

Demographic Details

First Name

William

Middle Name

Wei-Chieh

Last Name *

Chuang

Previous Name(s)

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

-1963 

Name Suffix

City of Birth

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

#

Secondary Phone

#



Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address



Mail should be directed to



Cell Phone

#

Fax

#

Public Address

Street Address

ZIP / Postal Code


Address Line 2

City

County

State / Province

Country

Is your physical address different from your mailing address?

Yes No

Public Phone

#

Mailing Address

Street Address

Address Line 2

ZIP / Postal Code (Mailing)

City (Mailing)

State / Province (Mailing)

County (Mailing)

County (Mailing)

Application Status

Applicant *



  

Application Number

License Issued?

Yes No

Application Status

Assigned To


Manual Paper Application?

Yes No



License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)


License Category

Obtained By


  

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

Expected Expiration Date


 

Application Details


Application Type


Application Date *

Reviewed Date

Decision Date

Submitted Date



Approved Date



Application Step

#

Expiration Date



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

Yes No

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




Application Payment Date



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

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	<input checked="" type="checkbox"/>
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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
Chuang, William Wei-Chieh	American Board	N/A	Radiology, Diagnostic	Jun-12-2002	Dec-28-2012

Board Certification Details

Licensee / Applicant

Specialty


  

Certifying Board


  

Other Certifying Board

Initial Certification Date

Recertification Date

Certification Number

Archive Program

Historical Specialty

Connected Record

Application

Application -	- Chuang, William Wei-Chieh	
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Activities

Licensee / Applicant ▼	Name of Organization / Institution ▼	Start Date ↑ ▼	End Date ↑ ▼	Percent Clinical
William Chuang	SUNY Upstate University Hospital	Jul-01-1992	Jun-30-1993	100
William Chuang	SUNY Upstate University Hospital	Jul-01-1993	Jun-30-1997	100
William Chuang	SUNY Upstate University Hospital	Jul-01-1997	Dec-31-1997	100
William Chuang	University of Minnesota	Jan-01-1998	Jun-30-2002	100
William Chuang	University of Minnesota	Jan-01-2000	Jun-30-2000	100
William Chuang	University of Minnesota	Jul-01-2002	Dec-31-2002	100
William Chuang	University of Minnesota	Jul-01-2002	Dec-31-2002	100
William Chuang	Radiologic Associates of Duluth	Jan-01-2003	Dec-31-2011	80
William Chuang	University of Wisconsin School of Medicine & Public Health	Sep-01-2011	Aug-31-2012	100
William Chuang	Seeking Employment	Sep-01-2012	Nov-01-2012	0
William Chuang	Rayus Radiology/Foundation Radiology Group	Nov-12-2012	Mar-31-2024	100


Application Activity Details

Licensee / Applicant


  

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant


  

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application


Activity Type

Location Details

Street Address 1

Country

City

State / Province


Zip / Postal Code

Application Activity Details

Licensee / Applicant

▼ 

Start Date

Percent Clinical *


100

Application

▼ 

Name of Organization / Institution

End Date

Position

Activity Type

▼ 

Location Details

Street Address 1

City

Country

▼ 

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

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Start Date

End Date


 

Percent Clinical *

#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code


Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

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Activity Type

Location Details

Street Address 1

Country

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State / Province

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Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

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Percent Clinical *



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Position

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Activity Type

Location Details

Street Address 1

Country

City

State / Province

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Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *



#

Position

Application

Activity Type

Location Details

Street Address 1

Country

City

State / Province

Zip / Postal Code

Declarations

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

Declaration

Licensee/Applicant

Chuang, William Wei-Chieh	▼	↗
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Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	5
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Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

Related To

Application

Application -	- Chuang, William Wei-Chieh	↗
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Renewal

	▼	↗
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Declaration

Licensee/Applicant

Chuang, William Wei-Chieh	▼	↗
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Declaration Question

ALL – Q6 – Malpractice Claim Paid	▼	↗
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Answer

Yes No

Answer Details

Ordinal

#	6
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Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

Related To

Application

Application -	- Chuang, William Wei-Chieh	↗
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Renewal

	▼	↗
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Education

Licensee/Applicant ▼	Education Type ▼	Name of School ▼	Degree Attained ▼	Date From ▼	Date To ↑ ▼	Graduation Date
Chuang, William Wei-Chieh	Undergraduate	Northwestern University	Bachelor of Science	Sep-01-1981	May-01-1985	Jun-15-1985
Chuang, William Wei-Chieh	College/University	University of Pittsburgh	Doctor of Philosophy	May-01-1987	Aug-01-1990	Aug-11-1990
Chuang, William Wei-Chieh	Medical School	University of Pittsburgh School of Medicine	Medical Doctor Degree	Sep-03-1985	May-14-1992	May-23-1992

Education Details

Licensee/Applicant *

Address

City

State / Province

Zip / Postal Code



Country

Application


 

Specialty Type



  

Name of School


Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant *



Address

City

State / Province

Zip / Postal Code



Country

Application



 

Specialty Type

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Education Details

Licensee/Applicant *

Address

City


State / Province

Zip / Postal Code


Country

Application

Specialty Type



  

Name of School

Education Type

Degree Attained

Date From

Date To

Did you graduate from the program?

Yes No

Graduation Date

Major Program

Examinations


Licensee / Applicant ▼	Examination Type ▼	Attended Date ↑
Chuang, William Wei-Chieh	National Board of Medical Examiners (NBME)	Jun-09-1987
Chuang, William Wei-Chieh	National Board of Medical Examiners (NBME)	Sep-25-1991
Chuang, William Wei-Chieh	National Board of Medical Examiners (NBME)	Mar-03-1993

Examination Details

Licensee / Applicant *

Chuang, William Wei-Chieh 


Attended Date

Jun-09-1987 

Number of Attempts

1

Application

Application - - Chuang, William Wei-Chieh 

Location

Result

610/86

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?

Yes No

Steps


Part I

Certificate Number

Exam Date



Expiration Date




Examination Details

Licensee / Applicant *


Attended Date

Number of Attempts

#

Application

Location

Result

Examination Type

Other Exam

Are you currently certified?

Yes No

Steps

Certificate Number

Exam Date

Expiration Date

Examination Details

Licensee / Applicant *

Chuang, William Wei-Chieh 


Attended Date

Mar-03-1993 

Number of Attempts

1

Application

Application - - Chuang, William Wei-Chieh 

Location

Result

365/76

Examination Type

National Board of Medical Examiners (NBME) 

Other Exam

Are you currently certified?


Yes No

Steps

Part III

Certificate Number

Exam Date



Expiration Date



Other Licenses

Licensee/Applicant ▼	License Number ▼	License Type ▼	Issue Date ↑ ▼	Expiration Date ▼	State / Province ↑
Chuang, William Wei-Chieh	ME167894	Medical Doctor	Apr-16-2024	Jan-31-2026	Florida
Chuang, William Wei-Chieh	95097	N/A	Mar-30-2023	Aug-31-2024	Georgia
Chuang, William Wei-Chieh	036135203	N/A	Apr-30-2014	Sep-30-2020	Illinois
Chuang, William Wei-Chieh	01074612A	N/A	Oct-02-2014	Oct-31-2025	Indiana
Chuang, William Wei-Chieh	47737	N/A	Dec-18-2014	Feb-28-2025	Kentucky
Chuang, William Wei-Chieh	D79143	N/A	Mar-11-2015	Sep-30-2024	Maryland
Chuang, William Wei-Chieh	1016366	N/A	Sep-21-2023	Aug-19-2024	Massachusetts
Chuang, William Wei-Chieh	4301113516	N/A	Jul-19-2017	Jul-19-2024	Michigan
Chuang, William Wei-Chieh	R13244	N/A	Jan-01-1998	Dec-31-2001	Minnesota
Chuang, William Wei-Chieh	13244	N/A	Jan-10-1998	Dec-31-2001	Minnesota
Chuang, William Wei-Chieh	41155	N/A	Nov-14-1998	Aug-31-2024	Minnesota
Chuang, William Wei-Chieh	2024005373	Medical Physician and Surgeon	Feb-08-2024	Jan-31-2025	Missouri
Chuang, William Wei-Chieh	207195	N/A	Jun-26-1997	Jul-31-2024	New York
Chuang, William Wei-Chieh	2023-02529	N/A	Aug-18-2023	Aug-18-2024	North Carolina
Chuang, William Wei-Chieh	35.123224	N/A	Apr-04-2014	Apr-01-2025	Ohio
Chuang, William Wei-Chieh	MD214693	N/A	Sep-12-2023	Dec-31-2025	Oregon
Chuang, William Wei-Chieh	MD418366	N/A	Jan-11-2002	Dec-31-2024	Pennsylvania
Chuang, William Wei-Chieh	13139621-1205	N/A	Nov-28-2022	Jan-31-2026	Utah
Chuang, William Wei-Chieh	0101263765	N/A	Dec-21-2017	Aug-31-2024	Virginia
Chuang, William Wei-Chieh	26199	N/A	Jan-12-2015	Sep-30-2020	West Virginia
Chuang, William Wei-Chieh	45310-20	N/A	Feb-03-2003	Oct-31-2013	Wisconsin

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority

License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority

License Number

State / Province

Country


Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

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Licensing Board or Regulatory Authority

License Number

State / Province

Country

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Application

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License Type

License Status

Issue Date

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Expiration Date

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Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

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Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application

License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country

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License Status

Issue Date

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Licensing Board or Regulatory Authority


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Licensing Board or Regulatory Authority


License Number

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Application

License Type

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Other License Details

Licensee/Applicant

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Licensing Board or Regulatory Authority

License Number

State / Province

Country

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Application

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License Type

License Status

Issue Date

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Expiration Date

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Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

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Licensing Board or Regulatory Authority


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Other License Details

Licensee/Applicant


 

Licensing Board or Regulatory Authority


License Number

State / Province

Country

Application


License Type

License Status

Issue Date

Expiration Date

Notes

Other License Details

Licensee/Applicant

Licensing Board or Regulatory Authority


License Number

State / Province

Country


Application


License Type

License Status

Issue Date

Expiration Date


Notes

Postgraduate Training

Licensee / Applicant ▼	Name of School or Institution ▼	Specialty Type ▼	Date From ↑ ▼	Date To ↑ ▼	Program Type
Chuang, William Wei-Chieh	SUNY Upstate Medical University – Syracuse	Surgery, General	Jul-01-1992	Jun-30-1993	Internship
Chuang, William Wei-Chieh	SUNY Upstate Medical University – Syracuse	Surgery,Neurological	Jul-01-1993	Jun-30-1997	Residency
Chuang, William Wei-Chieh	SUNY Upstate Medical University – Syracuse	Anesthesiology	Jul-01-1997	Dec-31-1997	Residency
Chuang, William Wei-Chieh	University of Minnesota	Radiology, Diagnostic	Jan-01-1998	Dec-31-1999	Residency
Chuang, William Wei-Chieh	University of Minnesota	Neuroradiology	Jan-01-2000	Jun-30-2000	Fellowship
Chuang, William Wei-Chieh	University of Minnesota	Radiology,Diagnostic	Jul-01-2000	Jun-30-2002	Residency
Chuang, William Wei-Chieh	University of Minnesota	Neuroradiology	Jul-01-2002	Dec-31-2002	Fellowship
Chuang, William Wei-Chieh	University of Wisconsin Hospitals and Clinics Program	Neuroradiology	Sep-01-2011	Aug-31-2012	Fellowship

Postgraduate Training Details


Licensee / Applicant *

Program Type *


 

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *


 

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Zip / Postal Code



Country

Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *


  

Date From



Name of School or Institution

Specialty Type


  

Other (Specialty)

Training Status *

Accreditation Type

Date To

Application

Historical Major Program



Historical Degree Attained

Location Details

City

State / Province

County

Zip / Postal Code


Country

Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *


 

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *


 

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City


State / Province

County

Zip / Postal Code


Country

Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *


 

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *


 

Accreditation Type

Date To

Application

Historical Major Program


Historical Degree Attained

Location Details

City

State / Province

County

Zip / Postal Code


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Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *


 

Accreditation Type

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Historical Degree Attained

Location Details

City

State / Province

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Country



Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Program Type *

Date From



Name of School or Institution

Specialty Type


  

Other (Specialty)

Training Status *



  

Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City


State / Province

County

Zip / Postal Code


Country

Street Address 1

Postgraduate Training Details

Licensee / Applicant *

Program Type *

Date From


Name of School or Institution

Specialty Type


 

Other (Specialty)

Training Status *


 

Accreditation Type

Date To

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Historical Major Program


Historical Degree Attained

Location Details

City


State / Province

County

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Street Address 1

Postgraduate Training Details


Licensee / Applicant *

Program Type *



  

Date From



Name of School or Institution

Specialty Type


  

Other (Specialty)


Training Status *



Accreditation Type

Date To

Application

Historical Major Program

Historical Degree Attained

Location Details

City

State / Province

County

Zip / Postal Code

Country

Street Address 1

Specialties

Licensee / Applicant	Specialty Type	Primary Specialty?	Effective Date	End Date
William Chuang	Radiology, Diagnostic	Yes	N/A	N/A
William Chuang	Neuroradiology	No	N/A	N/A

Specialty Details


Licensee / Applicant *

Effective Date



Application

Primary Specialty?

Yes No

Specialty Type *

Other (Specialty)

End Date

Specialty Details


Licensee / Applicant *

Chuang, William Wei-Chieh	▼	
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Effective Date

	
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Application

Application -	- Chuang, William Wei-Chieh	
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Primary Specialty?

Yes No


Specialty Type *

Neuroradiology	▼	
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Other (Specialty)

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End Date

	
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