

4301108698

Sabo, Laura Anne

Medical Doctor  
August 07, 2015

all  
ea

~~XXXXXXXXXX~~  
gu

WI DA

Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
Health Licensing Division  
PO Box 30670

Lansing, MI 48909

(517) 335-0918

[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

TranInfo:430109 20613464-1 08/07/15

Chk#: 410850 Amt: \$150.00

ID: [REDACTED]

TranInfo:430137 20613464-2 08/07/15

Chk#: 410850 Amt: \$150.00

ID: [REDACTED]

FOR BOARD USE ONLY
License Number 108698
CS Number: S35073364
Issue Date 9-16-15

APPLICATION FOR ENDORSEMENT

TranInfo:430157 20613464-3 08/07/15

Chk#: 410850 Amt: \$20.00

Please select the license you are applying for from the drop down list below.

☐ Medical Doctor by Endorsement Fee \$150.00 [ 71-4301-09 ]

☒ MD by Endorsement & Controlled Substance Fee \$150.00 [ 71-4301-09 ] & \$85.00 [ 71-5315-3757 ] Total Fee \$235.00

Your check or money order drawn on a U.S. financial institution and made payable to the STATE OF MICHIGAN must accompany this application. DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

## 1. Demographic Information

First Name: LAURA

Middle Name: ANNIE

Last Name: SABO

U.S. Social Security #: [REDACTED]

Birth Date:

1/1958

Street Address: 1229 LAKESHORE PARK PLACE

Apt/Bldg #:

City: MARQUETTE

State: MI

Zip Code: 49855

Country: USA

Phone Number: 608 [REDACTED]

Email Address:

@UWMT, WISC.edu

Have you ever held a health professional license in any profession in Michigan?

☐ Yes☒ No

Was your health professional license issued after 2008?

☐ Yes☒ No

Health Professional Permanent I.D./License Number:

Expiration Date:

Have you ever been known under any other name?

☐ Yes

If yes, list name(s):

☒ No

Will documents be received under any other name?

☐ Yes

If yes, list name(s):

☒ No

Have you ever filed an application for this type of license in Michigan?

☐ Yes☒ No

Full Name: **LAURA ANNE SABO****2. Personal Data Questions**

1. Have you ever been convicted of a felony?

☐ Yes  
☒ No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?

☐ Yes  
☒ No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?

☐ Yes  
☒ No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?

☐ Yes  
☒ No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?

☐ Yes  
☒ No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?

☐ Yes  
☒ No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?

☐ Yes  
☒ No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?

☐ Yes  
☒ No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name: LAURA ANNE SABO**3. Professional Education**

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted
UNIVERSITY OF LOUISVILLE SCHOOL OF MEDICINE	ABELL ADMINISTRATION BLDG 323 EAST CHESTNUT STREET LOUISVILLE, KY 40202	5/2000	M.D.
UNIVERSITY OF WISCONSIN	GRADUATE MEDICAL EDUCATION 600 HIGHLAND AVE / HC-831-832D MADISON, WI 53792	6/2004	M.D. OBSTETRICS/GYNECOLOGY

**3. License(s) in Other State(s) and/or Province(s)**

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.**  
(Attach additional sheets if necessary.)

☒ Yes  
☐ No

State/Country	Permanent License/Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)
WISCONSIN	43598-020	7/25/2001	14	10/31/2015	ENDORSEMENT WISCONSIN

**4. CERTIFICATION**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Laura A. Sabo

Date

8/13/2015



# STATE OF WISCONSIN

## Department of Safety and Professional Services

### Electronic Licensure Verification

This real-time Licensure Verification page is electronically certified proof of licensure, as requested, and as it appears in the files of the State Of Wisconsin - DPS as of Tuesday, September 15, 2015 7:49:30 AM - Central Daylight Time

Printer Friendly

#### License Information

<b>Name</b>	SABO, LAURA A
<b>Credential Type</b>	Medicine and Surgery, MD
<b>Credential Number</b>	43598-20
<b>Location</b>	MARQUETTE, MI
<b>Status</b>	credential license is current (active)
<b>Issue Date</b>	07/25/2001
<b>Expiration Date</b>	10/31/2015
<b>Disciplinary Order(s)</b>	No
<b>Licensee</b>	LAURA A SABO

#### History

Description	Code	Date
ENDORSED FROM PART III USMLE	ENDORSED FROM	07/25/2001
EXAM - USMLE123 USMLE 90	EXAM	06/18/2001
USMLE Passed	EXAM	06/18/2001
graduated from UNIV OF LOUISVILLE	GRADUATED FROM	05/14/2000

The information above is the only certification information provided by this Department. To expedite the certification process, the above format is the standard format for all professions required by this Department.