HOWARD MARC KAPLAN

License Number: ME35838

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1978
License Expiration Date	01/31/2027

General Information

Primary Practice Address

HOWARD MARC KAPLAN
9410 NORTHWEST 10TH STREET
PLANTATION, FL 33322

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: **linquis1@comcast.net**

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 is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
SUNY AT BUFFALO	MD	8/1/1971 - 12/31/1973	12/31/1973

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
TEMPLE UNIVERSITY, SCHOOL OF DENTISTRY	PHILADELPHIA	PENNSYLVANIA	09/01/1967	05/01/1971	D.D.S. DENTAL
NOVA SOUTHEASTERN UNIVERSITY, SCHOOL OF BUSINESS	FT LAUDERDALE	FLORIDA	07/01/1993	03/01/1995	MASTER OF PUBLIC ADMIN. HEALTHCARE MGMT AND POLICY

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
ERIE COUNTY MEDICAL CENTER	INTERNSHIP	GS - SURGERY		BUFFALO	NEW YORK	01/01/1974	12/31/1974
SUNY AT BUFFALO SCHOOL OF MEDICINE	RESIDENCY	OTO - OTOLARYNGOLOGY	OTOLARYNGOLOGY-HEAD AND NECK SURGERY	BUFFALO	NEW YORK	01/01/1975	12/31/1977
HOUSE EAR INSTITUTE	FELLOWSHIP	OTO - OTOLOGY-NEUROTOLOGY	OTOLOGY-NEUROTOLOGY AND SKULL BASE SURGERY	LOS ANGELES	CALIFORNIA	01/01/1979	12/31/1979

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

Title	Institution	City	State
PROFESSOR OF SURGERY - OTOLARYNGOLOGY	NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE	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 OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY	

Financial Responsibility

Financial Responsibility

Financial Exemption

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:
DEPARTMENT OF SURGERY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CHEIF OF SURGERY 1990-1991	MEMORIAL HOSPITAL PEMBROKE-PEMBROKE PINES, FL

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

linquis1@comcast.net

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

Affiliation
AMERICAN BOARD OF QUALITY ASSURANCE AND UTILIZATION REVIEW
AMERICAN COLLEGE OF PHYSICIAN EXECUTIVES
AMERICAN DENTAL ASSOCIATION
BROWARD COUNTY MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION