



JOSE LUIS PINO Y TORRES

License Number: ME39620

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2027

General Information

Primary Practice Address

JOSE LUIS PINO Y TORRES
2013 BAYSHORE BOULEVARD,
APT 1905
TAMPA, FL 33606

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: pino@ptd.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	PHYSICIAN AND SURGEON
MICHIGAN	PHYSICIAN
MARYLAND	PHYSICIAN AND SURGEON
NEW YORK	PHYSICIAN
NEW JERSEY	MEDICAL DOCTOR
PENNSYLVANIA	PHYSICIAN AND SURGEON

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
LICENCIADO EN MEDICINA Y CIRUGIA		1/1/1961 - 1/1/1967	

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
TUCSON HOSPITAL	INTERNSHIP			TUCSON	ARIZONA	07/01/1967	06/01/1968
UNIVERSITY OF MINNESOTA	RESIDENCY	IM - INTERNAL MEDICINE		MINNEAPOLIS	MINNESOTA	07/01/1968	06/01/1970
MEDICAL COLLEGE OF WISCONSIN	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		MILWAUKEE	WISCONSIN	07/01/1970	06/01/1972
THE JOHNS HOPKINS HOSPITAL	FELLOWSHIP	RO - RADIATION ONCOLOGY		BALTIMORE	MARYLAND	07/01/1977	06/01/1979

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City State
ASST PROF IN ONCOLOGY/RADIOLOGICAL SCIENCES	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDIC	

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 RADIOLOGY	RO - RADIATION ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - HEMATOLOGY AND ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL 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.

The practitioner did not provide this mandatory information.

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:

TUMOR BOARD WAYNE MEMORIAL HOSPITAL

TUMOR BOARD CATSKILL REGIONAL MEDICAL CENTER

TUMOR BOARD BON SECOURS COMMUNITY HOSPITAL

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

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

Title	Publication	Date
THE INTREGATION OF NEW THERAPIES IN THE MANAGEMENT...	CANCER	01/01/1981

Title	Publication	Date
NEW IMMUNOTHERAPEUTIC AND DIAGNOSTIC APPROACHES...	INTL J RAD ONCOL BIOL PHYS	01/01/1982
TOLERANCE FOLLOWING SINGLE DOSE AND FRACTIONATED...	INTL J RAD ONCOL BIOL PHYS	01/01/1982
MULTI-MODALITY TREATMENT OF ADVANCED OVARIAN INTL J RAD ONCOL BIOL PHYS CAR...	INTL J RAD ONCOL BIOL PHYS	01/01/1982
INTRA-PERITONEAL IMMUNOTHERAPY AND CHEMOTHERAPY IN...	CANCER TREAT REP	01/01/1982

Professional Web Page

udvcc@ptd.net

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
ASCO
ASTRO
PAN AMERICAN MEDICAL ASSOCIATION OF CENTRAL FLORIDA
STF PRIV: BON SECOURS COMMUNITY HOSP., PORT JERVIS NY
STF PRIV: CATSKILL REGIONAL MEDICAL CENTER, HARRIS NY
STF PRIV: WAYNE MEMORIAL HOSPITAL, HONESDALE PA