



JOEL SONNY POLICZER M.D.

License Number: ME35562

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1982
License Expiration Date	01/31/2027

## General Information

### Primary Practice Address

JOEL SONNY POLICZER M.D.  
1801 W SAMPLE ROAD  
SUITE 301  
DEERFIELD BEACH, FL 33064

### 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
FLORIDA MEDICAL CENTER	LAUDERDALE LAKES	FLORIDA
CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	FLORIDA
NORTH BROWARD MEDICAL CENTER	DEERFIELD BEACH	FLORIDA

### Email Address

Please contact at: [joel.policzer@vitas.com](mailto:joel.policzer@vitas.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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
UMDNJ-NEW JERSEY MED SCH NEWA	MD	1/1/1974 - 1/1/1976	

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
UNIVERSITY OF BRUSSELS FACULTY OF MEDICINE	BRUSSELS	BELGIUM	09/01/1970	07/15/1974	MASTERS OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	State or City Country	Dates Attended From	Dates Attended To
ALBANY MED CTR HOSP	RESIDENCY	IM - INTERNAL MEDICINE		NEW YORK	07/01/1976	06/30/1977
ALBANY UNIV CTR HOSP	RESIDENCY	IM - INTERNAL MEDICINE		FLORIDA	07/01/1977	06/30/1979
UNIV MIAMI JACKSON	FELLOWSHIP	PTH - HEMATOLOGY		FLORIDA	07/01/1979	06/30/1981
UNIV OF MIAMI JACKSON	FELLOWSHIP	OTHER	MEDICAL ONCOLOGY	FLORIDA	07/01/1981	06/30/1982

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
CLINICAL ASSOCIATE PROFESSOR	NOVA SOUTHEASTERN	FT LAUDERDALE	FLORIDA
CLINICAL ASSISTANT PROFESSOR - FAMILY MEDICINE	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA
CLINICAL ASSISTANT PROFESSOR - INTERNAL MEDICINE	FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE	MIAMI	FLORIDA
CLINICAL ASSOCIATE PROFESSOR	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA

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 INTERNAL MEDICINE	IM - HEMATOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	HPM - HOSPICE AND PALLIATIVE MEDICINE	

## 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 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
FELLOW	AMERICAN COLLEGE OF PHYSICIANS
PHYSICIAN OF THE YEAR	VITAS HOSPICE/1996
FELLOW	AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE
LEADERSHIP COUNCIL FOR EXCELLENCE IN MANAGEMENT	VITAS INNOVATIVE HOSPICE CARE 2000 2004
JOSEFINA B MAGNO DISTINGUISHED HOSPICE PHYSICIAN - 2018	AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE

### Publications

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

Title	Publication	Date
NON-INVASIVE PAIN CONTROL IN THE TERMINALLY ILL	AM OF HOSPICE	01/01/1990
	END OF LIFE CARE: A PRACTICAL GUIDE	01/05/2011

### Professional Web Page

This practitioner has not provided any professional web page information.

### 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.

GERMAN  
FRENCH

### Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF HOSPICE AND PALLIATIVE MEDICINE
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
FLORIDA MEDICAL ASSOCIATION