## **DERICK JOSE VELAZQUEZ LUCENA**

## License Number: ACN1231

Profession Area of Critical Need Medical Doctor

License Status Clear/Active
Year Began Practicing Not Provided
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

### **Primary Practice Address**

DERICK JOSE VELAZQUEZ LUCENA 833 E OAK STREET KISSIMMEE, FL 34744

### **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: derick.velazquez@upr.edu

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
PUERTO RICO	INTERN PHYSICIAN
PUERTO RICO	INTERN PHYSICIAN
NEW JERSEY	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR

## **Education and Training**

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## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
WALDEN UNIVERSITY	MINNEAPOLIS	MINNESOTA	02/29/2016	11/10/2019	MA - HEALTHCARE ADMINISTRATION
UNIVERSITY OF PUERTO RICO, MAYAGUEZ CAMPUS	MAYAGUEZ	PUERTO RICO	08/01/2005	09/08/2010	BS BIOLOGY
UHSA SCHOOL OF MEDICINE	DR. YELE AKANDE DRIVE PICCADILLY	ANTIGUA AND BARBUDA	05/08/2013	06/06/2015	M.D. MEDICAL DOCTOR
SAN CARLOS HEALTH SYSTEM POSTGRADUATE MEDICAL INTERNSHIP	AGUADILLA	PUERTO RICO	07/01/2016	06/30/2017	M.D. MEDICAL DOCTOR

## **Professional and Postgraduate Training**

This practitioner has not completed any graduate medical education.

## **Academic Appointments**

## **Graduate Medical Education**

This practitioner has 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 do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 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 selfinsurance as provided in s. 627.367, F.S.

## **Proceedings and Actions**

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#### **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 an affiliation with the following committees:

HISPAMED ASSOCIATION

Tribeta Biology Honor Society

Dr. Raul Garcia Rinaldi Cardiology Foundation

Center for Pharmaceutical Engineering Development & Learning

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
CUM LAUDE GRADUATE	UNIVERSITY OF PUERTO RICO, MAYAGUEZ CAMPUS
PROGRAM PARTICIPATION CERTIFICATE	DR. RAUL GARCIA RINALDI'S FOUNDATION
TRIBETA BIOLOGY HONOR SOCIETY	UNIVERSITY OF PUERTO RICO. MAYAGUEZ CAMPUS

### **Publications**

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

Title	Publication	Date
STRATEGIC PLAN FOR HILLSBORO COUNTY HOME HEALTH AGENCY	WALDEN UNIVERSITY	12/03/2019
STREPTOCOCCUS MUTANS	HTTPS://ES.SLIDESHARE.NET/WAO2008/STREPTOCOCCUS-MUTANS-PRESENTATION	10/23/2008

## **Professional Web Page**

https://proview.caqh.org/PR

## **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.

SPANISH

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

### Affiliation

CENTER FOR PHARMACEUTICAL ENGINEERING DEVELOPMENT & LEARNING

DR. RAUL GARCIA RINALDI CARDIOLOGY FOUNDATION

HISPAMED ASSOCIATION

TRIBETA BIOLOGY HONOR SOCIETY