## **AMJAD MUNIM**

## License Number: ME39847

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1977
License Expiration 01/31/2027

Date

# General Information

# **Primary Practice Address**

AMJAD MUNIM 1820 E COMMERCIAL BLVD FT LAUDERDALE, FL 33308

#### 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
HOLY CROSS HOSPITAL, INC.	FT. LAUDERDALE	FLORIDA
KINDRED HOSPITAL	FT LAUDERDALE	FLORIDA
KINDRED HOSPITAL	FORT LAUDERDALE	FLORIDA

### **Email Address**

Please contact at: urgentftlaud@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession	
FLORIDA	MEDICAL DOCTOR	
CALIFORNIA	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
DARBHANGA MEDICAL COLLEGE, IND	MD	1/1/1969 - 1/1/1974	01/01/1974

# **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
FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	UNITED STATES	01/01/0001	05/13/2013	PH.D. MEDICINE

# **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
CATH MEDICAL CENTER AND ST JOHN'S HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	01/01/1979	01/01/1980
NY MEDICAL COLLEGE AT METROPOLITAN HOSPTIAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE	SENIOR RESIDENT	NEW YORK	NEW YORK	01/01/1980	01/01/1981
MARYLAND INST. OF EMER MED SERVICES SYSTEM - UNIV OF MARYL	FELLOWSHIP	AN - CRITICAL CARE MEDICINE	CLINICAL ASSOCIATE	BALTIMORE	MARYLAND	01/01/1981	01/01/1982
ALBANY MEDICAL COLLEGE OF UNION UNIVERSITY	FELLOWSHIP	IM - PULMONARY DISEASE	CLINICAL ASSOCIATE	ALBANY	NEW YORK	01/01/1983	01/01/1985
DARBHANGA MEDICAL COLLEGE, INDIA	INTERNSHIP	OTHER	ROTATING IN MED, SUR, PED, OB/GYN, PREV MED AND DERM	DARBHANGA	INDIA	01/01/1974	01/01/1975
ALL INDIA INSTITUTE OF MEDICAL SCIENCES	RESIDENCY	OTHER	DEPT OF MEDICINE, SURGERY AND RADIOLOGY	NEW DELHI	INDIA	01/01/1975	01/01/1977
NY MED COLL AT METROPOLITAN HOSPITAL CENTER	RESIDENCY	OTHER	DEPT OF SURGERY AND NEUROSURGERY	NEW YORK	NEW YORK	01/01/1977	01/01/1978
CATH MED CTR AND ST JOHNS HOSP - CORNELL AFFILIATE	INTERNSHIP	IM - INTERNAL MEDICINE		NEW YORK	NEW YORK	01/01/1978	01/01/1979

# **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 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 INTERNAL MEDICINE	AN - CRITICAL CARE MEDICINE	12/31/2013
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	12/31/2012
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	12/31/2013
AMERICAN BOARD OF INTERNAL MEDICINE	SLEEP MEDICINE	

# Financial Responsibility

#### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

#### 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: VICE CHAIRMAN DEPT OF MED HOLY CROSS HOSP, 2000-2002 DIRECTOR CARDIOPULMONARY DEPT, CLEVELAND CLINIC HOSPITAL CHAIRMAN, DEPT OF MED, HOLY CROSS HOSPITAL 2002-2004

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
PREFECT IN FORENSIC MEDICINE AND PHARMACOLOGY 1971-1973	DARBHANGA MEDICAL COLLEGE
HONORS IN FORENSIC MEDICINE AND PHARMACOLOGY 1971-1973	DARBHANGA MEDICAL COLLEGE
PHYSICIANS RECOGNITION AWARD IN CONTINUING EDUCATION	AMERICAN MEDICAL ASSOCIATION
FELLOWSHIP 1988	AMERICAN COLLEGE OF PHYSICIANS
GOLD MEDAL SCHOLARSHIP, GRADUATED FIRST POSITION	UNIVERSITY OF BIHAR, INDIA

#### **Publications**

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

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Title	F	Publication		Date
ELECTRON DISPERSIVE X-RAY MICRO AND TRANSMIS	DANALYSIS (EDX) A	AMERICAN REVIEW OF RESP DIS; 131 (	(2):78	01/01/1985
ALVEOLAR MACROPHAGE GOLD RET RHEUMATOID ARTHRITIS	ENTION IN J	JOURNAL OF RHEUMATOLOGY 114:(3)	, PP 435-438	01/01/1987
TRAUMATIC ACUTE MITRAL REGURGI SECONDARY TO BLUNT CH	TATION C	CRITICAL CARE MEDICINE, VOL II, #4, F	PP 311-312	01/01/1983

## **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.

SPANISH

URDU

### **Other Affiliations**

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

Affiliation
CERT: AM SOCIETY OF HYPERTENSION-CLINICAL HYPERTENSION
DIPLOMATE OF THE AM BD OF QA & UTIL REVIEW PHY, INC
FELLOW OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS
FELLOW OF THE AMERICAN COLLEGE OF PHYSICIANS

# Affiliation

SPECIALIST IN CLINICAL HYPERTENSION (EXAM 2001)