# JAY S WEINGARTEN

# License Number: PO2220

ProfessionPodeLicense StatusClearYear Began Practicing01/0License Expiration Date03/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pode

Podiatric Physician Clear/Active 01/01/1992 03/31/2026 Yes

# **General Information**

## **Primary Practice Address**

JAY S WEINGARTEN 301 DEL SOL CIR TEQUESTA, FL 33469

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

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

Institution Name	City	State
JUPITER MEDICAL CENTER	JUPITER	FLORIDA
GOOD SAMARITAN HOSPITAL	WEST PALM BEACH	FLORIDA
MARTIN MEMORIAL HEALTH SYSTEMS	STUART	FLORIDA

# **Email Address**

Please contact at: feetfxr@prodigy.net

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	PODIATRY DOCTOR
NEW MEXICO	PODIATRIC PHYSICIAN

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
OHIO COLLEGE OF PODIATRIC MEDI	DPM	8/1/1986 - 6/1/1990	06/01/1990

## **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
EAST ORANGE VETERAN MEDICAL CENTER	RESIDENCY	OTHER	PODIATRY	EAST ORANGE	NEW JERSEY	06/01/1990	06/01/1991
FOOT SPECIALISTS ASSOCIATION	FELLOWSHIF	OTHER	PODIATRY	ALBANY	NEW YORK	06/01/1991	06/01/1992
SOUTHWEST GENERAL	RESIDENCY	OTHER	PODIATRY	EL PASO	TEXAS	06/01/1993	06/01/1994

# 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 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 PODIATRIC MEDICINE	PODIATRY	
AMERICAN BOARD OF PODIATRIC SURGERY	PODIATRY	

# **Financial Responsibility**

## **Financial Responsibility**

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
COMMUNITY SERVICE	FLORIDA AND ARTS DANCE COUNCIL
COMMUNITY SERVICE	GOOD SAMARITANS GARDENS CLINIC
COMMUNITY SERVICE	ROTARY INTERNATIONAL
COMMUNITY SERVICE	MARTIN MEMORIAL
COMMUNITY SERVICE	AMERICAN PODIATRIC MEDICAL ASSOCIATION
COMMUNITY SERVICE	CHAMBER OF COMMERCE

#### **Publications**

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

Title	Publication	Date
EPIPHYSEODESIS	A CASE REVIEW	01/01/1994

#### **Professional Web Page**

afasfl.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. SPANISH

#### **Other Affiliations**

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

#### Affiliation

AMERICAN BOARD OF PODIATRIC SURGERY

AMERICAN COLLEGE OF FOOT & ANKLE SURGEONS

BOARD OF PODIATRIC ORTHOPEDICS & PRIMARY PODIATRIC MEDICIN

CERT/PODIATRIC ORTHOPEDICS & PODIATRIC MEDICINE

CERT: PODIATRIC SURGERY

FELLOW AMERICAN BOARD OF PODIATRIC SURGERY

FLORIDA PODIATRIC MEDICAL ASSOCIATION