# OMAR MAHMOUD EL-SHEIKH

# License Number: ME114471

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/2001License Expiration01/31/2027DateDate

# **General Information**

# **Primary Practice Address**

OMAR MAHMOUD EL-SHEIKH 11116 NARRAGANSETT BAY COURT WELLINGTON, FL 33414

## Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

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

Institution Name	City	State
ASPIRUS MEDFORD HOSPITAL	MEDFORD	WISCONSIN
HAVASU REGIONAL MEDICAL CENTER	LAKE HAVASU CITY	ARIZONA
ASPIRUS LANGLADE HOSPITAL	ANTIGO	WISCONSIN
MCDONOUGH DISTRICT HOSPITAL	MACOMB	ILLINOIS

# **Email Address**

Please contact at: omarelsheikh@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	PHYSICIAN AND SURGEON
	MEDICAL DOCTOR
ILLINOIS	MEDICAL LICENSE, TEMPORARY
FLORIDA	INTERN/RESIDENT/FELLOW & HOUSE PHYSICIAN TRAINING LICENSE
FLORIDA	INTERN/RESIDENT/FELLOW & HOUSE PHYSICIAN TRAINING LICENSE
NORTH DAKOTA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL PHYSICIAN AND SURGEON
ILLINOIS	LICENSED PHYSICIAN AND SURGEON
WISCONSIN	MEDICINE AND SURGERY
GEORGIA	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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF CAMBRIDGE	OTHER	9/15/1991 - 6/15/1993	06/15/1993
UNIVERSITY OF LONDON	OTHER	9/15/1992 - 6/15/1993	06/15/1993
AIN SHAMS UNIVERSITY	MD	9/15/1993 - 12/31/1999	12/31/1999
AIN SHAMS UNIVERSITY	MASTERS DE	8/1/2001 - 11/15/2003	11/15/2003
THE ROYAL COLLEGE OF SURGEONS OF ENGLAND	OTHER	4/1/2004 - 4/6/2005	04/06/2005

# **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
AIN SHAMS UNIVERSITY HOSPITALS	ROTATING INTERNSHIP	TY - TRANSITIONAL YEAR		CAIRO	EGYPT	03/01/2000	02/28/2001
AIN SHAMS UNIVERSITY HOSPITALS	RESIDENCY	OTO - OTOLARYNGOLOGY		CAIRO	EGYPT	10/07/2001	10/06/2003
ZAYED SPECIALIZED HOSPITAL	FELLOWSHIP	OTO - OTOLARYNGOLOGY		CAIRO	EGYPT	04/01/2004	10/01/2004
UNIV. OF ILLINOIS AT CHICAGO- METROPOLITAN GROUP HOSPITALS	RESIDENCY	GS - SURGERY		CHICAGO	ILLINOIS	06/27/2005	06/26/2006
MASSACHUSETTS GENERAL HOSPITAL- HARVARD MEDICAL SCHOOL	OTHER PROGRAM	GS - SURGERY		BOSTON	MASSACHUSETTS	11/01/2006	06/30/2007
LENOX HILL HOSPITAL	RESIDENCY	GS - SURGERY		NEWYORK	NEW YORK	07/01/2007	06/30/2008
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE- JACKSONVILLE	RESIDENCY	GS - SURGERY		JACKSONVILLE	FLORIDA	08/18/2008	06/30/2012
UNIVERSITY OF MIAMI- JACKSON MEMORIAL HOSPITAL		GS - SURGICAL CRITICAL CARE		MIAMI	FLORIDA	07/01/2012	06/30/2013

# 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 does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **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 SURGERY	GS - SURGERY	
AMERICAN BOARD OF SURGERY	GS - SURGICAL CRITICAL CARE	

# **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. 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: AMERICAN MEDICAL ASSOCIATION AMERICAN COLLEGE OF SURGEONS ROYAL COLLEGE OF SURGEONS OF ENGLAND EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

## **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.