



JOCHEN THORSTEN SCHAEFER

License Number: ME122519

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing 01/01/2001
License Expiration 01/31/2025
Date

General Information

Primary Practice Address

JOCHEN THORSTEN SCHAEFER
4131 DIRECTORS ROW
HOUSTON, TX 77092

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
JOHN DEMPSEY HOSP. UNIV. HOSP. OF THE UNIV. OF CT.	FARMINGTON	CONNECTICUT

Email Address

Please contact at: jane.castro@medarms.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
VIRGINIA	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 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
EBERHARD-KARLS-UNIVERSITAET TUBINGEN	MD	10/1/1994 - 11/23/2000	11/23/2000

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
YALE UNIVERSITY SCHOOL OF MEDICINE	INTERNSHIP	GS - SURGERY		NEW HAVEN	CONNECTICUT	07/01/2002	06/30/2003
YALE UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		NEW HAVEN	CONNECTICUT	07/01/2003	06/30/2004
YALE UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		NEW HAVEN	CONNECTICUT	07/01/2004	10/31/2004
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	RESIDENCY	PTH - PATHOLOGY		SAN FRANCISCO	CALIFORNIA	07/01/2005	06/30/2007
NEW YORK PRESBYTERIAN HOSPITAL AND WEILL MEDICAL COLLEGE OF	RESIDENCY	D - DERMATOPATHOLOGY		NEW YORK	NEW YORK	07/01/2007	06/30/2008
UNIVERSITY OF VIRGINIA	FELLOWSHIP	D - DERMATOPATHOLOGY		CHARLOTTESVILLE	VIRGINIA	07/01/2008	06/30/2009
UNIVERSITY OF VIRGINIA	FELLOWSHIP	D - DERMATOPATHOLOGY		CHARLOTTESVILLE	VIRGINIA	07/01/2009	06/30/2010

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
ASSISTANT PROFESSOR	UNIVERSITY OF CONNECTICUT SCHOOL OF MEDI	FARMINGTON	CONNECTICUT

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	PTH - PATHOLOGY	11/07/2008
AMERICAN BOARD OF PATHOLOGY	D - DERMATOPATHOLOGY	09/02/2010

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

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.
