



## AUNALI SALIM KHAKU MD

License Number: ME114611

Profession	Medical Doctor
License Status	Disc Relinquish/
Year Began Practicing	01/01/2009
License Expiration	01/31/2023
Date	

## General Information

### Primary Practice Address

AUNALI SALIM KHAKU MD  
X  
ORLANDO, FL 32827

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MORAVIAN COLLEGE	NO DEGREE	9/3/2002 - 5/2/2003	
LEHIGH UNIVERSITY	BACHELOR D	8/25/2003 - 4/29/2005	05/23/2005
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE AND DENTISTRY	MD	8/8/2005 - 5/3/2009	05/15/2009

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
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	INTERNSHIP	IM - INTERNAL MEDICINE		GAINESVILLE	FLORIDA	07/01/2009	06/30/2010
UNIV OF FLORIDA COLLEGE OF MEDICINE DEPT OF NEUROLOGY	RESIDENCY	N - NEUROLOGY		GAINESVILLE	FLORIDA	07/01/2010	08/01/2013
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	OTHER	SLEEP MEDICINE	TAMPA	FLORIDA	08/02/2013	08/01/2014

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
ASSOCIATE PROFESSOR OF NEUROLOGY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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 PSYCHIATRY AND NEUROLO	SLEEP MEDICINE	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action		Under Appeal
FLORIDA DEPARTMENT OF HEALTH		03/25/2022	VOLUNTARY SURRENDER		

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
RETURN LICENSE	12/16/2021		12/16/2021	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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:

EDITORIAL BOARD MEMBER FOR FRONTIERS IN NEUROTRAUMA 2013 ?  
EDITORIAL BOARD MEMBER FOR THE JOURNAL OF NEUROLOGY AND STRO  
FORMER EXEC BOARD MEMBER OF FLORIDA SOCIETY OF NEUROLOGY  
MEMBER OF THE AMERICAN ACADEMY OF NEUROLOGY SINCE 2005  
MEMBER OF AMERICAN ACADEMY OF SLEEP MEDICINE 2013 - 2014  
FORMER MEMBER OF AMERICAN PAIN SOCIETY

## Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BLUE RIBBON AWARD FOR EXCELLENCE IN CUSTOMER SERVICE	ORLANDO VA MEDICAL CENTER
SHANDS HOSPITAL CUSTOMER SERVICE KEY AWARD (MARCH 2012)	SHANDS HOSPITAL
RESIDENT AWARD FOR LEADERSHIP AND ADVOCACY IN NEUROLOGY	UNIVERSITY OF FLORIDA

## Publications

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

Title	Publication	Date
HTTPS://SCHOLAR.GOOGLE.COM/SCHOLAR?HL=EN&Q=KHAKU&BTNG=&AS_SD	HTTPS://SCHOLAR.GOOGLE.COM/SCHOLAR?HL=EN&Q=KHAKU&BTNG=&AS_SD	09/01/2016
BOOK: ACUTE STROKES: SIGNS, SYMPTOMS AND MANAGEMENT	ISBN-13: 978-1536174120	05/23/2020

## Professional Web Page

[www.linkedin.com/in/neurologist](http://www.linkedin.com/in/neurologist)

## 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.

SWAHILI  
GUJARATI  
URDU  
HINDI

## Other Affiliations

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