



## CHIAPONE TING

License Number: ME71621

Data As Of 4/25/2026

Profession	Medical Doctor
License	ME71621
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	10/02/1996
Address of Record	SAFECARE MEDICAL CENTER 1117 E HALLANDALE BEACH BLVD HALLANDALE, FL 33009
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BUDOWSKY, SUSAN MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101134	9/19/2018
CHADWICK, HANNAH ASANO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9114979	12/2/2021
ROMAN, SULEMA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116831	5/2/2023

Click on the License Number to view License Details for that Practitioner

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