

Demographic Details

First Name

Wessam

Middle Name

Last Name *

Bou-Assaly

Previous Name(s)

Wessam Boutros Bou Assaly

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

Historical File Number

Military Detail

Gender

Male

Date of Birth

-1974

Name Suffix

City of Birth

Place of Birth

Weight (in lbs)

Eye Color

Comments (non-public information)

Public Information

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

9155 Mirage Lake Dr

ZIP / Postal Code

48160

Address Line 2

State / Province

Michigan

City

Milan

Country

United States



County

Is your physical address different from your mailing address?

☐ Yes ☒ No

Public Phone

#

(317) 828-0810

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)





County (Mailing)

Application Status

Applicant *

Bou-Assaly, Wessam N/A

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

Endorsement

Expected Issue Date

Credentials / Degree Suffix (Enter before approval)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

Application Date *

Submitted Date

Application Step

#

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

☐ Yes ☒ No

Reviewed Date

Decision Date

Approved Date

Expiration Date

Is Simultaneous Application


☐ Yes ☐ No

Are you the spouse of an active duty member or surviving spouse of a veteran?

☐ Yes ☒ No

Invoices

Application Invoice

- Paid in Full	
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Licensure Invoice

	
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Application Payment Date

	
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Licensure Payment Date

	
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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

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 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 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

Board Certifications

Licensee / Applicant ▼	Certifying Board ↑ ▼	Other Certifying Board ▼	Specialty ▼	Initial Certification Date ↑ ▼	Recertification Date
Bou-Assaly, Wessam N/A	American Board	N/A	Radiology,Diagnostic	Jul-01-2011	Dec-19-2017
Bou-Assaly, Wessam N/A	American Board	N/A	Neuroradiology	Oct-04-2013	Dec-19-2017

Board Certification Details

Licensee / Applicant

Bou-Assaly, Wessam N/A

▼

Specialty

Radiology,Diagnostic

▼

Certifying Board

American Board

▼

Other Certifying Board

Initial Certification Date

Jul-01-2011

Recertification Date

Dec-19-2017

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -

- Bou-Assaly, Wessam N/A

▼

Board Certification Details

Licensee / Applicant

Bou-Assaly, Wessam N/A

Specialty

Neuroradiology

Certifying Board

American Board

Other Certifying Board

Initial Certification Date

Oct-04-2013

Recertification Date

Dec-19-2017

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -

- Bou-Assaly, Wessam N/A

Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ▼	Percent Clinical
Wessam Bou-Assaly	N/A	Jul-08-2007	Feb-14-2014	100
Wessam Bou-Assaly	N/A	Jul-08-2014	Oct-08-2018	100
Wessam Bou-Assaly	N/A	Apr-14-2019	Oct-01-2021	100
Bou-Assaly, Wessam Boutros	N/A	Oct-01-2021	Dec-08-2023	100

Application Activity Details

Licensee / Applicant

Bou-Assaly, Wessam N/A

▼



Name of Organization / Institution

Start Date

Jul-08-2007



End Date

Feb-14-2014



Percent Clinical *

#

100


Position

Application

Application -

- Bou-Assaly, Wessam N/A


▼



Activity Type

Employment

▼




Location Details

Street Address 1

Country

United States

▼



City

Ann Arbor

State / Province

Michigan


Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bou-Assaly, Wessam N/A


▼



Name of Organization / Institution


Start Date

Jul-08-2014



End Date

Oct-08-2018



Percent Clinical *

#

100


Position

Application

Application -

- Bou-Assaly, Wessam N/A


▼



Activity Type

Employment

▼



Location Details

Street Address 1

Country

United Arab Emirates

▼



City

Dubai

State / Province

Dubai

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Bou-Assaly, Wessam N/A

▼



Name of Organization / Institution


Start Date

Apr-14-2019



End Date

Oct-01-2021



Percent Clinical *

#

100


Position

Application

Application -

- Bou-Assaly, Wessam N/A


▼



Activity Type

Employment

▼



Location Details


Street Address 1

Dekwaneh

Country

Lebanon

▼



City

Beirut

State / Province

Beirut

Zip / Postal Code


0000

Application Activity Details

Licensee / Applicant

Bou-Assaly, Wessam N/A

▼



Name of Organization / Institution

Start Date

Oct-01-2021



End Date

Dec-08-2023



Percent Clinical *

#

100


Position

Application

Application -

- Bou-Assaly, Wessam N/A


▼



Activity Type

Employment

▼




Location Details

Street Address 1

Country

United States

▼



City

Miami

State / Province

Florida

Zip / Postal Code

Declarations

Ordinal ↑ ▼	Licensee/Applicant ▼	Declaration Question ↑ ▼	Answer ▼	Answer Details
1	Wessam Bou-Assaly	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
2	Wessam Bou-Assaly	MD, PA – Q2 – Medical Condition Field of Practice	No	
3	Wessam Bou-Assaly	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
4	Wessam Bou-Assaly	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
5	Bou-Assaly, Wessam Boutros	ALL – Q5 – Named Defendant Respond to Legal Action	No	
6	Bou-Assaly, Wessam Boutros	ALL – Q6 – Malpractice Claim Paid	No	
7	Bou-Assaly, Wessam Boutros	ALL – Q7 – Arrest Question	Yes	
8	Wessam Bou-Assaly	MD, Previously applied for licensure in Nevada.	No	
9	Wessam Bou-Assaly	MD – Investigation Disciplinary during Training Program	No	
10	Wessam Bou-Assaly	MD – Q8 – Denied License / Permission to Practice Medicine	No	
11	Bou-Assaly, Wessam Boutros	MD – Q9 – Medical License Revoked	Yes	
12	Wessam Bou-Assaly	MD – Q11 – Voluntarily Surrendered a License	No	
13	Wessam Bou-Assaly	MD – Q12 – Denied Membership	No	
14	Wessam Bou-Assaly	MD – Q13 – Investigation – Respond To/Notify Of	No	
15	Wessam Bou-Assaly	MD, PA – Q10 – Controlled Substance Registration	No	
16	Wessam Bou-Assaly	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	

Declaration

Licensee/Applicant

Bou-Assaly, Wessam N/A	
------------------------	--

Declaration Question

ALL – Q7 – Arrest Question	
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Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	7
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Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances? Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

Related To

Application

Application -	- Bou-Assaly, Wessam N/A	
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Renewal

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Declaration

Licensee/Applicant

Bou-Assaly, Wessam N/A	
------------------------	--

Declaration Question

MD – Q9 – Medical License Revoked	
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Answer

☒ Yes ☐ No

Answer Details

Ordinal

#	11
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Declaration Text

Have you EVER had a medical license or license to practice any other healing art revoked, suspended, limited, or restricted in any state, country or U.S. territory?

Related To

Application

Application -	- Bou-Assaly, Wessam N/A	
---------------	--------------------------	--

Renewal

--	--

Education

Licensee/Applicant		Education Type		Name of School		Degree Attained		Date From		Date To ↑		Graduation Date
Bou-Assaly, Wessam N/A		Medical School		St Joseph University		Medical Doctor Degree		Oct-01-1993		Jun-30-2000		Jul-01-2000

Education Details

Licensee/Applicant *

Bou-Assaly, Wessam N/A

Address

Dekwaneh

City

Beirut

State / Province

Beirut

Zip / Postal Code

0000

Country

Lebanon

Application

Application -

- Bou-Assaly, Wessam N/A

Specialty Type

Name of School

St Joseph University

Date From

Oct-01-1993

Date To

Jun-30-2000

Did you graduate from the program?

☒ Yes ☐ No

Graduation Date

Jul-01-2000

Major Program

Examinations

Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Bou-Assaly, Wessam N/A	United States Medical Licensing Examination (USMLE)	Nov-02-1999
Bou-Assaly, Wessam N/A	United States Medical Licensing Examination (USMLE)	Aug-17-2000
Bou-Assaly, Wessam N/A	ECFMG	Apr-06-2001
Bou-Assaly, Wessam N/A	United States Medical Licensing Examination (USMLE)	Mar-05-2005
Bou-Assaly, Wessam N/A	United States Medical Licensing Examination (USMLE)	Jul-08-2005

Examination Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

Attended Date

Nov-02-1999

Number of Attempts

#1

Application

Application - - Bou-Assaly, Wessam N/A

Location

Result

211

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes ☐ No

Steps

1

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

Attended Date

Aug-17-2000

Number of Attempts

#

1

Application

Application -

- Bou-Assaly, Wessam N/A

Location

Result

196

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

2CK

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

Attended Date

Apr-06-2001

Number of Attempts

#

Application

Application -

- Bou-Assaly, Wessam N/A

Location

Result

Examination Type

ECFMG

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

Attended Date

Mar-05-2005

Number of Attempts

#

2

Application

Application -

- Bou-Assaly, Wessam N/A

Location

Result

179

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

3

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

Attended Date

Jul-08-2005

Number of Attempts

#

2

Application

Application -

- Bou-Assaly, Wessam N/A

Location

Result

211

Examination Type

United States Medical Licensing Examination (USMLE)

Other Exam

Are you currently certified?

☐ Yes

☐ No

Steps

3

Certificate Number

Exam Date

Expiration Date

Hospitals

Licensee / Applicant	Name of Organization	Start Date ↑	End Date
Wessam Bou-Assaly	VA Ann Arbor Hospital	Jul-09-2007	Feb-02-2014
Wessam Bou-Assaly	Dr Sulaiman al Habib Hospital	Jul-23-2014	Oct-08-2018
Wessam Bou-Assaly	St Joseph Medical Center	Apr-16-2019	Sep-30-2019
Wessam Bou-Assaly	Daher al Bashek University Hospital	Nov-01-2019	Oct-01-2021

Hospital Details

Licensee / Applicant

Bou-Assaly, Wessam N/A ▼ 


Name of Organization

VA Ann Arbor Hospital

Application

Application - - Bou-Assaly, Wessam N/A ▼ 

Start Date

Jul-09-2007 

End Date

Feb-02-2014 

Address Details

Street Address Line 1

2215 Fuller Rd

State / Province

Michigan

Street Address Line 2

ZIP / Postal Code

48105

City

Ann Arbor

Country

United States ▼ 

Hospital Details

Licensee / Applicant

Bou-Assaly, Wessam N/A ▼ 

Name of Organization

Dr Sulaiman al Habib Hospital


Application

Application - - Bou-Assaly, Wessam N/A ▼ 

Start Date

Jul-23-2014 

End Date

Oct-08-2018 

Address Details

Street Address Line 1

DHCC_Dubai

State / Province

Street Address Line 2

ZIP / Postal Code

50051

City

Dubai

Country

United Arab Emirates ▼ 

Hospital Details


Licensee / Applicant

Bou-Assaly, Wessam N/A ▼ 

Name of Organization

St Joseph Medical Center


Application

Application - - Bou-Assaly, Wessam N/A ▼ 

Start Date

Apr-16-2019 

End Date

Sep-30-2019 

Address Details

Street Address Line 1

Achrafieh

State / Province

Street Address Line 2


ZIP / Postal Code

0000

City

Beirut

Country

Lebanon ▼ 

Hospital Details


Licensee / Applicant

Bou-Assaly, Wessam N/A ▼ 

Name of Organization

Daher al Bashek University Hospital


Application

Application - - Bou-Assaly, Wessam N/A ▼ 

Start Date

Nov-01-2019 

End Date

Oct-01-2021 

Address Details

Street Address Line 1

Roumieh

State / Province

Street Address Line 2

ZIP / Postal Code

0000

City

Beirut

Country

Lebanon ▼ 

Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ▼	Expiration Date ▼	State / Province ↑
Bou-Assaly, Wessam N/A	ME153365	N/A	Oct-14-2021	Jan-31-2026	Florida
Bou-Assaly, Wessam Boutros	0803	N/A	Jan-18-2022	Jan-31-2024	Guam
Bou-Assaly, Wessam N/A	4301089243	N/A	Jan-11-2007	Jan-11-2026	Michigan
Wessam Bou-Assaly	M9168	N/A	Apr-11-2008	Nov-30-2024	Texas

Other License Details

Licensee/Applicant

Bou-Assaly, Wessam N/A

▼



Licensing Board or Regulatory Authority

Florida Department of Health

License Number

ME153365

State / Province

Florida

Country

United States

▼



Application

Application -

- Bou-Assaly, Wessam N/A

▼



License Type

License Status

Active


Issue Date

Oct-14-2021



Expiration Date

Jan-31-2026



Notes

Other License Details

Licensee/Applicant

Bou-Assaly, Wessam N/A

▼

Licensing Board or Regulatory Authority

Commonwealth of the Northern Mariana Island

License Number

0803

State / Province

Guam

Country

Guam

▼

Application

Application -

- Bou-Assaly, Wessam N/A

▼

License Type

License Status

Active

Issue Date

Jan-18-2022

Expiration Date

Jan-31-2024

Notes

Other License Details

Licensee/Applicant

Bou-Assaly, Wessam N/A

▼



Licensing Board or Regulatory Authority

Michigan Department of Health & Human Services

License Number

4301089243

State / Province

Michigan

Country

United States

▼



Application

Application -

- Bou-Assaly, Wessam N/A

▼



License Type

License Status

Active


Issue Date

Jan-11-2007



Expiration Date

Jan-11-2026



Notes

Other License Details

Licensee/Applicant

Bou-Assaly, Wessam N/A

▼

Licensing Board or Regulatory Authority

Texas

License Number

M9168

State / Province

Texas

Country

United States

▼

Application

Application -

- Bou-Assaly, Wessam N/A

▼

License Type

License Status

Active

Issue Date

Apr-11-2008

Expiration Date

Nov-30-2024

Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Bou-Assaly, Wessam N/A	Indiana School of Medicine	Neuroradiology	Jul-02-2004	Jun-30-2005	Fellowship
Bou-Assaly, Wessam N/A	Indiana School of Medicine	Neuroradiology	Jul-01-2005	Jun-30-2006	Fellowship
Bou-Assaly, Wessam N/A	Indiana School of Medicine	Nuclear Medicine	Jul-02-2006	Jun-30-2007	Fellowship

Postgraduate Training Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A	▼	
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Program Type *

Fellowship	▼	
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Date From

Jul-02-2004	
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Name of School or Institution

Indiana School of Medicine

Specialty Type

Neuroradiology	▼	
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Other (Specialty)

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Training Status *

	▼	
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Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
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Date To

Jun-30-2005	
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Application

Application -	- Bou-Assaly, Wessam N/A	▼	
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Historical Major Program

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Historical Degree Attained

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Location Details


City

Indianapolis

State / Province

Indiana

County

	▼	
--	---	---

Zip / Postal Code

--

Country

United States	▼	
---------------	---	---

Street Address 1

340 West 10th Street

Postgraduate Training Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

▼



Program Type *

Fellowship

▼



Date From

Jul-01-2005



Name of School or Institution

Indiana School of Medicine

Specialty Type

Neuroradiology

▼



Other (Specialty)

Advanced

Training Status *

▼



Accreditation Type

Not Accredited

▼



Date To


Jun-30-2006



Application

Application - - Bou-Assaly, Wessam N/A

▼



Historical Major Program

Historical Degree Attained

Location Details

City

Indianapolis

Zip / Postal Code

State / Province

Indiana


Country

▼



County

▼



Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A	▼	
------------------------	---	---

Program Type *

Fellowship	▼	
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Date From

Jul-02-2006	
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Name of School or Institution

Indiana School of Medicine

Specialty Type

Nuclear Medicine	▼	
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Other (Specialty)

--

Training Status *

	▼	
--	---	---


Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education)	
--	---

Date To

Jun-30-2007	
-------------	---

Application

Application -	- Bou-Assaly, Wessam N/A	▼	
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Historical Major Program

--

Historical Degree Attained

--

Location Details


City

Indianapolis

State / Province

Indiana

County

	▼	
--	---	---

Zip / Postal Code

--

Country

United States	▼	
---------------	---	---

Street Address 1

340 West 10th Street

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
Wessam Bou-Assaly	Radiology	Yes	Feb-01-2024	N/A

Specialty Details

Licensee / Applicant *

Bou-Assaly, Wessam N/A

▼

Effective Date

Feb-01-2024

Application

Application -

- Bou-Assaly, Wessam N/A

▼

Primary Specialty?

☒ Yes ☐ No

Specialty Type *

Radiology

▼

Other (Specialty)

End Date

