examination Details

Licensee / Applicant *

Williams, Joseph Leroy

Attended Date

Jun-09-1998

Number of Attempts

1

Application

Application - Joseph Williams

Location

Reno, NV

Result

227

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Part 1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Williams, Joseph Leroy

Attended Date

Mar-21-2000

Number of Attempts

1

Application

Application - Joseph Williams

Location

Reno, NV

Result

221

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Part 2

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Williams, Joseph Leroy

Attended Date

Feb-01-2005

Number of Attempts

1

Application

Application · · Joseph Williams

Location

Springfield, IL

Result

212

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Part 3

Certificate Number

Exam Date

Expiration Date

Board Certification Details

Licensee / Applicant

Williams, Joseph Leroy

Specialty

Surgery,Orthopaedic

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Jul-14-2008

Recertification Date

Jan-01-2019

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application - _ - Joseph Williams

Education Details

Licensee/Applicant *

Williams, Joseph Leroy

Address

City

Reno

State / Province

Nevada

Zip / Postal Code

89502

Country

United States

Application

Application - Joseph Williams

Specialty Type

Name of School

University of Nevada Reno

Education Type

College/University

Degree Attained

Bachelor of Science

Date From

Aug-14-1992

Date To

May-10-1996

Did you graduate from this program?

Yes No

Graduation Date

May-14-1996

Major Program

Education Details

Licensee/Applicant *

Williams, Joseph Leroy

Address

City

Reno

State / Province

Nevada

Zip / Postal Code

89502

Country

United States

Application

Application - - Joseph Williams

Specialty Type

Name of School

University of Nevada School of Medicine

Education Type

Medical School

Degree Attained

Medical Doctor Degree

Date From

Aug-12-1996

Date To

May-12-2000

Did you graduate from this school?

Yes No

Graduation Date

May-15-2000

Major Program

Postgraduate Training Details

Licensee / Applicant *

Williams, Joseph Leroy

Training Status *

Program Type *

Internship/Residency

Accreditation Type *

ACGME (Accreditation Council for Graduate Medical Education)

Date From

Jul-01-2000

Date To

Jun-30-2005

Name of School or Institution

Southern Illinois University

Application

Application - - Joseph Williams

Specialty Type

Orthopedics

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Illinois

Zip / Postal Code

County

Country

Postgraduate Training Details

Licensee / Applicant *

Williams, Joseph Leroy

Training Status *

Program Type *

Fellowship

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)

Date From

Aug-01-2005

Date To

Jul-01-2006

Name of School or Institution

Ortho Indy

Application

Application · Joseph Williams

Specialty Type

Orthopaedic Spine Surgery

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Indianapolis

Street Address 1

State / Province

Indiana

Zip / Postal Code

County

Country

Other License Details

Licensee/Applicant

Williams, Joseph Leroy

Licensing Board or Regulatory Authority

Illinois

License Number

036115851

State / Province

Illinois

Country

United States

Application

Application - - Joseph Williams

License Type

License Status

Current

Issue Date

May-03-2006

Expiration Date

Jul-31-2023

Notes

Other License Details

Licensee/Applicant

Williams, Joseph Leroy

License Type

Licensing Board or Regulatory Authority

Indiana Professional Licensing Agency

License Status

Expired

License Number

01060977B

Issue Date

Jul-11-2005

State / Province

Indiana

Expiration Date

Jun-30-2007

Country

Notes

Application

Application · - Joseph Williams

Hospital Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization

St. Johns Medical Center

Application

Application - Joseph Williams

Start Date

Jul-01-2006

End Date

Mar-22-2021

Address Details

Street Address Line 1

800 Carpenter Street

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

62769

City

Springfield

Country

United States

Hospital Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization

Memorial Medical Center

Application

Application · Joseph Williams

Start Date

Jul-01-2006

End Date

Mar-22-2021

Address Details

Street Address Line 1

701 N 1st Street

State / Province

Illinois

Street Address Line 2

ZIP / Postal Code

62781

City

Springfield

Country

United States

Application Activity Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization / Institution

Start Date

May-13-2000

End Date

Jul-01-2000

Percent Clinical *

0

Position

Application

Application - - Joseph Williams

Activity Type

Vacation

Location Details

Street Address 1

Country

United States

City

Reno

State / Province

Nevada

Zip / Postal Code

62711

Application Activity Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization / Institution

Southern Illinois University

Start Date

Jul-01-2000

End Date

Jun-30-2005

Percent Clinical *

100

Position

Application

Application - · Joseph Williams

Activity Type

Postgraduate Training

Location Details

Street Address 1

City

Springfield

Country

United States

State / Province

Illinois

Zip / Postal Code

62704

Application Activity Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization / Institution

Ortho Indy

Start Date

Jul-01-2005

End Date

Jun-30-2006

Percent Clinical *

100

Position

Application

Application · Joseph Williams

Activity Type

Postgraduate Training

Location Details

Street Address 1

Country

United States

City

Indianapolis

State / Province

Indiana

Zip / Postal Code

46278

Application Activity Details

Licensee / Applicant

Williams, Joseph Leroy

Name of Organization / [illegible]

Orthopedic Center of Illinois

Start Date

Jul-01-2006

End Date

Mar-22-2021

Percent Clinical *

100

Position

Application

Application - - Joseph Williams

Activity Type

Medical Practice/Physician

Location Details

Street Address 1

Country

United States

City

Springfield

State / Province

Illinois

Zip / Postal Code

Specialty Details

Licensee / Applicant *

Williams, Joseph Leroy

Specialty Type *

Orthopedics

Effective Date

Aug-01-2005

Other (Specialty)

Application

Application - - Joseph Williams

End Date

Primary Specialty?

Yes No

Application Status

Applicant *

Williams, Joseph Leroy

Application Number

License Issued?

Yes No

Application Status

Assigned To

Manual Paper Application?

Yes No

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Credentials / Degree Suffix (Enter before approval)

M.D.

Application Details

Application Type

Medical Doctor - Active

Application Date *

Mar-09-2021

Submitted Date

Apr-27-2021

Application Step

20

Reviewed Date

Decision Date

Approved Date

Expiration Date

Apr-27-2022

Have you ever served in the United States Military (to include National Guard or Reserves)?

○ Yes ◉ No

Invoices

Application Invoice

002179 - Paid in Full

Application Payment Date

Apr-27-2021

Licensure Invoice

Licensure Payment Date

Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

○ Yes ○ No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

○ Yes ○ No

I attest and affirm that I am aware of the requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

○ Yes ○ No

I consent to accept communications and/or service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

○ Yes ○ No

Child Support Attestation Type

Not subject to a court order

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

○ Yes ○ No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

○ Yes ○ No

In consideration for processing my application, I, the undersigned, whose name and signature subscribed appears below, do hereby and expressly agree to the Civil Applicant Waiver

○ Yes ○ No

Licensee/Applicant	Declaration Question	Answer
Joseph Williams	ALL – Q5 – Named Defendant Respond to Legal Action	No
Joseph Williams	MD, PA – Q2 – Medical Condition Field of Practice	No
Joseph Williams	MD, PA – Q1 – Medical Condition Impair Safe Practice	No
Joseph Williams	MD, PA, LL – Q4 – Performance of Public Service Requirement	No
Joseph Williams	MD, PA – Q10 – Controlled Substance Registration	No
Joseph Williams	MD – Q8 – Denied License / Permission to Practice Medicine	No
Joseph Williams	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No
Joseph Williams	MD – Q9 – Medical License Revoked	No
Joseph Williams	ALL – Q6 – Malpractice Claim Paid	No
Joseph Williams	MD – Q12 – Denied Membership	No
Joseph Williams	MD – Investigation Disciplinary during Training Program	No
Joseph Williams	MD – Q13 – Investigation – Respond To, Notify Of	No
Joseph Williams	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No
Joseph Williams	MD, Previously applied for licensure in Nevada.	No
Joseph Williams	MD – Q11 – Voluntarily Surrendered a License	No
Joseph Williams	ALL – Q7 – Arrest Question	No