285462

RECEIVED JUN 8 2020 Board of Registration

Commonwealth of Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 - Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

FULL LICENSE APPLICATION

Non-refundable Application Fee: A $600.00 check or money order payable to the Commonwealth of Massachusetts must be included with your full license application.

TYPE OF APPLICATION

(Check One)
- ☑ Initial Full License
- ☐ Administrative License
- ☐ Volunteer License

(Check One)
- ☑ U.S. or Canadian Medical School Graduate
- ☐ International Medical School Graduate

PERSONAL INFORMATION

1. Legal Name	Last: Sasso	First: Adam	Middle: Richard	Suffix:
2. Other Name(s) List other names that appear on your application documents (medical education, exams, etc.)				
3. Degree Type	☑ M.D. ☐ D.O. ☐ Other degree: _____			
4. Social Security Number	[redacted]	**5. Gender**	☑ Male ☐ Female	
6. NPI Number	1760612758			
7. Date of Birth	[redacted] Month Day Year	**8. Place of Birth**	City/State: [redacted] Country if not USA	
9. Mailing Address This address will be used for correspondence	Number and Street: [redacted]			
	City: [redacted]	State/Province/Territory:	Zip (or postal) Code:	
10. Home Address	Number and Street: [redacted]			
	City: [redacted]	State/Province/Territory:	Zip (or postal) Code:	
11. Business Address	Number and Street: 401 Carpenter Rd			
	City: Fort Myer, VA 22211	State/Province/Territory:	Zip (or postal) Code:	
12. Telephone Numbers	Home #: [redacted]	Business #: 703-696-3325	Cell #: [redacted]	
13. Email Address Will be used for correspondence	[redacted]			

Date Received: 6/8/2020

Check #: 1552

Check Amount: $ 600.00

Initials: RE

PRINT NAME: Adam Richard Sasso

Questions #14 – 16 are optional. This information will assist the Board in processing your application.	
14.	**Reason for requesting a Massachusetts medical license:** Active duty Army Family Physician planning to transition to the Army Reserves
15.	**Name of anticipated practice location/facility:** _____ Address: _____ City: _____
16.	**Anticipated starting date in Massachusetts:** _____ _____ _____

U.S. OR CANADIAN MEDICAL LICENSURE	
17.	**If you currently or have ever held a full license in the U.S. or Canada list the state/province abbreviation. This includes any active or inactive licenses. Do not report training or temporary licenses.** **NOTE: You must provide license verifications for every active or inactive full license issued to you in the U.S. or Canada. Verifications must be received in a sealed envelope, electronically from the licensing authority or through Veridoc.**
Alabama, Arizona, California, Colorado, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Louisiana, Maryland, Michigan, Missouri, Minnesota, North Carolina, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Washington, Wisconsin 10/29/2020	

PRACTICE SPECIALTY	
18.	**List the medical specialt(ies) that you practice. If you are completing postgraduate training, list that specialty here. The specialties listed will be included on your Physician Profile on the Board's website to help consumers locate physicians in specific specialties.**
Family Medicine	

ABMS/AOA BOARD CERTIFICATION	
19.	**Are you certified by the American Board of Medical Specialties (ABMS)?** ☑ Yes ☐ No If "Yes", list Board Certification(s): American Board of Family Medicine
20.	**Are you certified by the American Board of Osteopathic Medicine (AOA)?** ☐ Yes ☐ No If "Yes", list Board Certification(s): _____

PRINT NAME: Adam Richard Sasso

EXAMINATION HISTORY

Please note below each medical licensure examination you have taken.

NOTE: Your official examination scores will be included in your FCVS Physician Profile.

Examination Requirements: ***(Please see Application Instructions for more information regarding eligibility.)***

- **7 Year Time Limit: All Steps of the USMLE and all Levels of the COMLEX must be completed within 7 years. The Board may, in certain circumstances, grant a waiver of the 7 year time limit.**
- **Step/Level Attempt Limit: Each USMLE Step/COMLEX Level must be passed by the 4th attempt. No waiver is available for applicants that did not pass a Step/Level by the 4th attempt.**
- **Step 3/Level 3 Attempt Limit: If an applicant failed Step 3/Level 3 on the 3rd attempt, he/she must complete a year of ACGME/AOA postgraduate training prior to his/her 4th attempt. The Board may, in certain circumstances, grant a waiver of this requirement.**

Examination	Number of attempts	Passed (P) or Failed (F)	
USMLE Step I	2	☑ P	☐ F
USMLE Step II CK	1	☑ P	☐ F
USMLE Step II CS	1	☑ P	☐ F
USMLE Step III		☑ P	☐ F
NBME Part I		☐ P	☐ F
NBME Part II		☐ P	☐ F
NBME Part III		☐ P	☐ F
FLEX Component 1		☐ P	☐ F
FLEX Component 2		☐ P	☐ F
FLEX Pre-1985		☐ P	☐ F
COMLEX Level 1		☐ P	☐ F
COMLEX Level 2 CE		☐ P	☐ F
COMLEX Level 2 PE		☐ P	☐ F
COMLEX Level 3		☐ P	☐ F
MCCQE – Part I		☐ P	☐ F
MCCQE – Part II		☐ P	☐ F
State Board Exam	State of Examination:	☐ P	☐ F

PRINT NAME: Adam Richard Sasso

PRE-MEDICAL SCHOOL

A minimum of two or more academic years at a legally-chartered college or university is required. For international medical graduates, this education may be incorporated into your medical school training. If not, please indicate the school(s) where you completed this requirement.

Name of School	Degree	Dates of Attendance (Year)
U.S. Military Academy at West Point	BS	2001 To 2005
	City: West Point, NY	State/Country

Name of School	Degree	Dates of Attendance (Year)
		To
	City	State/Country

MEDICAL SCHOOL

List all medical schools of attendance regardless of whether a degree was awarded.

Medical School Name	Degree
Uniformed Services University of the Health Sciences	MD
Street: 4301 Jones Bridge Rd	**City, State**: Bethesda, MD

Medical School Name	Degree
Street	**City, State**

Medical School Name	Degree
Street	**City, State**

PRINT NAME: Adam Richard Sasso

TIMELINE OF ACTIVITIES SINCE GRADUATION FROM MEDICAL SCHOOL

Please provide a chronological listing by month and year of ALL activities since graduation from medical school. You must include postgraduate training, research activities, hospital affiliations, medical staff appointments, faculty appointments, private practices, locum tenens and telemedicine assignments and any other employment or volunteer activities. Also include periods of unemployment or any activities outside of the practice of medicine. Do not write, "See CV" or "See attached"; you must complete this section AND attach your curriculum vitae. If you need additional rows, please print additional copies of this page. **You MUST account for any time gaps of 30 days or more since your graduation from medical school. (*For example, if you graduated from medical school on May 31, 2015 and started residency on July 1, 2015, you must account for this gap of 30 days.*)**

Start Date (mm/yyyy)	**End Date** (mm/yyyy)	**Position Held** (Resident, Attending, Research Fellow, etc.)	**Institution/Place of Employment**	**City, State/Country**
05/2009 (Month / Year)		**Medical School Graduation Date** *(start timeline from this date)*		
06/200 / 9	07/200 / 9	Military PCS (Permanent Change of Station) Leave	US Army	Bethesda, MD
07/200 / 9	06/201 / 2	Family Medicine Resident	National Capital Consortium	Fort Belvoir, VA
07/201 / 2	06/201 / 5	Attending Family Physician	General Leonard Wood Army Community Hospital	Fort Leonard Wood, MO
07/201 / 5	07/201 / 7	Attending Family Physician	Guthrie Ambulatory Health Clinic	Fort Drum, NY
08/201 / 7	Curren / t	Regimental Surgeon	Andrew Rader Army Health Clinic	Fort Myer, VA
/	/			
/	/			
/	/			
/	/			

PRINT NAME: Adam Richard Sasso

APPLICATION QUESTIONS

You must answer "yes" or "no" to questions #21 – 47.
NOTE: A "yes" response requires a detailed explanation on the *Explanation for Application Questions* page and submission of documentation related to the underlying occurrence from the appropriate institution.

	PRE-MEDICAL SCHOOL AND MEDICAL SCHOOL	YES	NO
21.	While enrolled in college, medical school or graduate school were you ever the subject of any disciplinary action? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		[redacted]
22.	Have you ever been terminated from a medical school?		
23.	Have you ever withdrawn or transferred from a medical school?		
24.	Have you ever been granted a leave of absence by a medical school? (This includes a leave for research, public service, participated in a joint degree program such as an M.D./Ph.D. program, medical leave or for any other "personal reasons".)		
25.	Have you ever been placed on probation or remediation by a medical school or graduate school?		
26.	If you are a US or Canadian graduate, did you take more than four (4) years to complete medical school; or if you are an international medical graduate, did you take more than six (6) years to complete medical school?		
	POSTGRADUATE TRAINING		
27.	While enrolled in postgraduate training were you ever the subject of any disciplinary action or under investigation? (This includes action that was formal or informal, oral or written, voluntary or involuntary. A confidentiality agreement does not absolve you of your requirement to answer this question.)		
28.	Have you ever been suspended, terminated or dismissed from any postgraduate training program?		
29.	Have you ever had to repeat a year of postgraduate training?		
30.	Have you ever withdrawn or transferred from a postgraduate training program?		
31.	Have you ever been granted a leave of absence from a postgraduate training program? (This includes a leave for research, public service, medical leave or for any other "personal reasons".)		
32.	Have you ever been placed on probation or remediation by a postgraduate training program?		
33.	Were any limitations or special requirements imposed on you because of questions of competency or disciplinary problems?		
34.	Did you ever receive partial or no credit for a postgraduate training program?		
35.	Have you ever had a postgraduate training program contract not be renewed?		

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ACTIONS BY ANY HEALTHCARE FACILITY, EMPLOYMENT, PROFESSIONAL ORGANIZATION, STATE BOARD OR ANY OTHER GOVERNMENTAL AGENCY		YES	NO
36.	Have you been denied the privilege of taking or finishing an examination or been accused of or found to have cheated or engaged in improper conduct during an examination?	[redacted]	
37.	Have you ever been denied a medical license, whether full, limited, temporary, or have you withdrawn an application for medical licensure?		
38.	Have you ever surrendered a license to practice medicine or any professional license or has your license or certificate ever been revoked? (You do not need to report a lapsed license.)		
39.	Have you been denied American Board of Medical Specialties or American Board of Osteopathic Medicine certification or has your certification ever been suspended or revoked?		
40.	Are you aware of any open complaint, pending investigation or inquiry into your professional conduct by any entity or are any disciplinary charges pending against you?		
41.	Since your completion of postgraduate training, has any disciplinary action ever been taken against you? (A confidentiality agreement does not absolve you of your requirement to answer this question.)		
42.	Since your completion of postgraduate training, have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competency to practice medicine?		
43.	Has your medical staff membership, medical privileges, medical staff status or association with a health care facility ever been limited, suspended, revoked, not renewed or subject to probationary conditions or has processing toward any of those ends been instituted or recommended by a medical staff committee, administration or governing board?		
44.	Have you ever withdrawn an application for hospital privileges or appointment, or have you ever been denied medical staff membership, advancement in medical staff status or association with a health care facility, or has such denial been recommended by a medical staff committee, administration or governing body?		
45.	Has your privilege to manufacture, distribute, administer, possess, dispense or prescribe controlled substances ever been suspended, revoked, denied, restricted or surrendered, or have you ever been called before or warned by any state or other jurisdiction including a federal agency regarding such privileges?		
46.	Has any professional liability insurance provider ever restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition on your coverage or have you ever voluntarily restricted, limited or terminated your insurance coverage in response to any inquiry by a professional liability insurance provider?		
47.	Have you ever had an application for membership as a participating provider denied by any third-party payor, Medicare or Medicaid (any state) or have you ever been the subject of any termination, suspension or probation proceedings instituted by any third-party payor, Medicare or Medicaid (any state) or have you ever been restricted from receiving payments from any third-party payor, Medicare, Medicaid (any state)?		

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MEDICAL MALPRACTICE HISTORY QUESTION			
You must answer "yes" or "no" to question #48. **NOTE: A "yes" response requires a detailed explanation of each malpractice claim. Please use the *Explanation for Malpractice History Question.* You must also arrange for your lawyer or liability carrier to provide the requested supporting documentation.**		**YES**	**NO**
48.	Has any medical malpractice claim ever been made against you, whether or not a lawsuit was filed in relation to the claim? **NOTE:** You must report any medical malpractice claims that have been made against you, even if the claim against you was dropped, dismissed, settled, adjudicated or otherwise resolved.	[redacted]	

CRIMINAL HISTORY QUESTION			
You must answer "yes" or "no" to question #49. **NOTE: A "yes" response requires a detailed explanation of each offense/arrest. Please use the *Explanation for Criminal History Question.* You must also arrange for submission of the court and police records directly from the primary source or from your lawyer.**		**YES**	**NO**
49.	Have you ever been charged with any criminal offense? **NOTE:** You must report being arrested, arraigned, indicted or convicted, even if the charges against you were dropped, filed, dismissed or otherwise discharged. Minor traffic or parking violations need not be reported. You must report serious traffic offenses such as reckless driving, hit and run, driving with a suspended license, or operating under the influence or its equivalent. This list is not all-inclusive. If in doubt as to whether an arrest or criminal offense must be disclosed, it is best to disclose the action on your application. A medical malpractice claim is a civil, not a criminal matter and should not be reported on this question. Expunged/Sealed Offenses: While expunged/sealed offenses, arrests, tickets or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact been expunged or sealed. Failure to reveal an offense, arrest, ticket or citation that is not in fact expunged or sealed, raises questions related to truthfulness in addition to questions regarding the offense itself. **You may have been told your record is expunged or sealed when in fact it is not.** If, during the course of the application process, information about an offense is discovered which you did not disclose because you believed it to be expunged or sealed, you will be required to provide a copy of the expunction or sealing order.	[redacted]	

PRINT NAME: Adam Richard Sasso

CONFIDENTIAL INFORMATION QUESTIONS			
For purposes of the following questions, "currently" does not mean on the day of, or even the weeks or months preceding the completion of this application. It means recently enough to have an impact on one's functioning as a licensee, or within the past two years. You must answer "yes" or "no" to questions #50 - 52. **NOTE: A "yes" response to questions # 50 - 52 requires a detailed explanation. Please use the *Explanation for Confidential Information Questions.***		**YES**	**NO**
50.	Do you have a medical or physical condition that currently impairs your ability to practice medicine?		[redacted]
51.	Have you engaged in the use of any substance(s) with the result that your ability to practice medicine is currently impaired?		
52.	Have you ever refused to submit to a test to determine whether you had consumed and/or were under the influence of chemical substances?		

**** IMPORTANT NOTE REGARDING PHYSICIAN WELLNESS ****

If you have a substance use disorder or mental or physical health diagnosis that impacts your ability to practice medicine, the Board encourages you to seek assistance voluntarily and to abide by any recommendations of your health care provider.

When the Board receives notice of a substance use disorder, its primary mission is to protect the public; however, the Board also seeks to ensure successful rehabilitation through the physician's participation in approved treatment programs and supervised structured aftercare. Similarly, when the Board receives notice of a mental health or physical health diagnosis that impacts a physician's ability to practice, the Board needs to ensure that the physician can practice medicine safely.

In regard to issues of physician impairment, whether the impairment is caused by a substance use disorder, or a mental or physical health diagnosis, the Board works cooperatively with the Massachusetts Medical Society's Physician Health Services (PHS) and encourages physicians to contact PHS to determine what services may be available to them in order to ensure their safe practice of medicine. Please call PHS at (781) 434-7404.

PHS is a nationally recognized physician assistance program designed to assist physicians with the following: alcohol misuse; substance use disorder; behavioral or mental or physical health issues that currently impair the ability to practice medicine; stress including administrative burdens; financial pressures; and work-family balance issues. PHS does not treat but may refer a physician for evaluation and treatment, if necessary. PHS services are available to all physicians in Massachusetts, whether or not they belong to the Massachusetts Medical Society.

Adam R Sasso, MD, FAAFP

[redacted]

EDUCATION

U.S. Military Academy at West Point — **West Point, NY**
Bachelor of Science in Life Sciences — 28 May 2005
Honors: Brigade Chair, Respect Program Advisory Committee (2004-2005)

Uniformed Services University of the Health Sciences — **Bethesda, MD**
Doctor of Medicine — 16 May 2009
Honors: Class Honor/Peer Development Representative (2005-2009)

INTERNSHIP AND RESIDENCY

Fort Belvoir Community Hospital — **Fort Belvoir, VA**
Family Medicine Resident — Jul2009 – Jun2012
Provided comprehensive outpatient and hospital care to a panel of 425 patients including medical, pediatric, obstetrical, and neonatal services. Served as the residency information technology expert and personally led the development and implementation of the residency's electronic evaluation system. Created the residency's intranet/extranet sites and designed multiple inpatient sign-out databases to improve staff communication and track data over time.

STAFF APPOINTMENTS

General Leonard Wood Army Community Hospital — **Fort Leonard Wood, MO**
Staff Family Physician — Jul2012 – Jul2015
Responsible for a panel of 650 patients in the Fort Leonard Wood Patient Centered Medical Home, providing acute and routine care, preventative services, obstetrical care, and outpatient procedures. Approximately one-fourth of work hours were devoted to inpatient care, serving as adult, pediatric, and OB hospitalist in a 65-bed hospital including a Medical/Surgical Ward, ICU, Mother/Baby Unit, and Psych Ward.
Accepted the additional responsibility in 2013 as GLWACH's Clinical Champion for MAPS Program (MEDCOM AHLTA Provider Satisfaction), the Essentris Standardization Committee, and the WRMC Telehealth Initiative. This led to improved userability, consistency of documentation, and expansion of services. Also served on the Data Quality Committee to improve policies and procedures.

Guthrie Ambulatory Health Clinic — **Fort Drum, NY**
Assistant Chief, Primary Care Clinic and Gold Home Team Leader — Jul2015 – Aug2017
Provided patient-centered, comprehensive ambulatory care including emergent, acute, routine, and wellness care in the Primary Care Clinic. Served as assistant chief of Family Medicine, overseeing more than 115 medical providers, nurses, and support staff, and Gold Home Team Leader. Successfully led the NCQA recertification of the clinic as a Patient Centered Medical Home. Served as a voting member of the credentials committee. Formed and chaired the Transgender Care Team and the HIV Prevention Clinic.

3d US Infantry Regiment "The Old Guard" — **Fort Myer, VA**
Regimental Surgeon — Aug2017– Present
Serve as the principal advisor to the Regimental Commander regarding the health and welfare of his command. Oversee the planning and coordination of medical support for all ceremonial and tactical missions performed by the Regiment, including National Memorial and Veteran's Day Observances in Arlington National Cemetery, Presidential Inaugurations, and the Army Ten Miler. Directly supervise 2 physician assistants, 1 physical therapist, 1 medical planner, and 44 medics. Serve as the officer in charge of the Regimental Aid Station, providing world-class healthcare to over 1500 Soldiers.

ADDITIONAL EMPLOYMENT

Bailey Health

Telemedicine Physician May2019– Present

Telemedicine provider, specializing in men's and women's health and well-being, treating over 1000 patients per month.

SPECIAL PROJECTS AND ASSIGNMENTS

TSWAG (Triservice Workflow Advisory Group) Subject Matter Expert	2014-2016
Chair, Transgender Care Team, Fort Drum, NY	2016-2017
Chief, HIV Prevention Clinic	2016-2017
TSWF Working Group Army Service Lead Alternate	2017-Present

LICENSURE/CERTIFICATION

State	Type	Number	Active	Expiration	Status
California	Physician and Surgeon	C-165448	09/16/2019	09/30/2021	Active
Colorado	Physician License	DR.0063260	09/17/2019	04/30/2021	Active
Delaware	Physician MD/DO License	C1-0013233	07/17/2019	03/31/2021	Active
Florida	MD License	ME141543	06/28/2019	01/31/2021	Active
Georgia	Full License	83752	07/22/2019	08/31/2020	Active
Illinois	Physician	036.150514	08/16/2019	07/31/2020	Active
Michigan	Medical Doctor License	4301501974	03/16/2020	03/16/2023	Active
New Jersey	Full License	25MA10832700	04/29/2020	06/30/2021	Active
New York	Physician License	303439	03/04/2020	02/28/2022	Active
North Carolina	Full License	2020-00812	03/26/2020	08/10/2020	Active
Ohio	MD or DO License	35.138874	03/06/2020	03/06/2022	Active
Pennsylvania	Unrestricted Physician & Surgeon License	MD468058	07/1/2019	12/31/2020	Active
South Carolina	Permanent License	83213	09/23/2019	06/30/2021	Active
Texas	Full Texas Medical License	S6930	05/29/2020	05/31/2022	Active
Virginia	Medicine & Surgery License	0101248055	07/16/2010	08/31/2020	Active
Washington	Full License	MD61004602	11/22/2019	08/10/2022	Active

Board Certified in Family Medicine by the ABFM	09Nov12 – Present
Basic Life Support (BLS)	13May2019 – 13May2021
Advanced Cardiovascular Life Support (ACLS)	07Sep2018 – 07Sep2020
Pediatric Advanced Life Support (PALS)	23Nov2018 – 23Nov2020

PROFESSIONAL MEMBERSHIPS

American Academy of Family Physicians 2009 – Present

Inducted as a Fellow in 2019

Uniformed Services Academy of Family Physicians 2009 – Present

MILITARY EDUCATION AND SERVICE

AMEDD Officer Basic Course (OBC), Fort Sam Houston, TX	2005
Combat Casualty Care Course (C4), Fort Sam Houston, TX	2009
Tactical Combat Medical Care (TCMC), Fort Sam Houston, TX	2013
Clinic Leaders Decision Science Training, Camp Smith, AR	2016
AMEDD Captain's Career Course (CCC), Fort Sam Houston, TX	2017
Medical Effects of Ionizing Radiation, USUHS, MD	2018
Expert Field Medical Badge Standardization Trng, Fort Bragg, NC	2018

Commonwealth of Massachusetts Board of Registration in Medicine
200 Harvard Mill Square, Suite 330 – Wakefield, MA 01880
Telephone: (781) 876-8210 Fax: (781) 876-8383
www.mass.gov/massmedboard

LIABILITY CARRIER REQUEST FORM

Applicant Print Name: Adam Richard Sasso

APPLICANT INSTRUCTIONS: **Print name above**. In **chronological order**, list your liability carriers covering the **past 10 years that you have held a full license in the U.S. or Canada**. Only include liability carriers from postgraduate training if it was within the past 10 years and you held a full license at that time. Send a copy of this form to each carrier in order to request a claims history report. Send the original form to the Board with your application.
This form is not required if you have never held a full license in the U.S. or Canada.

Liability Carrier	US GOVERNMENT (ACTIVE DUTY ARMY PHYSICIAN)		
Dates of Coverage	From: 05 09 To: PRESENT	**Policy Number**	N/A
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	
Liability Carrier			
Dates of Coverage	From: ____ ____ To: ____ ____	**Policy Number**	

LIABILITY CARRIER INSTRUCTIONS: Please provide the following documentation directly to the Board at the above listed mailing address or via email at: malpractice.reports@MassMail.State.MA.US. If sending documents via email, you must include the physician's name in the subject line of the email.

Claims History Report/Loss Run Report: Please provide a claims history report on letterhead, which includes:

1. Policy number
2. Dates of policy coverage;
3. If your company's name has changed, please provide any former company names.
4. Whether the applicant has any claims history;
5. If the applicant has a claims history, please include:
    a. the name/initials of the claimant(s);
    b. nature and date of claim(s);
    c. whether the claim is pending or closed. If closed, final disposition; and
    d. amounts paid on the applicant's behalf, if any.

Additional Claim Documentation: If the applicant has a claims history, please provide copies of the following:

1. Complaint, notice of intent to file a claim, or other claim letter; and
2. Final judgment, settlement and release, or other final disposition of each claim.

State of Alabama

Medical Licensure Commission

George C. Smith, Sr., M.D., Chairman/Executive Officer
Karen Silas, Executive Assistant

11/23/2020

Massachusetts Medical Board
200 Harvard Mill Square Suite 330
Wakefield, MA 01880

VERIFICATION OF ALABAMA MEDICAL LICENSURE

Name of Licensee (as it appears in our Records)

Adam Richard Sasso

Date of Birth:	[redacted]
License Number:	**MD.41197**
Current Status:	**Active**
Date Issued:	**07/23/2020**
Basis of License:	**USMLE/VA**
Expiration Date:	**12/31/2021**
Medical School:	**Uniformed Services University of Health Sciences**
Location:	**Bethesda**
Date From/To:	**08/05-05/09**

[redacted]

[redacted]

Signature: George C. Smith Sr MD

George C. Smith, Sr., M.D. Chairman
Medical Licensure Commission of Alabama

To expedite the verification process, the above is the standard format used by the Medical Licensure Commission of Alabama. Verification information can also be obtained by accessing our website at http://www.albme.org.

Arizona Medical Board

General Information

Adam R. Sasso
[redacted]

License Number: 61473
License Status: Active
License Date: 08/03/2020
License Renewed: 08/03/2020
Due to Renew By: 08/10/2021
If not Renewed, License Expires: 12/10/2021

Education and Training

Medical School:	UNIFORMED SVC U OF THE HLTH SCI Bethesda, MD
Graduation Date:	05/16/2009
Residency:	07/01/2009 - 06/30/2012 (Family Medicine) National Capital Consortium Bethesda, MD
Area of Interest:	Family Medicine

The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.

[redacted]

This license information was last updated on: 10/29/2020

A person may obtain additional public records related to any licensee, including dismissed complaints and non-disciplinary actions and orders, by making a written request to the Board. The Arizona Medical Board presents this information as a service to the public. The Board relies upon information provided by licensees to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or reliability of the content of this website or the content of any other website to which it may link. Assessing accuracy and reliability of the information obtained from this website is solely the responsibility of the user. The Board is not liable for errors or for any damages resulting from the use of the information contained herein.

Please note that some Board Actions may not appear until a few weeks after they are taken, due to appeals, effective dates and

Board actions taken against physicians in the past 24 months are also available in a chronological list.

MEDICAL BOARD
OF CALIFORNIA

Protecting consumers by advocating high quality, safe medical care.

Licensing Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2382
Fax: (916) 263-2487
www.mbc.ca.gov

Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

November 10, 2020

Massachusetts Board of Registration in
Medicine
200 Harvard Mills Square, Suite 330
Wakefield, MA 01880

Physician:	ADAM RICHARD SASSO
License Number:	C165448
Issued Date:	September 16, 2019
Exam Type:	A Written Examination
Expiration Date:	September 30, 2021
License Status:	CURRENT
	Military

[redacted]

If Board Discipline and/or Administrative Action is indicated, public records may be available at http://www.mbc.ca.gov; or you may contact the Board's Enforcement Program, Central File Room by email at central.fileroom@mbc.ca.gov, by fax at (916) 263-2420 or by mail at 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815, to obtain information concerning the action.

Marina O'Connor
Chief of Licensing

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

LICENSE VERIFICATION

November 10, 2020

Adam Richard Sasso

Profession: Physician
License number: 63260
Licensee Status: Active

Original Date of Issue: 9/17/2019
Basis of: Endorsement
Last renewed on: 9/17/2019
Expiration date: 4/30/2021

[redacted]

Action	Action Issued	Action Ended

Profession: Physician
License number: 63260
Licensee Status: Active

Original Date of Issue: 9/17/2019
Basis of: Endorsement
Last renewed on: 9/17/2019
Expiration date: 4/30/2021

[redacted]

Action	Action Issued	Action Ended

COLORADO
Department of Regulatory Agencies
Division of Professions and Occupations

Division of Professions and Occupations

LICENSE VERIFICATION

November 10, 2020

Adam Richard Sasso

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address above or email DORA_MedicalBoard@state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it MUST be obtained from the licensee.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at http://www.dora.state.co.us/registrations

This license information was last updated on: 11/09/2020

FOR THE COLORADO MEDICAL BOARD

DC HEALTH **GOVERNMENT OF THE DISTRICT OF COLUMBIA**
DEPARTMENT OF HEALTH
Health Regulation and Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Dear Sir or Madam:

This is to certify the following information, maintained in the records of the Department of Health Board of MEDICINE for the below referenced Health Care Practitioner:

Name:	ADAM R. SASSO
License Type:	MEDICINE AND SURGERY
License Number:	MD048606
Original Licensure Date:	07/06/2020
Expiration Date:	12/31/2020
Obtained By:	Waiver of Examination
License Status:	Active

[redacted]

Thank you.

Sincerely,

Frank B. Meyers, JD
Executive Director
DC Board of Medicine

SEAL

CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

11/10/2020 8:47:04AM

This is to certify that the records of the **Delaware Board of Medical Licensure and Discipline** show that the following person was issued a(n) **Physician M.D.** license:

ADAM RICHARD SASSO

LICENSE NUMBER:	C1-0013233
LICENSURE DATE:	07/17/2019
EXPIRATION DATE:	03/31/2021
STATUS:	**Active**
[redacted]	[redacted]

This license information was last updated on: 11/09/2020

To expedite the verification process, the information above is the only verification provided by this office. If other information is needed, please contact the Division at (302) 744-4500 or email customerservice.dpr@state.de.us <mailto:customerservice.dpr@state.de.us>.

Sincerely,

DELAWARE BOARD OF MEDICAL LICENSURE AND DISCIPLINE

November 10, 2020

Massachusetts Board of Registration in Medicine
200 Harvard Mills Square, Suite 330
Wakefield, MA 01880

RE: License Certification for Adam Richard Sasso

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME141543
ORIGINAL CERTIFICATION:	06/28/2019
EXPIRATION DATE:	01/31/2023
CURRENT STATUS OF LICENSE:	CLEAR, ACTIVE

[redacted]

This license information was last updated on: 11/10/2020

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595.

Georgia Composite Medical Board

Executive Director
LaSharn Hughes, MBA

Deputy Director
Lisa R. Norris, MPH

Chairperson
Gretchen Collins, MD

Vice Chairperson
Barby Simmons, DO

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913
www.medicalboard.georgia.gov

November 10, 2020

RE: **Adam Sasso**

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is **83752** and was issued on **July 22, 2019**

The current license status is **Active**

The license expiration date is **August 31, 2022**.

[redacted]

Certified this day Tuesday, 10 November, 2020

Sincerely,

LaSharn Hughes
Executive Director

LLH/

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Adam Sasso

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to
https://secure.in.gov/apps/pla/search/verify/
and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye

Deborah J. Frye, Executive Director
Tue Sep 29 07:32:27 AM EST 2020

STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure
Digitally Certified Record

Personal Information

Name:	Adam Sasso
Address:	[redacted]
Date of Birth:	[redacted]

License Information

Number Issued:	01084373A
License Type:	Physician
Status:	Active
Issue date:	07/27/2020
Expiration Date:	10/31/2021
Obtained By:	Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at http://www.in.gov/pla/boards.htm.

Digitally Certified on: Tue Sep 29 07:32:27 AM EST 2020

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

JB Pritzker
Governor

Deborah Hagan
Secretary

Cecilia Abundis
Director
Division of
Professional
Regulation

CERTIFICATION OF LICENSURE

[redacted]

Licensee: License	Adam Richard Sasso MD
Number:	036.150514
Profession:	LICENSED PHYSICIAN AND SURGEON
Date of Issuance:	08/16/2019
Expiration Date:	07/31/2023
License Status:	ACTIVE
License Method:	ENDORSEMENT

[redacted]

This document is a certified copy of the records maintained and kept by this department in the regular course of business as of 07/09/2020

Cecilia Abundis
Director
Division of Professional Regulation

07/09/2020
Date

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.

Sealed
Envelope
Initials: MF

License Verification

11/04/2020

Dear Sir/Madam:

This is to certify that the records of the Louisiana State Board of Medical Examiners indicate the following information regarding:

Name:	Adam Richard Sasso
Professional School Information:	**School**: Uniformed Services University of the Health Sciences; **City**: Bethesda; **State**: Maryland
Credential Definition:	PHYSICIAN & SURGEON
License Number:	323762
Date Issued:	07/20/2020
Expiration Date:	08/31/2021

[redacted]

To expedite the verification/endorsement process, the above is the standard format for all professions regulated by this Board.

Barrie Dempsey
(504) 568-1085

Seal Verified
DATE: 11/10/2020
INITIALS:

RECEIVED
NOV 9 2020
Board of Registration in Medicine

In compliance with Act 2018-655, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions and board procedures. You may submit such complaints to one or more of the following organizations:

1. Louisiana State Board of Medical Examiners; 630 Camp Street, New Orleans, LA, 70130; (504) 568-6820; lsbme@lsbme.la.gov
2. Committee on House & Governmental Affairs; La. House of Representatives; PO Box 94062, Baton Rouge, LA 70804; (225) 342-2403; h&ga@legis.la.gov
3. Committee on Senate & Governmental Affairs; La. Senate; PO Box 94183, Baton Rouge, LA 70804; (225) 342-9845; s&g@legis.la.gov

MARYLAND
Department of Health Board of Physicians

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

November 3, 2020

Massachusetts Board of Medicine
200 Harvard Mill Square
Suite 330
Wakefield MA 01880-3238

This is to verify the records of the Maryland Board of Physicians. The following information is available under the Maryland Public Information Act, State Government Article, Section 4-333, regarding the following practitioner:

Adam Richard Sasso

For the Practice of:	Physician-M.D.
License Number:	D89863
Date Issued:	**06/25/2020**
Current Status:	**Active**
Expiration Date	**09/30/2021**
[redacted]	

*Disciplinary information can be found on our website. Go to https://www.mbp.state.md.us and select Lookup a License.

For malpractice claim information, please contact the Maryland Health Care Alternative Dispute Resolution Office 410.767.8200.

Respectfully,

Maryland Board of Physicians
Verification Unit

4201 Patterson Avenue – Baltimore, Maryland 21215
Toll Free 1-800-492-6836 – TTY/Maryland Relay Service 1-800-735-2258
Web Site: www.mbp.state.md.us

STATE OF MICHIGAN

GRETCHEN WHITMER
GOVERNOR

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

VERIFICATION OF LICENSURE

MICHIGAN BOARD OF MEDICINE

VERIFICATION OF LICENSURE AS OF November 10, 2020

NAME: Adam R Sasso **BIRTHDATE:** [redacted]

ADDRESS: [redacted]

TYPE: Medical Doctor **ORIGINAL DATE:** 03/16/2020

LICENSE NUMBER: 4301501974 **STATUS:** Active **EXPIRATION DATE:** 03/16/2023

OBTAINED BY: Endorsement

EXAM DATE	EXAM TYPE	EXAM SCORE OR RESULT
[redacted]	[redacted]	
[redacted]		

This verification was produced by VeriDoc on behalf of the State of Michigan with license information last updated on: 11/10/2020.

MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246
Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us
MN Relay Service for Hearing Impaired (800) 627-3529

October 29, 2020

Massachusetts Board of Registration in Medicine
200 Harvard Mills Square, Suite 330
Wakefield, MA 01880

This is to certify that a standard search of the available records of the Minnesota Board of Medical Practice indicates the following:

Physician:	Adam Richard Sasso
Date of birth:	[redacted]
Was issued license number:	67917
On:	July 16, 2020
Expiration date is:	August 31, 2021
Status:	Active
Issued on the basis of:	USMLE - United States Med Lic Exam

[redacted]

This license information was last updated on: 10/29/2020 3:36:34PM

The above format is the standard format prepared for all physicians regulated by this board.

Please be advised that the Board does not release information as to whether there has been a complaint filed or an investigation conducted on individual verifications. All physicians are considered in good standing unless noted otherwise.

Further public records including disciplinary and corrective actions may be available from the Board's website at www.bmp.state.mn.us under professional profile. If other information is needed, please contact the Minnesota Board of Medical Practice at 612-617-2130.

Ruth M. Martinez
Executive Director

Michael L. Parson
Governor
State of Missouri

Sarah Ledgerwood, Interim Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of
Commerce & Insurance
Chlora Lindley-Myers, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
573-751-3166 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

Connie Clarkston
Executive Director
healingarts@pr.mo.gov
pr.mo.gov/healingarts

To:
Massachusetts Board of Reg. in Med.
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RECEIVED
NOV 5 2020
Board of Registration in Medicine

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Adam Richard Sasso, M.D..

LICENSE TYPE:	Medical Physician & Surgeon
LICENSE NUMBER:	2020023686
DATE ISSUED:	7/28/2020
STATUS:	Active
EXPIRATION DATE:	1/31/2021

[redacted]

Sealed Envelope Seal Verified Date: 11/9/2020 Initials:

Mikala Lewis
Verifications Clerk

11/02/2020
Date

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

GURBIR S. GREWAL
Attorney General

PAUL R. RODRÍGUEZ
Acting Director

For Delivery Services:
140 East Front St.
PO Box 183 2nd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 777-0956 ***FAX***

September 16, 2020

Commonwealth of Massachusetts Board
of Registration in Medicine
200 Harvard Mill Square, Ste 330
Wakefield, MA 01880

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by ADAM RICHARD SASSO to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that ADAM RICHARD SASSO was issued a New Jersey license 25MA10832700 on or about 04/29/2020 and is currently Active with an expiration date of 06/30/2021. [redacted]

Very truly yours,
BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/mnd

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, SASSO ADAM RICHARD
was issued license/certificate number 303439 for the practice of MEDICINE on 03/04/2020.

Our records also indicate the following information:
Date of birth: [redacted]
School attended: UNIF SVCS UNIV SCIENCE
Date of graduation: 05/16/09
Degree earned: MD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
03/10	[redacted]								
09/08									
09/07									

Sealed Envelope
Initials:

JUL 16 2020
Board of Registration in Medicine

EXMS TAKEN=03
A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 02/28/22
Address: [redacted]

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL

Sandra Barsallo
07/13/20
Education Credentials Specialist

Seal Verified
Date: 7/20/2020
Initials:

Sreng, Samloth (MED)

From: verifications@ncmedboard.org
Sent: Thursday, July 09, 2020 10:11 PM
To: BORIM License Verification (MED)
Subject: North Carolina License Verification for Dr. Adam Richard Sasso

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

North Carolina Medical Board

07/09/2020

Name	Adam Richard Sasso, MD
Renewal Date	08/10/2021
[redacted]	

License Number	License Type	Issue Date	Current Status	Expire Date
2020-00812	MD	03/26/2020	Active	

Public Actions can be found at www.ncmedboard.org.
To receive certified copies of Public Actions, please email PublicDocuments@ncmedboard.org.

For general Verification questions, email verifications@ncmedboard.org.

Sincerely,

R. David Henderson
Chief Executive Officer

State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

Verification of Licensure

This letter is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 7/10/2020. Please note that this status could change if there is future disciplinary action.

Full Name:	Adam Sasso
Date of Birth:	[redacted]
Type of License:	Doctor of Medicine (MD)
License Number:	35.138874
Original Licensure Date:	03/06/2020
Effective Date:	3/6/2020
Expiration Date:	03/06/2022
Status:	Active
Sub-status:	

[redacted]

STATE MEDICAL BOARD OHIO

Please visit elicense.ohio.gov/oh_verifylicense to view Board actions available to the public. If you need additional information or to receive certified copies of a public record, please send an email request to Med-PublicRecordRequests@med.ohio.gov. All communications to the Board must include the name and license number of the licensee. For general license verification questions, send an email to license@med.ohio.gov.

Board of Medical Licensure & Supervision
State of Oklahoma

101 N.E. 51st Street
Oklahoma City, OK 73105

P.O. Box 18256
Oklahoma City, OK 73154-0256

Letter of Verification

October 29, 2020

This is to certify that the records of this Board indicate on the date of this letter the following information regarding:

Name:	ADAM R SASSO
Address Date:	September 15, 2020
Address 1:	[redacted]
Address 2:	
Address 3:	
City, State, ZIP:	[redacted]

Profession:	MEDICAL DOCTOR
Profession Type:	MD
License Number:	37248
License Date:	09/16/2020
Status:	Active
Status Class:	
Expiration Date:	09/01/2021
Endorsed By:	USMLE
Restricted To:	

[redacted]

Previous Licenses:

Type	Issued	Expired

Details of Disciplinary Action, if applicable, will be made available by photocopy from the public file upon written request only.

To expedite the verification of licensure/certification process, the above is the standard format for all professions regulated by this board

The Oklahoma State Board of Medical Licensure and Supervision certifies that the verification data displayed here is accurate according to the information stored in our database as of 10/29/2020.

Lisa Cullen
Director of Licensing
(405) 962-1400 ext 153

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649

www.dos.pa.gov

07/11/2020

Verification/Certification of License

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	ADAM RICHARD SASSO
LICENSE TYPE:	Medical Physician and Surgeon
LICENSE #:	MD468058
LICENSE STATUS:	Active
LICENSE ISSUE DATE:	07/01/2019
LICENSE EXPIRATION DATE:	12/31/2020
[redacted]	[redacted]

K. Kalonji Johnson, Acting Commissioner
Bureau of Professional and Occupational Affairs

South Carolina
Department of Labor, Licensing and Regulation

Board of Medical Examiners

Henry D. McMaster
Governor

Emily H. Farr
Director

110 Centerview Drive
Post Office Box 11289
Columbia, SC 29211-1289
Phone: (803) 896-4500
FAX: (803) 896-4515
www.llronline.com/POL/Medical

License Verification

RECEIVED
JUL 16 2020
Board of Registration in Medicine
Sealed Envelope
Initials:

COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
200 HARVARD MILL SQ, STE 330
WAKEFIELD MA 01880

Name: ADAM RICHARD SASSO **Profession:** MD **Office Phone:**

Specialty: FP*

License No: MD 83213 **Date Issued:** 09/23/2019 **Expiration:** 06/30/2021

Basis: US 2010 **School:** USU **Graduated:** 05/16/2009

Primary Source Verification of Graduation Certified

Hospital Affiliation (s):

Status: ACTIVE

[redacted] his certifies that the above licensee is in good standing.

License History
Temporary License Number:
Temporary License Issue Date:
Limited License Number:
Limited License Issue Date:

Verified on 7/10/2020 by: Sheridon Spoon
Sheridon Spoon, Administrator

Seal Verified
Date: 7/20/2020
Initials:

Unresolved disciplinary actions currently pending before the boards will not be included in the information presented. Reported discipline of licensees indicates the final disposition of contested cases, but may not reflect the current status of a license. Licensees are fully authorized to practice their professions unless their licenses have been restricted, suspended, revoked, deactivated or voluntarily surrendered. Licensees on probation may have been placed under certain professional restrictions which may limit the scope of their practice. Also, board actions reported here may not reflect any subsequent judicial actions to stay or modify the board's decision.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive, Second Floor
Nashville, TN 37243
http://www.tn.gov/health

Board of Medical Examiners
Medical Doctors
1-800-778-4123 or 615-532-4384

November 10, 2020

TO WHOM IT MAY CONCERN:

This verification can be considered primary source. To expedite the verification process, this is the standard format used by the Board of Medical Examiners. The Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION:	Medical Doctors
NAME:	Dr Adam Richard Sasso MD
RANK:	Medical Doctor
LICENSE NUMBER:	61829
ISSUE DATE:	August 04, 2020
EXPIRATION DATE:	August 31, 2021
CURRENT STATUS:	Licensed
STATUS DATE:	August 04, 2020
SPECIAL ENDORSEMENTS:	Family Medicine

[redacted]

Sincerely,

James Marrs

Board of Medical Examiners
VERIFICATN

Texas Medical Board

Mailing Address: P.O. Box 2018 • Austin, Tx 78768-2018
Phone (512) 305-7010

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
200 HARVARD MILL SQUARE, SUITE 330
WAKEFIELD, MA 01880-0000

November 4, 2020

For: MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

In response to a recent request, we verify the following information:

****

Physician: ADAM RICHARD SASSO, MD
License: S6930
Date Issued: 05/29/2020
Licensed by:
Date of Birth: [redacted]
Medical School: UNIFORMED SERVICES UNIV OF THE HLTH SCI, BETHESDA, MD
Graduation Year: 2009
Permit Expires: 05/31/2022

Registration Status:

This is to certify that the above-named physician is licensed to practice medicine in Texas.

[redacted]

[redacted]

****

If you have any further questions, please contact the Hearings division

Sincerely,

Chris McElrath

Customer Information Center

BOARD SEAL

COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

www.dhp.virginia.gov
TEL (804) 367-4400
FAX (804) 527-4475

VERIFICATION

Re: **Adam R. Sasso**

From: Virginia Board of Medicine

Subj: Licensure Verification

Date: June 04, 2020

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine:

Licensed in/as a:	**Medicine & Surgery**
License:	**0101248055**
Issued On:	**07/16/2010**
Expires:	**08/31/2020 ***
Current Status:	**Current Active**

[redacted]

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Verifications may also be obtained from the License lookup section on our website (www.dhp.virginia.gov).

** The expiration date of 1956 indicates that there is no recorded date of expiration for this license, and that it expired sometime prior to 1980.*

Sincerely,

Colanthia M. Opher

Colanthia M. Opher
Deputy Executive Director for Administration
Virginia Board of Medicine

NOTE: The Board of Medicine no longer provides a raised seal on this document.

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

November 10, 2020

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
200 HARVARD MILLS SQUARE, SUITE 330
WAKEFIELD, MA 01880

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Physician And Surgeon License for ADAM R SASSO.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	1983
Credential Number:	MD.MD.61004602
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE
First Credential Date:	11/22/2019
Current Expiration Date:	08/10/2022
Last Renewal Date:	05/10/2020
[redacted]	

This license information was last updated on: 11/10/2020

If you have questions, please call (360)-236-2750 or visit our Online Provider Credential Search at https://wmc.wa.gov

THE SEAL OF THE STATE OF WASHINGTON 1889

Marisa J Courtney, Licensing Manager

STATE OF WISCONSIN
Department of Safety and Professional Services
1400 E Washington Ave
Madison WI 53703-8935

Governor Tony Evers **Secretary Dawn B. Crim**

Mail to:
PO Box 8935
Madison WI 53703-8935

Email: dsps@wisconsin.gov
Web: http://dsps.wi.gov
Phone: 608-266-2112

CERTIFICATION

DATE: 11/03/2020

I, Aloysius F. Rohmeyer, do hereby certify that I am the Record Custodian in the Department of Safety and Professional Services, a department of the government of the State of Wisconsin; that I am the custodian of the records relating to Medicine and Surgery, MD and its seal; that a standard search of the available records of this office indicates the following:

THIS IS TO CERTIFY THAT:	SASSO, ADAM R
CREDENTIAL TYPE:	MEDICINE AND SURGERY, MD
WAS ISSUED LICENSE NO:	73895-20
STATUS:	CREDENTIAL LICENSE IS CURRENT (ACTIVE)
ISSUE DATE:	08/12/2020
EXPIRATION DATE:	10/31/2021

Credential Holder History

Date	Code	Description
06/01/2020	ENDORSED FROM	Endorsed from USMLE

[redacted]

The information above is the only certification information provided by this Department. **We strongly encourage you to verify the license status of this individual by checking the DSPS online license look-up at http://app.wi.gov/licensesearch.** To expedite the certification process, the above format is the standard format for all professions regulated by this Department.

Aloysius F. Rohmeyer

Aloysius F. Rohmeyer
Record Custodian
Department of Safety and Professional Services

Seal Verified
Date: 11/3/2020
Initials: AR

PRINT NAME: Adam Richard Sasso

STATUTORY AND REGULATORY REQUIREMENTS FOR LICENSURE

NOTE: You must complete the following requirements. Please see the Instructions for further information.

53. Opioid and Pain Management Training: (You must check one.)

- [x] I completed three (3) credits of Board-approved CME credit in effective pain management. (i.e., www.opioidprescribing.com)
- [ ] I do not prescribe controlled substances (Schedules II – VI).

54. Child Abuse or Neglect Recognition and Reporting Training: (You must check one.)

- [ ] I received training in child abuse and neglect assessment in medical school or postgraduate training.
- [ ] I completed a hospital sponsored training program in recognizing the signs of child abuse and neglect.
- [x] I completed a CME program in identifying and reporting child abuse and neglect.
- [ ] I completed an online training program (i.e. The Middlesex Children's Advocacy Center's program "51A Online Mandated Reporter Training: Recognizing and Reporting Child Abuse, Neglect and Exploitation" www.middlesexcac.org/51A-reporter-training).
- [ ] I completed a specialized certification (i.e., Child Abuse Pediatrics)

55. Domestic and Sexual Violence Education and Training: (You must complete.)

- [x] I completed the Massachusetts Department of Public Health online training in Domestic and Sexual Violence for licensed healthcare professionals. https://www.mass.gov/service-details/domestic-and-sexual-violence-integration-initiatives

56. MassHealth Enrollment Requirement: (You must check one.)

- [x] I am enrolled or have applied to enroll in MassHealth as a nonbilling provider. (Nonbilling application: https://www.mass.gov/doc/nonbilling-orp-provider-contract-and-application-3/download)
- [ ] I am enrolled or have applied to enroll in MassHealth as a billing provider. (Billing provider application must be requested through MassHealth at 1-800-841-2900)

57. Electronic Health Records (EHR) Proficiency Requirement: (You must check one.)

I have DEMONSTRATED PROFICIENCY in the use of EHR through my:

- [x] participation in a Meaningful Use program as an eligible professional.
- [ ] my employment with, credentials to provide patient care at, or contractual agreement with an eligible hospital or critical access hospital that has implemented an electronic health record.
- [ ] participation as either a Participant or an Authorized User in the Massachusetts Health Information Highway.
- [ ] completion of 3 hours of a Category 1 EHR-related CME course that discusses, at a minimum, the core and menu objectives and the Clinical Quality Measures ("CQMs") for Meaningful Use.

OR

I am EXEMPT from the EHR Proficiency requirement because I am an applicant:

- [ ] for an Administrative or Volunteer License.
- [ ] who will not be engaged in the practice of medicine as defined in 243 CMR 2.01(4).
- [ ] on active duty as a member of the National Guard or of a uniformed service called into service during a national emergency or crisis.

Certificate of Completion

This is to certify that

Adam Sasso

Successfully Completed

TRAINING AND EDUCATION IN SEXUAL AND DOMESTIC VIOLENCE IN COMPLIANCE WITH CHAPTER 260

on **June 4, 2020**

Boston University School of Medicine
Barry M. Manuel Continuing Medical Education Office

72 East Concord Street, B208 Boston, MA 02118-2307
T (617) 358-5005 F (617) 358-5042 E cme@bu.edu
www.bucme.org

BOSTON UNIVERSITY

Adam Sasso, MD
[redacted]

Boston University School of Medicine
certifies that

Adam Sasso, MD

has participated in the enduring material titled

SCOPE of Pain:
Safer/Competent Opioid Prescribing Education

June 4, 2020

and is awarded 2.0 *AMA PRA Category 1 Credits™*.

Maximum Credits: 2.0
Total Credits Reported: 2.0
Risk Management Credit: 2.0
Opioid Credits: 2.0

Boston University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Boston University School of Medicine designates this enduring material for a maximum of 2 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for risk management study.

This program meets the criteria of the Massachusetts Board of Registration in Medicine for opioid education.

American Academy of Family Physicians (AAFP) Credits
This Enduring Material activity, SCOPE of Pain: Safer/Competent Opioid Prescribing Education, has been reviewed and is acceptable for up to 2.00 Prescribed credit(s) by the American Academy of Family Physicians. AAFP certification begins 02/29/2020. Term of approval is for one year from this date. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Accreditation Provider Number: 0000185

Daniel P. Alford, MD, MPH, FACP, DFASAM
Associate Dean
Professor of Medicine

Boston University School of Medicine
Barry M. Manuel Continuing Medical Education Office

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BOSTON UNIVERSITY

Adam Sasso, MD
[redacted]

SCOPE of Pain:
Safer/Competent Opioid Prescribing Education

ABIM MOC Part 2

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 2 MOC points and patient safety MOC credit in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit. Aggregate and de-identified data is shared with the commercial supporters.

ABMS MOC Part 2

Through the American Board of Medical Specialties (ABMS) ongoing commitment to increase access to practice relevant Maintenance of Certification (MOC) Activities through the ABMS Continuing Certification Directory, **SCOPE of Pain** has met the requirements as an **MOC Part II Self-Assessment** and/or **MOC Part II CME Activity** (apply toward general CME requirement) for the following ABMS Member Boards:

MOC Part II Self-Assessment Activity

- American Board of Ophthalmology
- American Board of Physical Medicine and Rehabilitation

MOC Part II CME Activity

- American Board of Allergy and Immunology
- American Board of Anesthesiology
- American Board of Family Medicine
- American Board of Medical Genetics and Genomics
- American Board of Nuclear Medicine
- American Board of Plastic Surgery
- American Board of Preventive Medicine
- American Board of Psychiatry and Neurology
- American Board of Radiology
- American Board of Thoracic Surgery
- American Board of Urology

Note: If a Member Board has not deemed this activity for MOC approval as an accredited CME activity, this activity may count toward an ABMS Member Board's general CME requirement (only). Please refer directly to your Member Boards' MOC Part II Lifelong Learning and Self-Assessment Program Requirements.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Certification of Completion

(Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Course)

Part A: Trainee Information

1. Trainee must complete all items in Part A. Return to provider for completion of Part B. "Certification by Approved Provider"
2. The provider will return the Certification form, with Part B completed, to the trainee. It is the trainee's responsibility to submit the original copy of this Certification for the New York State Education Department at the appropriate time. It should be submitted along with other relevant forms when the trainee applies initially for, or renews, a license, registration certificate, permit, or teaching certificate.
3. Address for submitting form is as follows:
   - **Professional License or Permit:** New York State Education Department, Division of Professional Licensing Services, [give name of profession], 89 Washington Avenue, Albany, NY 12234.
   - **Reregistering Licensees:** Your certificate should be included with your reregistration application in the envelope provided with those materials.
   - **Teacher Certification:** New York State Education Department, Office of Teaching, 89 Washington Avenue, Albany, NY 12234.

1 **SOCIAL SECURITY NUMBER:** 078-74-3556
(Leave this blank if you do not have a U.S. Social Security Number)

2 **BIRTH DATE:** [redacted]

3 **PRINT YOUR FULL NAME EXACTLY AS IT CURRENTLY APPEARS ON NEW YORK STATE EDUCATION DEPARTMENT RECORDS**

Last Sasso
First Adam
Middle

4 **MAILING ADDRESS** (You must notify the Department promptly of any address or name changes.)

Line 1 [redacted]
Line 2
Line 3
City
State

5 Complete information below if you hold, or are applying for professional license(s) or a permit:

Name of Profession(s):

New York State License Number:

New York State License Number:

Permit Number:

6 Completion Information below, if you hold, or are applying for a teaching certificate:

Certificate Title(s):

New York State Certificate Number (other then Social Security Number, if any):

Trainee's Signature: Date: 02-27-2020 (mo. day yr.)

Part B: Certification by Approved Provider

1. Provider must complete Part B.
2. Two copies should be returned to the trainee within ten calendar days of the completion of the coursework or training.
3. The provider of the coursework or training must retain a copy. This copy must be retained in the provider's files for not less than five years from the date the course was completed.

Pursuant to Chapter 544 of the Laws of 1988, I certify that the person indicated in Part A has completed the required coursework or training regarding the identification and reporting of child abuse and maltreatment.

Silvia Y Beaupre
Signature of Authorized Certifying Officer

Silvia Y. Beaupre, CEO
Name of Authorized Certifying Officer

Access Continuing Education, Inc.	80651	February 27, 2020
Approved Provider Name	Identification Number	Date(s) of Coursework of Training

ACCESS
continuing education, inc.
• PO Box 14585 Albany, NY 12212 •

Certificate of Completion

Certifies That

Adam Sasso
[redacted]

Has successfully completed the educational activity titled

Child Abuse and Maltreatment/Neglect: Identification and Reporting New York State Mandatory Course

as mandated by Chapter 544 of the Laws of 1988.

On: February 27, 2020

Hours: 4.00

New York State Education Department Provider Identification Number: 80651

Access Code:
ACE2000-16

Adam Sasso

078-74-3556
Social Security Number

08-10-1983
Date of Birth (Month-Day-Year)

Silvia Y. Beaupre
Silvia Y. Beaupre, CEO

PRINT NAME: Adam Richard Sasso

90-DAY RENEWAL INFORMATION

State law requires that renewal of your license occur on your first birthday after your license is issued, unless your birthday falls within ninety (90) days of your license issue date. If your first birthday is within the 90-day time period that your license is issued, you will not be required to renew your license until your following birthday.

Example: If your birthday falls on September 1, 2014, and your license is issued on July 1, 2014, your renewal date will be September 1, 2015. However, if your birthday falls on September 1, 2014, and your license is issued on January 1, 2014, you will be required to renew your license by your birthday on September 1, 2014. Renewals thereafter will be on a two-year birthday cycle.

Check one:

☑ Do not hold my Full License Application; send it to the Board as soon as it is completed.

☐ Hold my Full License Application until it is within the 90-day time period.

My birthday is: [redacted]
Month Day Year

CERTIFICATIONS

- Pursuant to M.G.L. c. 112, § 2 and 243 CMR 2.07(15), I certify that I will not charge to or collect from a Medicare beneficiary more than the Medicare "reasonable charge" for services, in compliance with Chapter 475 of the Acts of 1985. (*Note:* providing certification does not imply that you will participate in the Medicare program).
- Pursuant to M.G.L. c. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed any Massachusetts state tax returns and paid any Massachusetts state taxes that are required under law. (*Note:* This applies even if you reside out of the state or out of the country.)
- Pursuant to M.G.L. c. 62C, § 49A, to the best of my knowledge and belief, I am in compliance with G.L. c. 119A relating to withholding and remitting child support.
- Pursuant to M.G.L. c. 119, § 51A, I certify under the penalties of perjury that I will fulfill my obligation to report abuse or neglect of children.
- By signing this application, I am providing my consent for the Massachusetts Board of Registration in Medicine and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding your MassHealth application and enrollment status and Massachusetts licensure status.
- I have read the Board's regulations, 243 CMR 1.00 through 3.00.

Certification:

☑ **I confirm I have read and agree to comply with these statutory and regulatory requirements.**

DECLARATION OF APPLICANT

I, ADAM RICHARD SASSO :

(PRINT LEGAL NAME)

being duly sworn, depose and say that I am the person described and identified in this application. I declare that I have examined this complete application and to the best of my knowledge and belief, the information contained herein and evidence or other credentials submitted herewith are true, correct and complete. **I understand that any falsification or misrepresentation of any item or response on this application or any attachment hereto may be a sufficient basis for denying or revoking a license.** I hereby request and authorize every person, institution, professional licensing board of any state in which I hold or may have held a license to practice my profession, hospital, clinic, government agency (local, state, federal or foreign), law enforcement agency, or other third parties and organizations and their representatives to release information, records, transcripts and other documents concerning my professional qualifications and competency, ethics, character and other information pertaining to me to the Massachusetts Board of Registration in Medicine. I hereby extend absolute immunity to and release, discharge, and hold harmless from any and all liability: 1) the Board of Registration in Medicine, its agents, representatives, directors and officers; 2) other agencies, institutions, hospitals and clinics providing information, their representatives, directors and officers; and 3) any third parties and organizations for any acts, communications, reports, records, transcripts, statements, documents, recommendations or disclosures involving me, made in good faith and without malice, requested or received by the Board of Registration in Medicine. I hereby authorize the Board of Registration in Medicine to transmit any information contained in the application, or information that may otherwise become available to them, to any agency, organization, or individual, who, in the judgement of the Board, has a legitimate interest in such information.

SIGNATURE: _____ **DATE:** 4 June 2020

PHOTOGRAPH

SIGNATURE OF APPLICANT:

_____ 4 June 2020

(Sign in the presence of a notary)

NOTARY SECTION

NOTARY: I certify that the photograph above is a genuine likeness of the maker of the signature above.

On this 4 day of June, 2020, before me, the undersigned notary public, personally appeared ADAM RICHARD SASSO (name of document signer), proved to me through satisfactory evidence of identification, which were US Passport, Military ID, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Signature of Notary Public

Seal Verified
DATE: VD
INITIALS: 6/9/20

Indef
Commission Expires On

NOTARY SEAL

Commonwealth of Massachusetts
Board of Registration in Medicine
Physician Renewal Application

Physician Name: Adam R Sasso, M.D. **License No.:** 285462

Current Status: Active **License Expiration Date:** 8/10/2021

1) **Activity Status:** Active

2) **Address & Contact Information**

Mailing Address:

Home Address:

[redacted]

Business Address:
1525 23rd St S
Arlington
Virginia - 22202
United States of America
(984) 377-2776

3) **Email Address:** [redacted]

4) **Fax Number:** (703) 271-0438

5) **Specialties**
Family Medicine

6) **Current American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Information**

ABMS/AOA	Board Name	Certification	Subspecialty
ABMS	Family Medicine	Family Medicine	

7) **Drug License Numbers**

Massachusetts	Federal (DEA)	Federal (DEA) XS
[redacted]		

8) **Other states where you are now licensed to practice**
Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
Delaware
District of Columbia
Florida
Georgia
Guam
Hawaii

Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virginia
Washington
West Virginia
Wisconsin
Wyoming

9) States where you were previously licensed
None Reported

10) Work Sites
List of all work sites in Massachusetts, including health care facilities (where you are credentialed), private office, clinics, nursing homes, etc

WorkSite	Location
	None Reported

11) Care of patients in Massachusetts
Average weekly hours involved in: **a) inpatient care** 0 hrs/wk
b) outpatient care 0 hrs/wk

12) Medical Liability Insurance Information

Insurance Carrier	Policy Start Date	Policy End Date	Policy Type
Acord Corporation Allied Professionals Ins. C	12/20/2020	12/20/2021	Occurrence Policy

13) Do you perform any surgery in your Massachusetts office? [redacted]

14) Claims Made
a) New: Have you received notification of a claim, whether or not a lawsuit was filed on that claim, or has any medical malpractice claim been made against you during this time period?
b) Pending: Are there any unresolved malpractice claims against you today, i.e., any claims that have not been resolved, settled or adjudicated during this time period?

15) Claims Closed
Has any medical malpractice claim against you (whether or not a lawsuit was filed on that claim) been resolved, settled, or adjudicated during this time period?

16) Other Civil Lawsuits
Question 16 refers to claims or actions related to your competency to practice medicine or your professional conduct in the practice of medicine.
a) New: Have there been any claims, other than medical malpractice claims, filed against you during this time period?
b) Resolved: Have you resolved, settled or adjudicated any lawsuits, other than medical malpractice claims, during this period?

17) Criminal Charges
a) Have you been charged with any criminal offense during this period?
b) Have any criminal offenses/charges against you been resolved during this time period?
c) Are there any criminal charges pending against you today?
d) Are any Application of Issuance of Process pending against you?

18) Other Issues
a) Have you withdrawn an application to any governmental authority, health care facility, group practice employer or professional association?
b) Have you taken a leave of absence from any health care facility, group practice or employer for reasons related to your competence to practice medicine?
c) Have you been the subject of an investigation by any governmental authority, including the Massachusetts Board of Registration in Medicine or any other state medical board, health care facility, group practice, employer or professional association?
d) Have you been the subject of a disciplinary action taken by any governmental authority, health care facility, group practice, employer or professional association?

19) Have your privileges to possess, dispense or prescribe controlled substances been suspended, revoked, denied, restricted by or surrendered to any state or federal agency?

20) Have you withdrawn an application for a medical license, allowed a license application to become obsolete or have you been denied a medical license for any reason?

21) Has any medical liability insurance carrier restricted, limited, terminated, imposed a surcharge or co-payment, or placed any condition related to professional competency or conduct on your coverage, or have you voluntarily restricted, limited or terminated your insurance coverage in response to an inquiry by a medical liability insurance carrier?

22) Have you completed all of the CPD requirements for this renewal cycle? If you are renewing your license for the first time or participating in postgraduate training, please answer Yes. Yes

23) Do you have a medical or physical condition that currently impairs your ability to practice medicine?

[redacted]

24) Have you engaged in the use of any chemical substance(s) with the result that your ability to practice medicine is currently impaired?

Compliance with Legal Responsibilities

Online profile:

[X] I have reviewed my Physician Profile and confirm that the information is accurate.

1) I understand and agree to comply with my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119 sec. 51A and I understand the punishment for failure to comply.

2) I understand and agree to comply with my obligations to report abuse or neglect of disabled persons pursuant to M.G.L. c. 19C sec. 10 and I understand the punishment for failure to comply.

3) I understand and agree to comply with my obligations to report abuse, neglect or Financial exploitation of elderly persons pursuant to M.G.L. c. 19A sec. 15 and I understand the punishment for failure to comply.

4) I understand and agree to comply with my obligations to report the treatment of wounds, burns and other injuries pursuant to M.G.L. c. 112 sec. 12A and I understand the punishment for failure to comply.

5) I understand and agree to comply with my obligations to report the treatment of victims of rape or sexual assault pursuant to M.G.L. c. 112 sec. 12A 1/2 and I understand the punishment for failure to comply.

6) I understand and agree to comply with my obligations to report a physician to the Board of Medicine pursuant to M.G.L. c. 112 sec. 5F, when I have a reasonable basis to believe that a person violated any provisions of M.G.L. c. 112 sec. 5 or any Board regulation.

7) I understand and agree to comply with my obligations related to charging and collecting fees from Medicare beneficiaries in accordance with the Medicare fee schedule, pursuant to M.G.L. c. 112 sec. 2.

8) I understand and have complied with my obligations to file Massachusetts tax returns and to pay Massachusetts taxes and I understand that, pursuant to M.G.L. c. 62C sec. 49A, my license shall not be issued or renewed unless I make this certification under penalties of perjury.

9) I understand and agree to comply with my obligations related to the reporting of the wages of employees and contractors pursuant to M.G.L. c. 62E Sec. 2.

10) I understand and agree to comply with my obligations related to the withholding and remitting of child support payments pursuant to M.G.L. c. 119A.

11) I understand and agree to comply with my obligations to file an Incident Report with the Board when certain adverse events occur in my private office, pursuant to M.G.L. c. 112 sec. 5 and 243 CMR 3.00 et seq. and I understand that the Patient Care Assessment (PCA) programs at the health care facilities where I practice report certain Major Incidents to the Board.

12) I understand and agree to comply with my obligations to disclose ownership interest in any partnership, corporation, firm or other legal entity to which I have referred a patient for physical therapy services, pursuant to M.G.L. c. 112 sec. 12AA.

13) I am aware of my obligations and responsibilities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), including the requirement that I obtain and provide to the Board a National Provider Identifier (NPI) number.

14) I understand and am in compliance with HIPAA and all other federal and state obligations placed upon me as a physician.

15) I understand that as an applicant for a license renewal to practice medicine a criminal record check may be conducted for conviction and pending criminal case information only from the Criminal History Systems Board and that it will not necessarily disqualify me.

16) By signing this form, I am providing my consent for the Massachusetts Board of Registration in Medicine and, where relevant, their supervising state agencies and the Massachusetts Executive Office of Health and Human Services, and where relevant, its provider enrollment vendor, to obtain, read, copy, and share with each other information regarding my MassHealth application and enrollment status and Massachusetts licensure status.

Physician Name: Adam R Sasso, M.D. **License No.:** 285462

☒ **I have reviewed the above statements and certify that I understand my requirement to comply with the responsibilities and obligations of each and agree to do so.**

☒ **Under penalties of perjury, I declare that I have examined this renewal application and all of its accompanying instructions, forms and statements, and to the best of my knowledge and belief, I certify that the information contained herein is true, accurate, and complete.**