



ZAHID AMIN

License Number: ME144101

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1985
License Expiration 01/31/2026
Date

General Information

The practitioner has not verified the information contained in this profile.

Primary Practice Address

ZAHID AMIN
2501 N ORANGE AVENUE
SUITE 310 SOUTH
ORLANDO, FL 32804

Medicaid

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

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: ZAHIDAMIN1967@GMAIL.COM

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MEDICINE
ILLINOIS	MEDICINE
GEORGIA	MEDICINE
MINNESOTA	MEDICINE
NEBRASKA	MEDICINE
SOUTH DAKOTA	MEDICINE
MISSOURI	MEDICINE

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

The practitioner has not verified the information contained in this profile.

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BOLAN MEDICAL COLLEGE	MEDICINE	3/1/1976 - 6/30/1982	10/30/1982

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
TEXAS HEART INSTITUTE	INTERNSHIP	IC - INTERVENTIONAL CARDIOLOGY		HOUSTON	TEXAS	11/01/1985	07/01/1987
CHILDREN'S HOSPITAL OF PHILADELPHIA	RESIDENCY	PD - PEDIATRIC CARDIOLOGY	PEDIATRIC CARDIOVASCULAR SURGERY(RESEARCH)	PHILADELPHIA	PENNSYLVANIA	07/01/1989	01/01/1990
MIAMI'S CHILDREN HOSPITAL	FELLOWSHIP	CARDIAC SURGERY	CARDIOVASCULAR SURGERY	MIAMI	FLORIDA	02/01/1990	06/30/1992
TEXAS HEART INSTITUTE	INTERNSHIP	IM - CARDIOVASCULAR DISEASE		HOUSTON	YEMEN	11/01/1985	07/30/1987
MIAMI CHILDREN'S HOSPITAL	RESIDENCY	CAR - CARDIOLOGY		MIAMI	FLORIDA	02/01/1990	06/30/1992
UN OF MISSOURI	RESIDENCY	PD - PEDIATRICS		COLUMBIA	MISSOURI	07/01/1992	06/01/1995
UNIVERSITY OF MINNESOTA	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		MINNEAPOLIS	MINNESOTA	07/01/1995	07/30/1996
NORTHWESTERN UNIVERSITY SCHOOL OF MEDICINE	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		CHICAGO	ILLINOIS	07/01/1996	06/30/1998

Academic Appointments

The practitioner has not verified the information contained in this profile.

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

The practitioner did not provide this mandatory information.

Specialty Certification

The practitioner has not verified the information contained in this profile.

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 PEDIATRICS	PD - PEDIATRICS	01/01/1996
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRIC CARDIOLOGY	08/01/2002

Financial Responsibility

The practitioner has not verified the information contained in this profile.

Financial Responsibility

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

Proceedings and Actions

The practitioner has not verified the information contained in this profile.

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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

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

The practitioner has not verified the information contained in this profile.

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.