



YOEL RAFAEL VIVAS M.D.

License Number: ME112014

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/2002  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

YOEL RAFAEL VIVAS M.D.  
5258 LINTON BLVD  
SUITE # 106  
DELRAY BEACH, FL 33484

### 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
BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FLORIDA

### Email Address

Please contact at: [yoelmd@yahoo.com](mailto:yoelmd@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	MEDICAL
TEXAS	MEDICAL
PENNSYLVANIA	MEDICAL
OHIO	MEDICAL

### 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
UNIVERSIDAD CENTRAL DE VENEZUELA	MD	8/1/1994 - 1/1/2001	01/01/2001

### Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

### 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
HOSPITAL OF ST. RAPHAEL	RESIDENCY	IM - INTERNAL MEDICINE		NEW HAVEN	CONNECTICUT	07/01/2002	06/01/2005
WESTERN PA HOSPITAL	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		PITTSBURGH	PENNSYLVANIA	07/01/2005	06/01/2008
LAHEY CLINIC	FELLOWSHIP	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY		BURLINGTON	MASSACHUSETTS	07/01/2008	06/01/2009

## Academic Appointments

### Graduate Medical Education

This practitioner has 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 ASSISTANT PROFESSOR- DIVISION OF CARDIOLOGY	NOVA SOUTHEASTERN UNIVERSITY	FT LAUDERDALE	FLORIDA
CLINICAL AFFILIATE ASSISTANT PROFESSOR	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA

## 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 INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	08/01/2005
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	11/01/2008

## Financial Responsibility

### Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

# 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 not indicated any committees on which they serve for any health entity with which they are affiliated.

### 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

www.ekgdoctor.com

### 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.

HEBREW

SPANISH

PORTUGUESE

### **Other Affiliations**

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

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