



## PUJA KUMARI PURI

License Number: ME111948

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/2004  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

PUJA KUMARI PURI  
1912 T.W. ALEXANDER DR.  
RTP, NC 27709

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [pujapuri0001@gmail.com](mailto:pujapuri0001@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL
NORTH CAROLINA	MEDICAL
GEORGIA	MEDICAL
SOUTH CAROLINA	MEDICAL
KANSAS	PHYSICIAN
WEST VIRGINIA	PHYSICIAN
MARYLAND	PHYSICIAN
DISTRICT OF COLUMBIA	PHYSICIAN
FLORIDA	PHYSICIAN
VIRGINIA	MEDICAL DOCTOR
TENNESSEE	MEDICAL
TEXAS	MEDICAL
ILLINOIS	PHYSICIAN
NEW JERSEY	PHYSICIAN
WISCONSIN	PHYSICIAN

### 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
EASTERN VIRGINIA MEDICAL SCHOOL NORFOLK VA	MD	8/1/2000 - 5/1/2004	05/22/2004

### 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
OLD DOMINION UNIVERSITY	NORFOLK	VIRGINIA	08/01/1997	08/01/1999	BS BIOLOGY

### 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
GEORGE WASHINGTON UNIVERSITY	RESIDENCY	PTH - PATHOLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2004	06/01/2007
GESINGER MEDICAL CENTER	FELLOWSHIP D -	DERMATOPATHOLOGY		DANVILLE	PENNSYLVANIA	07/01/2007	06/01/2008

## 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
CLINICAL ADJUNCT ASSOCIATE PROFESSOR OF PATHOLOGY	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA
CLINICAL ADJUNCT ASSISTANT PROFESSOR OF DERMATOLOGY	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA

## 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 PATHOLOGY	PATHOLOGY-ANATOMIC	11/01/2007
AMERICAN BOARD OF PATHOLOGY	D - DERMATOPATHOLOGY	09/01/2008

## 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.

#### 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:  
AMERICAN SOCIETY OF DERMATOPATHOLOGY

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### Professional Web Page

This practitioner has not provided any professional web page information.

**Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

**Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.

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