Demographic Details

First Name	Gender	
Wessam	Male	~ 2
Middle Name	Date of Birth	
	-1974	Ħ
Last Name ∗	Name Suffix	
Bou-Assaly		
Previous Name(s)	City of Birth	
Wessam Boutros Bou Assaly		
Social Security Number	Place of Birth	
Tax Identification Number	Weight (in Ibs)	
Height	Eye Color	
Hair Color	Comments (non-public information	on)
Is this person deceased?	Public Information	
○ Yes ○ No		
Date Deceased		
Do you have a Nevada Business License in your individual name?		
○ Yes ○ No		
Nevada BIN		
Historical File Number		

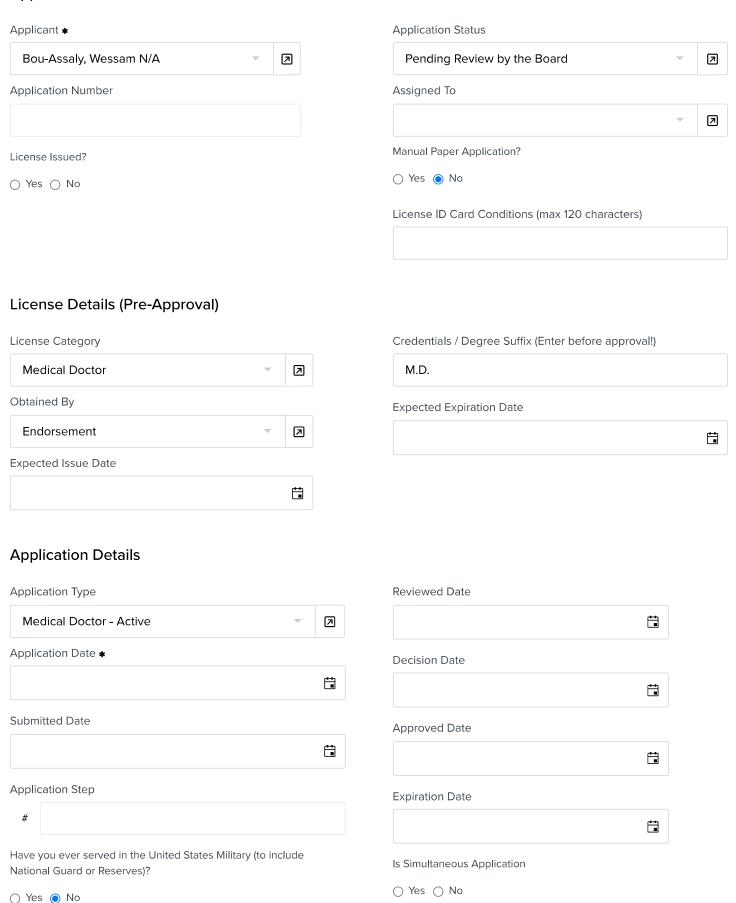
Military Detail

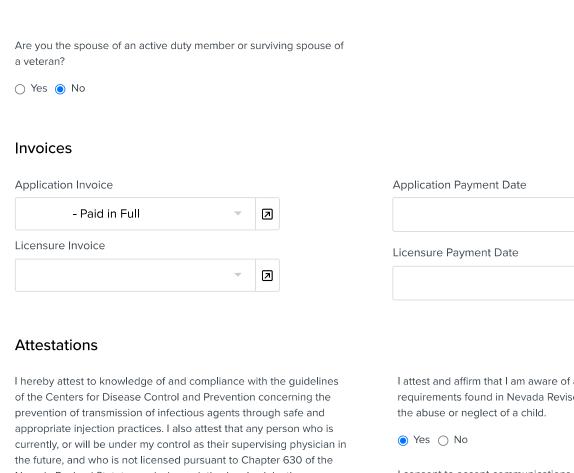
Have you ever served in the United States Military (to include National	Guard or Reserves)?						
○ Yes ● No							
D: : I: /CDI							
Discipline / SPL							
Disciplinary Action?	SPL?						
○ Yes ○ No	○ Yes ○ No						
	Date of SPL Issuance						
Contact Information							
Primary Phone	Secondary Phone						
#	#						
Primary Phone Extension	Secondary Phone Extension						
Primary E-mail Address	Mail should be directed to						
	X						
Cell Phone	Fax						
#	#						
Dublic Address							
Public Address							
Street Address	ZIP / Postal Code						
9155 Mirage Lake Dr	48160						
Address Line 2	State / Province						
	Michigan						
City	Country						
Milan	United States						
County	Is your physical address different from your mailing address?						
	○ Yes ● No						
	Public Phone						
	# (317) 828-0810						

Mailing Address

Street Address	City (Mailing)	
Address Line 2	State / Province (Mailing)	
ZIP / Postal Code (Mailing)	County (Mailing)	
	V	7
	County (Mailing)	

Application Status





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

O Yes O 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.

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

Ħ

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.

Child Support Attestation Type

Not subject to a court order **7**

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

O Yes O No

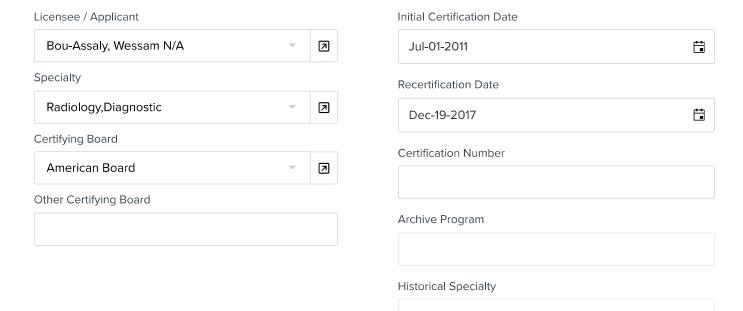
In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

O Yes O No

Board Certifications

Licensee / Applicant	Certifying Board †	T	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	Neuroradio l ogy		Oct-04-2013	Dec-19-2017

Board Certification Details

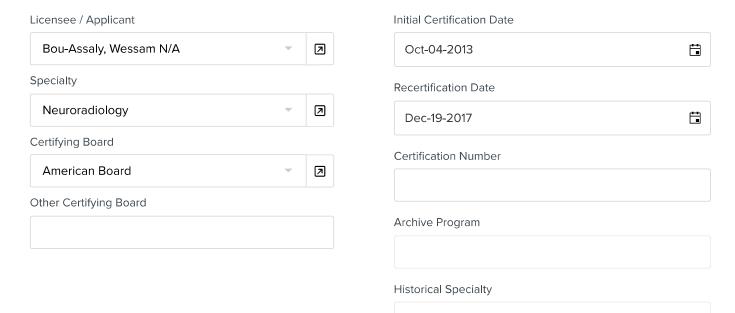


Connected Record

Application



Board Certification Details



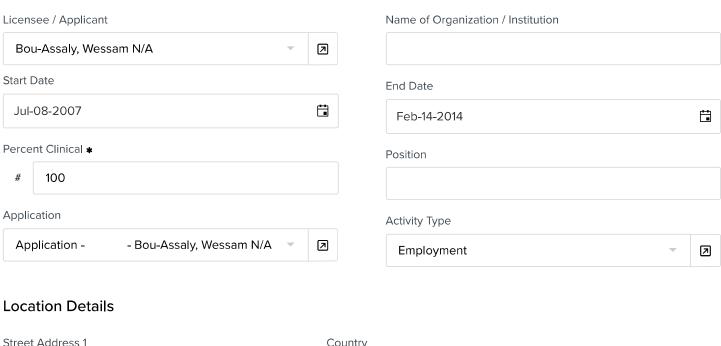
Connected Record

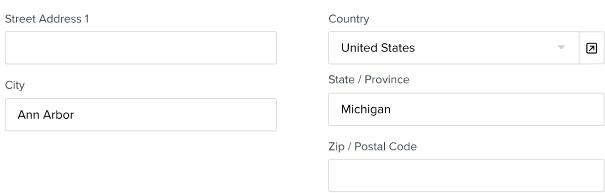
Application

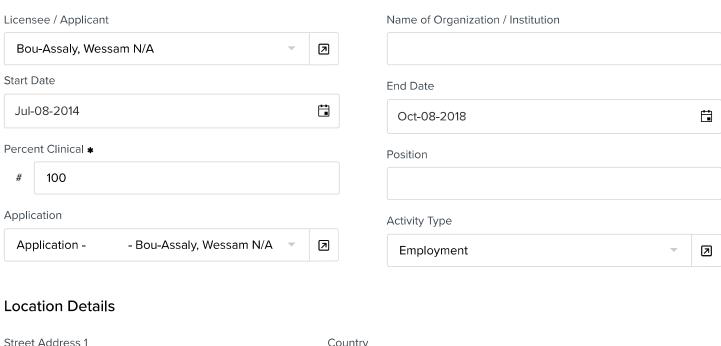


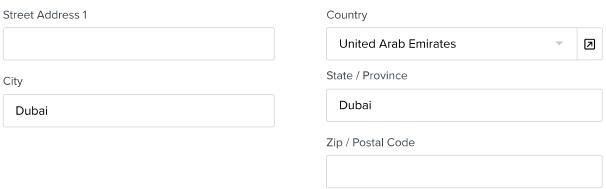
Activities

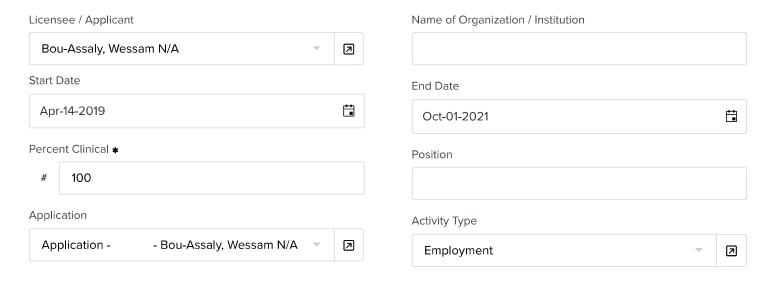
Licensee / Applicant	Name of Organization / Institution	T	Start Date †	▼ End Date ▼	Percent Clinical
Wessam Bou-Assaly	N/A		Jul-08-2007	Feb-14-2014	100
Wessam Bou-Assaly	N/A		Jul-08-2014	Oct-08-2018	100
Wessam Bou-Assaly	N/A		Apr-14-2019	Oct-01-2021	100
Bou-Assaly, Wessam Boutros	N/A		Oct-01-2021	Dec-08-2023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



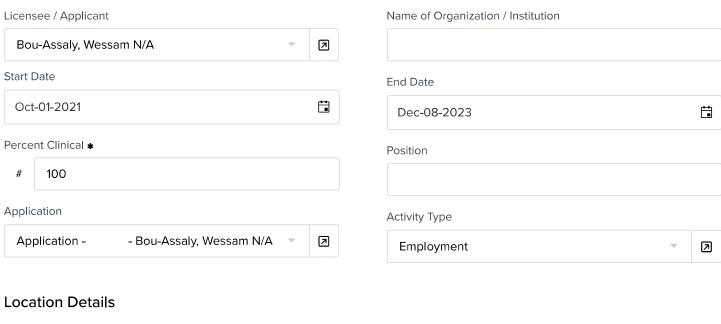


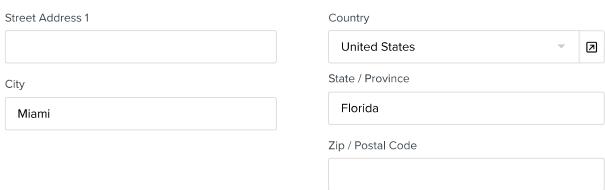










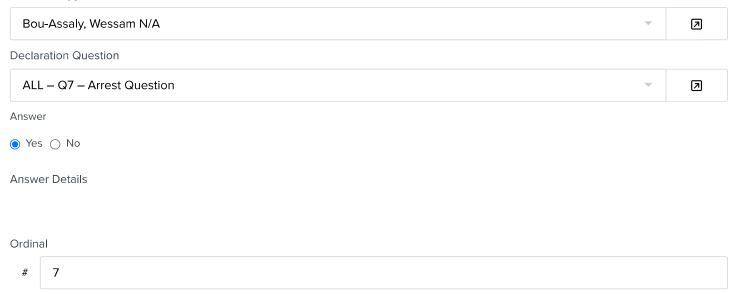


Declarations

Ordinal † T	Licensee/Applicant	Declaration Question ↑ ▼	Answer Y Answer Details
1	Wessam Bou-Assa l y	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



Declaration Text

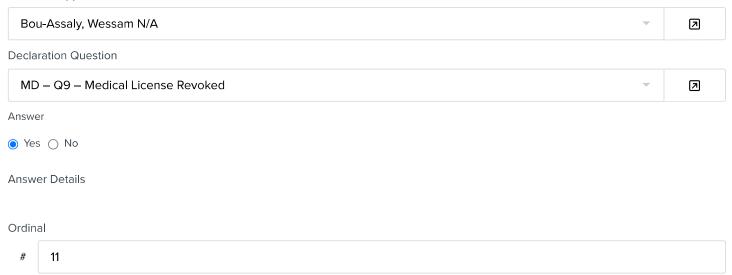
Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, 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



Declaration

Licensee/Applicant



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?

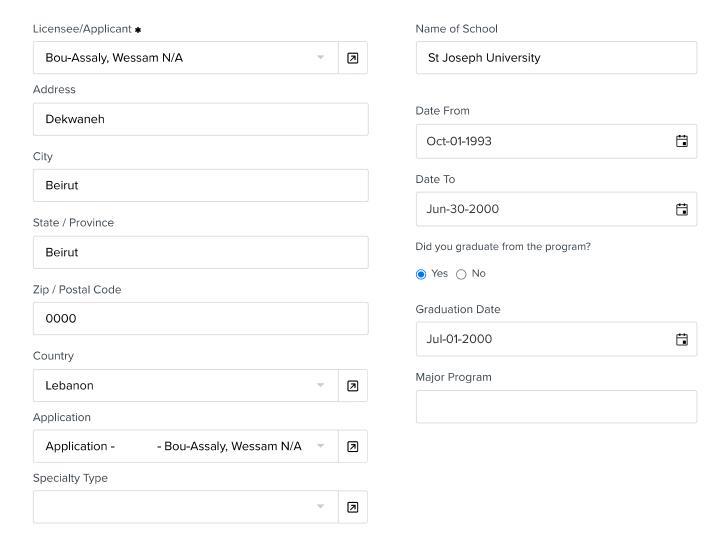
Related To



Education

Licensee/Applicant	▼	Education Type	T	Name of School	T	Degree Attained	•	Date From	7	Date To †	T	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



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

Licensee / Applicant *		Examination Type
Bou-Assaly, Wessam N/A	7	United States Medical Licensing Examination (USMLE)
Attended Date		Other Exam
Nov-02-1999		
Number of Attempts		Are you currently certified?
# 1		○ Yes ○ No
Application		Steps
Application Bou-Assaly, Wessam N/A	7	1
Location		Certificate Number
Result		Exam Date
211		
		Expiration Date

Licensee / Applicant *		Examination Type				
Bou-Assaly, Wessam N/A	7	United States Medical Licensing Examination (USMLE) 🗷				
Attended Date		Other Exam				
Aug-17-2000						
Number of Attempts		Are you currently certified?				
# 1		○ Yes ○ No				
Application		Steps				
Application Bou-Assaly, Wessam N/A	7	2CK				
Location		Certificate Number				
Result		Exam Date				
196						
		Expiration Date				

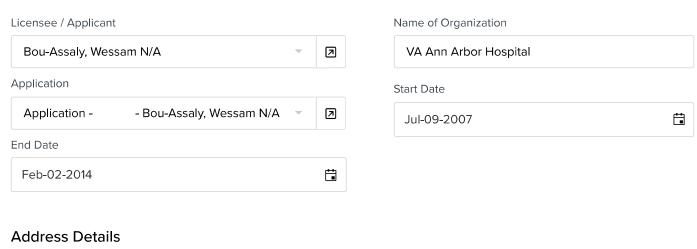
Licensee / Applicant *		Examination Type			
Bou-Assaly, Wessam N/A	_	7	ECFMG	_	7
Attended Date			Other Exam		
Apr-06-2001					
Number of Attempts			Are you currently certified?		
#			○ Yes ○ No		
Application			Steps		
Application Bou-Assaly, Wessam	n N/A	7			
Location			Certificate Number		
Result			Exam Date		
			Expiration Date		

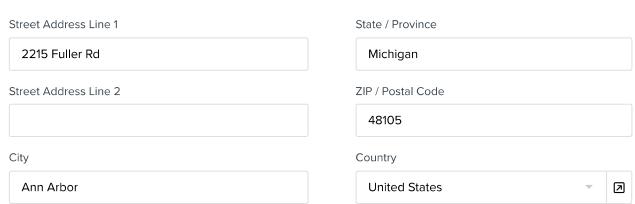
Licensee / Applicant *	Exa	nmination Type
Bou-Assaly, Wessam N/A	7	Jnited States Medical Licensing Examination (USMLE) 図
Attended Date	Oth	ner Exam
Mar-05-2005		
Number of Attempts	Are	you currently certified?
# 2	0,	Yes O No
Application	Ste	ps
Application Bou-Assaly, Wessam N/A	a	3
Location	Cer	rtificate Number
Result	Exa	am Date
179		
	Exp	piration Date

Licensee / Applicant *		Examination Type		
Bou-Assaly, Wessam N/A	7	United States Medical Licensing Examination (USMLE) 🗷		
Attended Date		Other Exam		
Jul-08-2005				
Number of Attempts		Are you currently certified?		
# 2		○ Yes ○ No		
Application		Steps		
Application Bou-Assaly, Wessam N/A	7	3		
Location		Certificate Number		
Result		Exam Date		
211				
		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



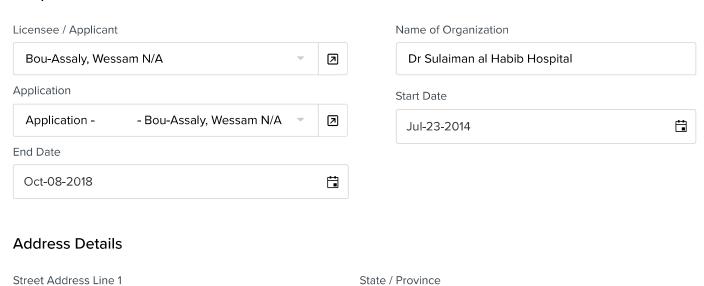


DHCC_Dubai

Street Address Line 2

City

Dubai



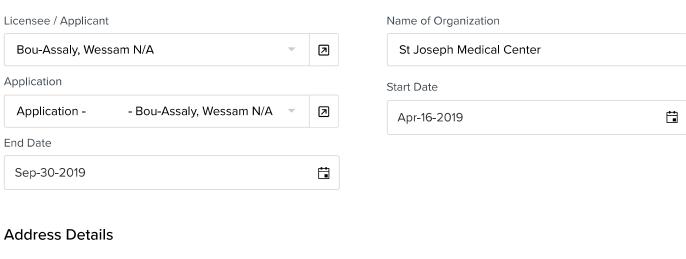
ZIP / Postal Code

United Arab Emirates

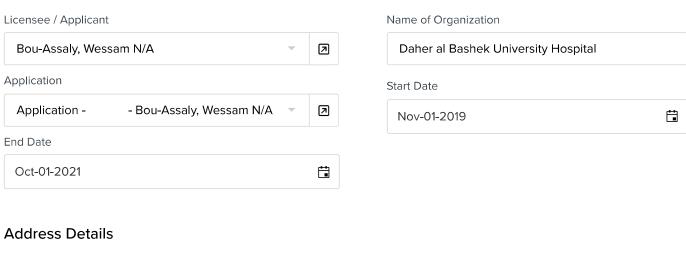
7

50051

Country



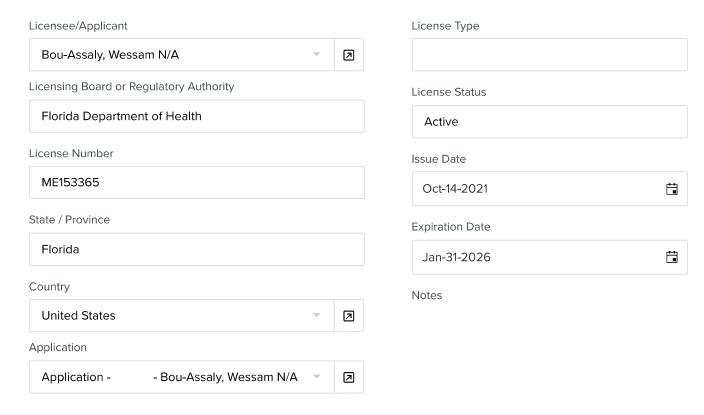
Street Address Line 1 State / Province Achrafieh Street Address Line 2 ZIP / Postal Code 0000 City Country Beirut Lebanon

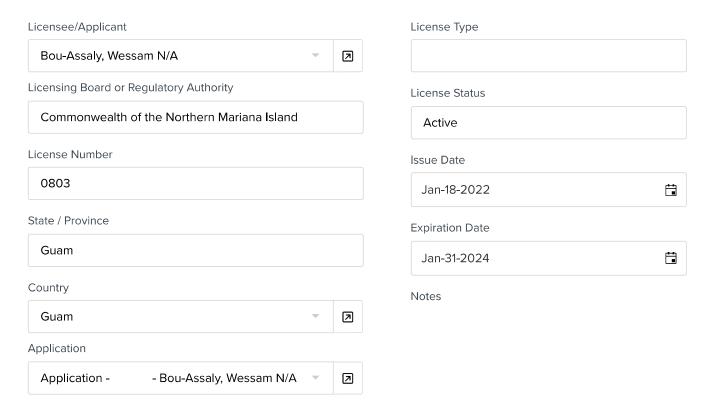


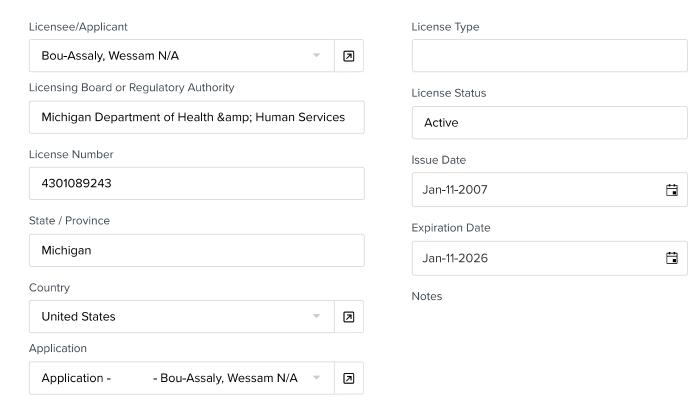
Street Address Line 1	State / Province	
Roumieh		
Street Address Line 2	ZIP / Postal Code	
	0000	
City	Country	
Beirut	Lebanon	

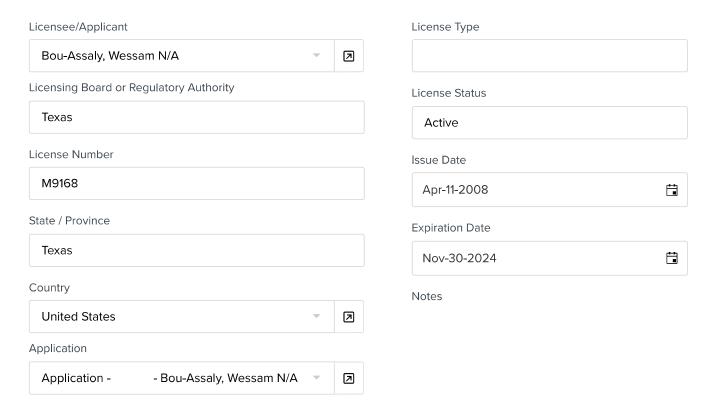
Other Licenses

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





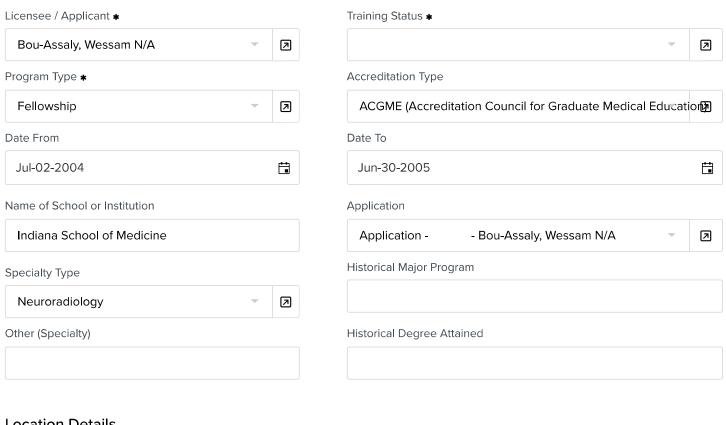


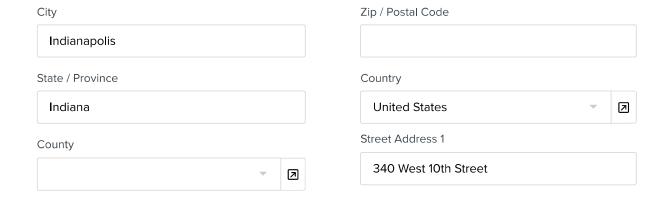


Postgraduate Training

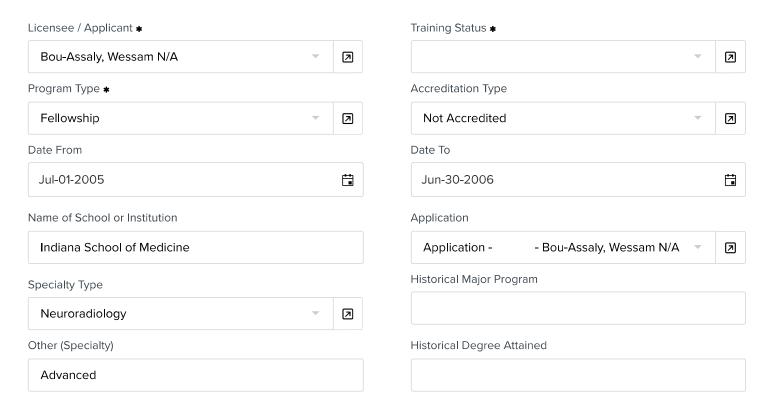
Licensee / Applicant	Name of School or Institution	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Bou-Assaly, Wessam N/A	Indiana School of Medicine	Neuroradio l ogy	Jul-02-2004	Jun-30-2005	Fellowship
Bou-Assaly, Wessam N/A	Indiana School of Medicine	Neuroradio l ogy	Jul-01-2005	Jun-30-2006	Fellowship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

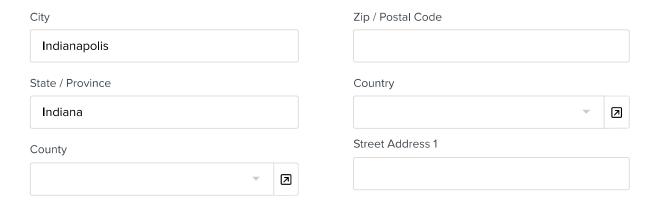
Postgraduate Training Details



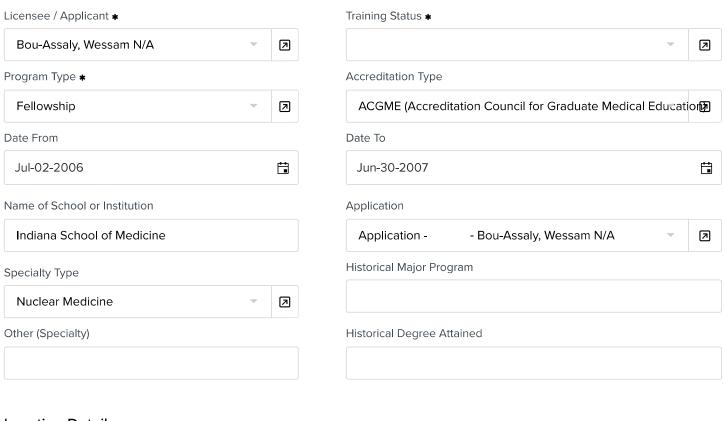


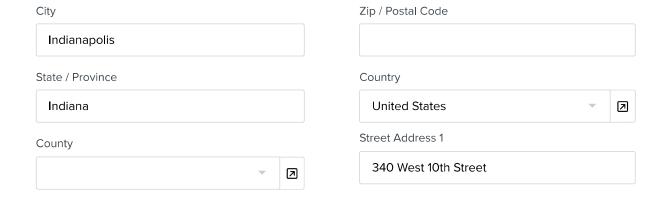
Postgraduate Training Details





Postgraduate Training Details





Specialties

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

Specialty Details

