



BABITA JYOTI

License Number: ME129707

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1996
License Expiration 01/31/2027
Date

General Information

Primary Practice Address

BABITA JYOTI
10881 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32223

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	JACKSONVILLE	FLORIDA

Email Address

Please contact at: jyoti@ackermancancer.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
FLORIDA	TRAINING

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
OSMANIA MEDICAL COLLEGE	MBBS	8/1/1985 - 1/23/1992	07/16/1992

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
SRI VENKATESHWARA BEGUMPET HOSPITAL	OTHER PROGRAM	IM - INTERNAL MEDICINE		HYDERABAD	INDIA	04/01/1992	12/15/1993
GEETA NURSING HOME	OTHER PROGRAM	IM - INTERNAL MEDICINE		HYDERABAD	INDIA	04/27/1996	03/07/1997
BLACKPOOL VICTORIA HOSPITAL NHS TRUST	OTHER PROGRAM	GS - SURGERY		BLACKPOOL	UNITED KINGDOM	04/01/1997	12/15/1997
CORLEY GENERAL HOSPITAL	OTHER PROGRAM	IM - INTERNAL MEDICINE		CHORLEY	UNITED KINGDOM	12/01/1999	02/01/2000
BLACKPOOL VICTORIA HOSPITAL NHS TRUST	RESIDENCY	IM - INTERNAL MEDICINE		BLACKPOOL	UNITED KINGDOM	02/14/2000	02/01/2001
WHISTON HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PRESCOTT	UNITED KINGDOM	02/07/2001	02/01/2002
NORTH MANCHESTER GENERAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MANCHESTER	UNITED KINGDOM	02/02/2002	02/01/2004
THE CHRISTIE HOSPITAL	OTHER PROGRAM	IM - ONCOLOGY		MANCHESTER	UNITED KINGDOM	02/04/2004	02/07/2006
THE CHRISTIE HOSPITAL	OTHER PROGRAM	IM - ONCOLOGY		MANCHESTER	UNITED KINGDOM	04/24/2006	01/19/2007
THE CHRISTIE HOSPITAL	RESIDENCY	RO - RADIATION ONCOLOGY		MANCHESTER	UNITED KINGDOM	02/05/2007	06/08/2008
THE CHRISTIE HOSPITAL	OTHER PROGRAM	RO - RADIATION ONCOLOGY		MANCHESTER	UNITED KINGDOM	06/10/2008	08/01/2009
CLATERBRIDGE CANCER CENTRE, MERSEY DEANERY	RESIDENCY	RO - RADIATION ONCOLOGY		WIRRAL	UNITED KINGDOM	08/03/2009	07/31/2014

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 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

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

This practitioner has not provided any professional web page information.

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.

HINDI

URDU

TELUGU

Other Affiliations

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