## NIPA ROHITKUMAR SHAH

#### License Number: ME108963

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1996
License Expiration Date 01/31/2027
Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## General Information

#### **Primary Practice Address**

NIPA ROHITKUMAR SHAH UF HEALTH COMMUNITY/FAMILY MED 655 WEST 8TH STREET, ACC, 4TH FLOOR JACKSONVILLE, FL 32209

#### **Medicaid**

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
SHANDS AT JACKSONVILLE	JACKSONVILLE	FLORIDA

#### **Email Address**

Please contact at: nipa.shah@jax.ufl.edu

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

#### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# **Education and Training**

#### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ILLINOIS	MD	8/1/1992 - 5/1/1996	05/01/1996

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
NORTHWESTERN UNIVERSITY	EVANSTON	ILLINOIS	09/01/1987	06/01/1991	BACHELOR OF ARTS

#### **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
METROHEALTH MED CENTER	RESIDENCY	FAMILY MEDICINE		CLEVELAND	OHIO	06/24/1996	06/30/1997
UNIV OF NEW MEXICO	RESIDENCY	FP - FAMILY MEDICINE		ALBUQUERQUE	NEW MEXICO	07/01/1997	06/30/1999

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PROFESSOR OF CLINICAL	EAMILY MEDICINE LINIVERSITY OF ELORIDA COLL	EGE OF MEDICIN JACKSONVII	LE EL ORIDA

# **Specialty Certification**

#### **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF FAMILY MEDICINE	FP - FAMILY MEDICINE	07/01/1999

# Financial Responsibility

#### **Financial Responsibility**

Financial Exemption Proceedings and Actions

#### **Proceedings & Actions**

#### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# **Optional Information**

## Committees/Memberships

This practitioner has an affiliation with the following committees:

Women in Medicine and Science

NE Florida Coalition for Access to Healthcare

Florida Academy of Family Physicians-Chairs Council

University of Florida, Telehealth Task Force

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
2019 WOMEN OF INFLUENCE	JACKSONVILLE BUSINESS JOURNAL
C. ROBERT NUSS RESEARCHER/SCHOLAR OF THE YEAR AWARD	UNIVERSITY OF FLORIDA
FELLOW	AMERICAN ACADEMY OF FAMILY PHYSICIANS
COMPLIANCE ADVOCATE OF THE YEAR	UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC.
GOLDEN APPLE AWARD FOR EXCELLENCE-TEACHING FAMILY MEDICINE	UNIVERSITY OF FLORIDA

#### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
HIDRADENITIS SUPPURATIVA A TREATMENT CHALLENGE	AMERICAN FAMILY PHYSICIAN	10/15/2005
PULMONARY ARTERIAL HYPERTENSION UPDATE ON DIAGNOSIS TREATMT	AMERICAN FAMILY PHYSICIAN	08/15/2010
IS A PLANT-BASED DIET RIGHT FOR YOUR PATIENT	CONSULTANT	09/04/2014
EBOLA VIRUS DISEASE: AN UPDATE ON DIAGNOSIS, TREATMENT AND PREVENTION	CONSULTANT	12/01/2015
SUCCESSFUL INTERVENTIONS IN DECREASING OXYCODONE CR PRESCRIP	JOURNAL OF OPIOID MANAGEMENT	11/12/2015
DIABETES REGISTRIES IN PATIENT CENTERED MEDICAL HOMES	JOURNAL OF REGISTRY MANAGEMENT	04/01/2015
VIEWS OF PRIMARY CARE PHYSICIANS REGARDING THE PROMOTION OF HEALTHY LIFESTYLES AND WEIGHT MANAGEMENT AMONG THEIR PATIENTS	JOURNAL OF CLINICAL OUTCOMES MANAGEMENT	06/01/2017
KEY ATTRIBUTES OF PATIENT CENTERED MEDICAL HOMES ASSOCIATED WITH PATIENT ACTIVATION OF DIABETES PATIENTS	BIOMED CENTRAL FAMILY PRACTICE	01/01/2018
VIEWS OF DIVERSE PRIMARY CARE PATIENTS ON THE ROLES OF HEALTHCARE PROVIDERS AND STAFF AND THE INFLUENCE OF OTHER VARIABLES IN THEIR WEIGHT MANAGEMENT	CLINICAL OBESITY	01/07/2018
YOGA AND CANCER	SALEM HEALTH: CANCER	01/01/2016
SELECTED INFECTIOUS DISEASES	FAMILY MEDICINE: PRINCIPLES AND PRACTICE	01/01/2016
NAUSEA AND VOMITING	FAMILY MEDICINE: AMBULATORY CARE AND PREVENTION, 6TH EDITION	01/01/2014

## **Professional Web Page**

https://ufhealthjax.org/doctors/1935/nipa-shah/

## **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

GUJARATI

#### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

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Affiliation
AMERICAN ACADEMY OF FAMILY PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA ACADEMY OF FAMILY PHYSICIANS
FLORIDA MEDICAL ASSOCIATION
INDO-AMERICAN MEDICAL ASSOCIATION OF NE FLORIDA
SOCIETY OF TEACHERS OF FAMILY MEDICINE
WORLD ORGANIZATION OF NATIONAL COLLEGES, ACADEMIES (WONCA)