



## WILLIAM STEIN IV

License Number: ME120687

Profession Medical Doctor  
License Status Null And Void/  
Year Began Practicing 07/01/2003  
License Expiration 01/31/2018  
Date

## General Information

### Primary Practice Address

WILLIAM STEIN IV  
UNIVERSITY OF FLORIDA  
CONGENITAL HEART CENTER  
GAINESVILLE, FL 32610-0297  
ATTN: C/O WILLIAM STEIN

### 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 HOSPITAL AT THE UNIVERSITY OF FLO	GAINESVILLE	FLORIDA

### Email Address

Please contact at: [wstein4@ufl.edu](mailto:wstein4@ufl.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
DISTRICT OF COLUMBIA	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR

### 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
UNIVERSITY OF CHICAGO	BACHELOR D	10/3/1994 - 6/13/1998	06/13/1998
LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE IN NEW ORLEANS	NO DEGREE	7/1/1999 - 6/30/2001	
GEORGE WASHINGTON UNIVERSITY THE SCHOOL OF MEDICINE AND HEALTH SCIENCES	MD	7/1/2001 - 5/18/2003	05/18/2003

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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 SCHOOL OF MEDICINE	INTERNSHIP	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2003	06/30/2004
GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2004	06/30/2006
STANFORD UNIVERSITY	OTHER PROGRAM	CARDIAC SURGERY		STANFORD	CALIFORNIA	07/01/2006	06/30/2008
GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/2008	06/30/2010
EMORY UNIVERSITY SCHOOL OF MEDICINE	FELLOWSHIP	TS - THORACIC SURGERY		ATLANTA	GEORGIA	07/01/2010	06/30/2013
EMORY UNIVERSITY SCHOOL OF MEDICINE	FELLOWSHIP	OTHER	CONGENITAL CARDIAC SURGERY	ATLANTA	GEORGIA	07/01/2013	06/30/2014

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLE	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 SURGERY	GS - SURGERY	02/28/2011
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	

## 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 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.peds.ufl.edu/chc](http://www.peds.ufl.edu/chc)

**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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