



## SHAWKY A HASSAN MD

License Number: ME23624

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1972
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

SHAWKY A HASSAN MD  
680 SECOND AVE. NORTH  
SUITES 201 & 202  
NAPLES, FL 34102

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
NORTH COLLIER HOSPITAL	NAPLES	FLORIDA
PHYSICIANS REGIONAL HOSPITAL	NAPLES	FLORIDA

### Email Address

Please contact at: [shawkyahassan@gmail.com](mailto:shawkyahassan@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	MEDICAL DOCTOR

### 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
UNIVERSITY OF CAIRO	MD	1/1/1954 - 12/31/1959	12/31/1959

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
BAYLOR COLLEGE OF MEDICINE	HOUSTON	TEXAS	01/01/1962	06/30/1964	MASTERS OF HEALTH SCIENCE IN EPIDEMIOLOGY
UNIV MICHIGAN ROCKHAM SCHOOL	ANN ARBOR	MICHIGAN	07/01/1964	06/30/1965	MPH MASTER OF PUBLIC HEALTH
UNIV MICHIGAN ROCKHAM	ANN HARBOR	MICHIGAN	07/01/1965	06/30/1969	PH.D. MICROBIOLOGY/IMMUNOLOGY

## 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
CAIRO UNIVERSITY HOSPITALS	INTERNSHIP	TY - TRANSITIONAL YEAR		CAIRO	EGYPT	01/01/1960	12/31/1960
UNIVERSITY OF MICHIGAN HOSPITALS	RESIDENCY	PD - PEDIATRICS			MICHIGAN	07/01/1968	06/30/1969
HURLEY MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		FLINT	MICHIGAN	07/01/1969	06/30/1970
UNIVERSITY OF MICHIGAN HOSPITALS	FELLOWSHIP	AI - ALLERGY AND IMMUNOLOGY		ANN ARBOR	MICHIGAN	01/01/1971	12/31/1971

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT PROF	MICHIGAN STATE UNIVERSITY COLLEGE OF HUM	LANSING	MICHIGAN

## Specialty Certification

### 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
AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY	AI - ALLERGY AND IMMUNOLOGY
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRICS

## 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 an affiliation with the following committees:

MEDIATION COMMITTEE-GENESSEE COUNTY MEDICAL SOCIETY

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INTRAMURAL PROFESSIONAL RELATION COMMITTEE-GENESSEE COUNTY

INTERNATIONAL COMMITTEE-GENESSEE COUNTY MEDICAL SOCIETY  
INTERNATIONAL COMMITTEE-AMERICAN ACADEMY OF ALLERGY, ASTHMA  
INTEREST SECTION-AMERICAN ACADEMY OF ALLERGY, ASTHMA, AND  
PUBLIC HEALTH COMMITTEE-GENESSEE COUNTY MEDICAL SOCIETY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
LIFETIME HARRIS FELLOW ROTARY CLUB	
INVITED SPEAKER	CANADIAN LUNG ASSOCIATION ANNUAL MEETING
PUBLIC RELATIONS RADIO PROGRAM	CANADIAN LUNG ASSOCIATION

### 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

[allergyandasthmatoday.com](http://allergyandasthmatoday.com)

### 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.

ARABIC  
FRENCH

### Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
COLLIER COUNTY MEDICAL SOCIETY
FLORIDA STATE MEDICAL SOCIETY
MEMBER-AMERICAN LUNG ASSOCIATION,GENESSE COUNTY CHAPTER,MI
MEMBER-AMERICAN LUNG ASSOCIATION-SOUTHWEST FLORIDA CHAPTER
OTHER HEALTH/PH.D. IN EPIDEMIOLOGY