

Demographic Details

First Name

William

Middle Name

Abraham

Last Name *

Sago

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender

Male



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

Yes No

Nevada BIN

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

Secondary Phone

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

6597 Heronswood Cove

ZIP / Postal Code

38119

Address Line 2

State / Province

Tennessee

City

MEMPHIS

Country

United States



County

Shelby

Is your physical address different from your mailing address?

Yes No

Public Phone

(323) 440-2538

Mailing Address

Street Address

City (Mailing)

Address Line 2

State / Province (Mailing)

ZIP / Postal Code (Mailing)


County (Mailing)



County (Mailing)

Application Status

Applicant *


Sago, William Abraham 

Application Number

License Issued?

Yes No

Application Status

Pending Review by the Board 

Assigned To

- 

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

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 *

Aug-19-2021 

Submitted Date

Oct-14-2021 

Reviewed Date



Decision Date



Approved Date



Application Step

20

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

Yes No

Expiration Date

Oct-14-2022



Invoices

Application Invoice



Licensure Invoice



Application Payment Date



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

Yes No

I consent to accept communications and 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 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

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

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

Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Education Details

Licensee/Applicant *

Sago, William Abraham



Address

City

Orangeburg

State / Province

South Carolina

Zip / Postal Code

Country

United States



Application



Specialty Type



Name of School

South Carolina State University

Education Type

College/University



Degree Attained

Bachelor of Science



Date From

Jun-30-2003



Date To

May-30-2007



Did you graduate from the program?

Yes No

Graduation Date

May-16-2007



Major Program

Education Details

Licensee/Applicant *

Sago, William Abraham



Address

City

Orangeburg

State / Province

South Carolina

Zip / Postal Code

Country

United States



Application



Specialty Type



Name of School

South Carolina State University

Education Type

College/University



Degree Attained

Bachelor of Science



Date From

Aug-01-2007



Date To

May-30-2008



Did you graduate from the program?

Yes No

Graduation Date

May-30-2008



Major Program

Education Details

Licensee/Applicant *

Sago, William Abraham



Address

City

Nashville

State / Province

Tennessee

Zip / Postal Code

Country

United States



Application



Specialty Type



Name of School

Meharry Medical College

Education Type

Medical School



Degree Attained

Medical Doctor Degree



Date From

Jul-01-2009



Date To

Dec-31-2013



Did you graduate from the program?

Yes No

Graduation Date


Dec-31-2013



Major Program

Postgraduate Training Details

Licensee / Applicant *

Sago, William Abraham 


Training Status *



Program Type *

Residency 


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2015 

Date To

Jun-30-2018 


Name of School or Institution

University of Tennessee H

Application



Specialty Type

Pathology, Anatomic 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province

Tennessee

Zip / Postal Code

County



Country



Postgraduate Training Details


Licensee / Applicant *

Sago, William Abraham 


Training Status *




Program Type *

Fellowship 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2018 

Date To

Jun-30-2019 


Name of School or Institution

University of Tennessee H

Application



Specialty Type

Pathology, Forensic 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Street Address 1

State / Province


Tennessee

Zip / Postal Code

County



Country



Examination Details

Licensee / Applicant *

Sago, William Abraham



Attended Date

Jun-14-2011



Number of Attempts

1

Application



Location

Result

228

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sago, William Abraham



Attended Date

Aug-24-2012



Number of Attempts

1

Application



Location

Result

226

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 (CK)

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sago, William Abraham



Attended Date

Dec-04-2013



Number of Attempts

4

Application



Location

Result

Pass (Failed 1st three attempts)

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 (CS)

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Sago, William Abraham



Attended Date

Nov-17-2015



Number of Attempts

1

Application



Location

Result

196

Examination Type

United States Medical Licensing Examination (USMLE)



Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date




Expiration Date




Board Certification Details

Licensee / Applicant

Sago, William Abraham 

Specialty

Pathology, Anatomic 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Jun-21-2018 

Recertification Date



Certification Number

117618

Archive Program

Historical Specialty


Connected Record

Application



Board Certification Details

Licensee / Applicant

Sago, William Abraham 

Specialty

Pathology,Forensic 

Certifying Board

American Board 

Other Certifying Board

Initial Certification Date

Sep-13-2019 

Recertification Date



Certification Number

117618

Archive Program

Historical Specialty

Connected Record

Application



Other License Details

Licensee/Applicant

Sago, William Abraham



Licensing Board or Regulatory Authority

State of Tennessee Board of Medical Exami

License Number

57034

State / Province

Tennessee

Country

United States



Application



License Type

License Status

Active and unrestricted

Issue Date

Mar-14-2018



Expiration Date


Mar-31-2023



Notes

Application Activity Details

Licensee / Applicant

Sago, William Abraham 

Start Date

Sep-01-2014 

Percent Clinical *

10

Application



Name of Organization / Institution



End Date

Jun-30-2015 

Position



Activity Type

Employment 

Location Details

Street Address 1



City

Los Angeles

Country

United States 

State / Province

California

Zip / Postal Code



Specialty Details

Licensee / Applicant *

Sago, William Abraham



Effective Date

Oct-14-2021



Application



Specialty Type *

Pathology, Forensic



Other (Specialty)

End Date



Primary Specialty?

Yes No

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

Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, PA – Q1 – Medical Condition Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, PA – Q2 – Medical Condition Field of Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, PA – Q3 – Chemical Substances Impair Safe Practice



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, PA, LL – Q4 – Performance of Public Service Requirement



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham 

Declaration Question

ALL – Q6 – Malpractice Claim Paid 

Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

ALL – Q7 – Arrest Question



Answer

Yes No

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD – Q8 – Denied License / Permission to Practice Medicine



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD – Q9 – Medical License Revoked



Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, PA – Q10 – Controlled Substance Registration



Answer

Yes No

Answer Details

Related To

Application



Renewal




Declaration

Licensee/Applicant

Sago, William Abraham 

Declaration Question

MD – Q11 – Voluntarily Surrendered a License 

Answer

Yes No

Answer Details

Related To

Application



Renewal




Declaration

Licensee/Applicant

Sago, William Abraham 

Declaration Question

MD – Q12 – Denied Membership 

Answer

Yes No

Answer Details

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD – Q13 – Investigation – Respond To/Notify Of



Answer

Yes No

Related To

Application



Renewal



Declaration

Licensee/Applicant

Sago, William Abraham



Declaration Question

MD, Previously applied for licensure in Nevada.



Answer

Yes No

Answer Details

Related To

Application



Renewal




Declaration

Licensee/Applicant

Sago, William Abraham 

Declaration Question

MD – Investigation Disciplinary during Training Program 

Answer

Yes No

Answer Details

Related To

Application



Renewal




Declaration

Licensee/Applicant

Sago, William Abraham 

Declaration Question

MD, PA, CCP, Hospital Privileges Denied, Suspended. 

Answer

Yes No

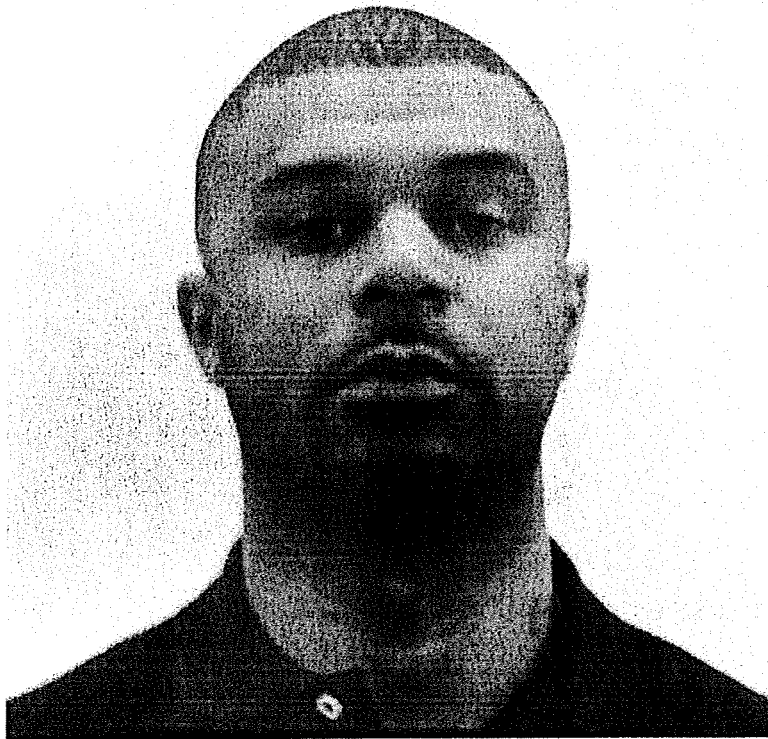
Answer Details

Related To

Application

Renewal





RECEIVED
NOV 12 2021
NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT! RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have *any* questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

○ ○ ○ ○ ○

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

Print your name William Sago

Sign your name _____

Date 11/11/21

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.