



SELINA RAHMAN

License Number: ME128872

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing 01/01/1994
License Expiration 01/31/2024
Date

General Information

Primary Practice Address

SELINA RAHMAN
10822 MOBBERLEY CIRCLE
ORLANDO, FL 32832

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA

Email Address

Please contact at: selinarahman999@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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 not submitted payment or is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
SIR SALIMULLAH MEDICAL COLLEGE	MBBS	3/15/1987 - 1/1/1994	01/01/1994

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
FSU INTERNAL MEDICINE RESIDENCY PROGRAM AT TMH	RESIDENCY	IM - INTERNAL MEDICINE		TALLAHASSEE	UNITED STATES	07/31/2012	06/30/2016
TMH TRANSITION CENTER	OTHER PROGRAM	IM - INTERNAL MEDICINE		TALLAHASSEE	UNITED STATES	09/01/2011	06/30/2012
MAYO CLINIC	OTHER PROGRAM	IM - ONCOLOGY		JACKSONVILLE	UNITED STATES	12/01/2011	12/30/2011
MADISON COUNTY HEALTH DEPT	OTHER PROGRAM	FP - FAMILY MEDICINE		MADISON	UNITED STATES	06/01/2011	08/30/2011
TMH	OTHER PROGRAM	OTHER	RESEARCH	TALLAHASSEE	UNITED STATES	01/01/2011	05/30/2011
FLORIDA A AND M UNIVERSITY, ASSISTANT VISITING PROFESSOR.	OTHER PROGRAM	BEHAVIORAL HEALTH		TALLAHASSEE	UNITED STATES	07/01/2008	12/31/2010
POST DOCTORAL RESEARCH ASSOCIATE, FAMU.	OTHER PROGRAM	BEHAVIORAL HEALTH		TALLAHASSEE	UNITED STATES	06/01/2005	06/30/2008
UNIVERSITY OF TOLEDO. MPH AND PHD.	OTHER PROGRAM	BEHAVIORAL HEALTH		TOLEDO	UNITED STATES	01/01/2001	05/30/2005
CARE INTERNATIONAL/BIRPERHT/PUBLIC HEALTH PHYSICIAN	OTHER PROGRAM	BEHAVIORAL HEALTH		DHAKA	BANGLADESH	09/01/1988	09/30/2000
UAB/REPRODUCTIVE ENDOCRINOLOGY/DEPT OF OBGYN	OTHER PROGRAM	OTHER	RESEARCH	ALABAMA	UNITED STATES	09/01/1997	08/30/1998
BRIGHAM AND WOMEN'S HOSPITAL/REPRODUCTIVE ENDOCRINOLOGY	OTHER PROGRAM	OTHER	RESEARCH	BOSTON	MASSACHUSETTS	09/01/1996	08/30/1997
SIR SALIMULLAH MEDICAL COLLEGE	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		DHAKA	BANGLADESH	04/01/1994	04/30/1996

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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

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

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.
