



## SAJAD ZALZALA

License Number: ME134201

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2028

## General Information

### Primary Practice Address

SAJAD ZALZALA  
835 MASON ST  
SUITE A250  
DEARBORN, MI 48124

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: ZALZALA@GMAIL.COM

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	PHYSICIAN
ONTARIO	PHYSICIAN
ILLINOIS	
OREGON	
MINNESOTA	
INDIANA	
OHIO	
PENNSYLVANIA	
NORTH CAROLINA	
WASHINGTON	
COLORADO	
GEORGIA	
WISCONSIN	
SOUTH CAROLINA	
MASSACHUSETTS	
ARIZONA	
NEW YORK	
VIRGINIA	

State	Profession
KANSAS	
HAWAII	
ALABAMA	
NEVADA	
TEXAS	
LOUISIANA	
UTAH	
CALIFORNIA	
IOWA	
MISSOURI	
MARYLAND	
TENNESSEE	
ARKANSAS	
IDAHO	
NEW JERSEY	
OKLAHOMA	
CONNECTICUT	
MONTANA	
RHODE ISLAND	
VERMONT	
SOUTH DAKOTA	
NEBRASKA	
NEW HAMPSHIRE	
WYOMING	
DELAWARE	
ALASKA	
MAINE	
NORTH DAKOTA	
NEW MEXICO	
DISTRICT OF COLUMBIA	
KENTUCKY	
WEST VIRGINIA	
MISSISSIPPI	

### 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
WAYNE STATE UNIVERSITY	MD	7/1/2004 - 6/30/2009	06/30/2009

## 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
CRITTENTON HOSPITAL	RESIDENCY	FP - FAMILY MEDICINE		ROCHESTER	MICHIGAN	07/01/2009	06/30/2012

## 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

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	12/29/2025	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	12/29/2025	1/28/2026	1/20/2026	\$ 1,543.94	\$ 1,543.94
FINE	12/29/2025	1/28/2026	1/20/2026	\$ 1,000.00	\$ 1,000.00
CE: RECORD KEEPING		12/28/2026		\$ 0.00	\$ 0.00
CE: TELEMEDICINE		12/28/2026		\$ 0.00	\$ 0.00

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

#### **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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
NORTH DAKOTA BOARD OF MEDICINE	01/31/2025	LIMITATION OR RESTRICTION ON LICENSE.	NO
GEORGIA COMPOSITE MEDICAL BOARD	03/20/2025	CONSENT ORDER	NO
TEXAS MEDICAL BOARD	03/26/2025	REPRIMAND	NO
PENNSYLVANIA BOARD OF MEDICINE	04/08/2025	CONSENT ORDER	NO
KENTUCKY	09/03/2025	AGREED ORDER	NO
NEW MEXICO	12/15/2025	REPRIMAND	NO

#### **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 an affiliation with the following committees:  
American Telemedicine Association

### **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.

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