# **ERIK JON NUVEEN**

# License Number: ME128705

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/2003
License Expiration 01/31/2026

Date

# General Information

### **Primary Practice Address**

ERIK JON NUVEEN 4788 HODGES BLVD. SUITE 102 JACKSONVILLE, FL 32224

#### 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
OU MEDICAL CENTER	OKLAHOMA CITY	OKLAHOMA

#### **Email Address**

Please contact at: fxfaces@yahoo.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
OKLAHOMA	MEDICAL DOCTOR
FLORIDA	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
COLORADO	MEDICAL DOCTOR
UTAH	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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
CASE WESTERN RESERVE UNIVERSITY SCHOOL OF MEDICINE	MD	7/1/1999 - 5/20/2001	05/20/2001

# **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

			Dates Attended Dates		Degree
School/University	City	State/Country	From	Attended To	Title
UNIVERSITY OF CONNECTICUT SCHOOL OF	FARMINGTON	CONNECTICUT	08/27/1989	05/20/1994	D.M.D.
DENTAL MEDICINE					DENTAL

# **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
UCLA- SEPULVEDA VAMC GENERAL PRACTICE RESIDENCY, DENTISTY	RESIDENCY	OTHER	DENTISTRY, ORAL AND MAXILLOFACIAL SURGERY	SEPULVEDA	CALIFORNIA	07/01/1994	06/28/1995
HARBOR UCLA MEDICAL CENTER- ORAL & MAXILLOFACIAL SURGERY	INTERNSHIP	OTHER	ORAL AND MAXILLOFACIAL SURGERY	TORRANCE	CALIFORNIA	07/01/1995	06/28/1996
METROHEALTH MEDICAL CENTER ORAL AND MAXILLOFACIAL SURGEY	RESIDENCY	OTHER	ORAL AND MAXILLOFACIAL SURGERY	CLEVELAND	OHIO	07/01/1996	06/28/1999
PENN STATE HERSHEY MEDICAL CENTER, GENERAL SURGERY	RESIDENCY	GS - SURGERY		HERSHEY	PENNSYLVANIA	07/01/2001	06/28/2002
FELLOWSHIP IN GENERAL COSMETIC SURGERY	FELLOWSHIP	OTHER	GENERAL COSMETIC SURGERY	MURRAY	UTAH	07/01/2002	06/28/2003

# **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, OU COLLEGE OF DENTISTRY	UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICI	OKLAHOMA CITY	OKLAHOMA

# **Specialty Certification**

# **Specialty Certification**

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# 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 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
HALL OF FAME	WORLD ACADEMY OF COSMETIC SURGERY

### **Publications**

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

Title	Publication	Date
NUVEEN E. CLASSIFICATION OF MASSIVE WEIGHT LOSS PATIENTS: TREATMENT PLANNING.	SPRINGER VERLAG INTERNATIONAL	01/01/2021
NUVEEN E. THIGHPLASTY SURGERY.	SPRINGER VERLAG INTERNATIONAL	01/01/2021
NUVEEN E. TOTAL PLATYSMAL RESECTION FOR IDEAL NECK CONTOUR.	SPRINGER VERLAG INTERNATIONAL	01/01/2021
NUVEEN E. APPLIED HEAD AND NECK ANATOMY: NECKLIFT SURGERY. THIEME PUBLISHING, 2020.	THIEME PUBLISHING	09/01/2020
NUVEEN E, CAPLIN C. ORAL SURGEONS AS COSMETIC SURGEONS.	PLAST RECONST SURG	08/01/2020
NUVEEN E, COX K, MATTHESEN J, CAPLIN C. AN ERAS PROTOCOL FOR OUTPATIENT BODYLIFT SURGERY.	AMERICAN JOURNAL OF COSMETIC SURGERY	03/01/2020
E NUVEEN. REVISION SURGERY AS AN INDICATOR OF SUCCESS.	AMERICAN JOURNAL OF COSMETIC SURGERY	09/01/2018
NUVEEN E, BANKI M. NECKLIFT SURGERY; COMPLICATIONS IN OUTPATIENT MAXILLOFACIAL COSMETIC SURGERY.	THIEME PUBLICATION.	04/01/2019
J NESIBA, C CAPLIN, E NUVEEN. A NOVEL USE OF THYROID CARTILAGE FOR AUGMENTATION RHINOPLASTY.2018	ORAL MAXILLOFAC SURG.	03/01/2018

# **Professional Web Page**

www.csaok.com

# **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 provided the following national, state, local, county, and professional affiliations:

# Affiliation

AMERICAN ACADEMY OF COSMETIC SURGERY

AMERICAN ACADEMY OF FACIAL COSMETIC SURGERY

AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS