## **AARON HOWARD WOLFSON**

## License Number: ME42551

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 08/31/1983
License Expiration 01/31/2027

Date

# General Information

## **Primary Practice Address**

AARON HOWARD WOLFSON 1475 NW 12TH AVE D-31 MIAMI, FL 33136-6960

#### 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
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA
MIAMI MEDICAL CENTER	MIAMI	FLORIDA

#### **Email Address**

Please contact at: awolfson@med.miami.edu

## **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
UNIVERSITY OF FLORIDA	MD	9/1/1978 - 5/1/1982	05/01/1982

#### **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 UNIVERSITY OF MIAMI	Program Type INTERNSHIP	Specialty Area IM - INTERNAL MEDICINE	Other Specialty Area	City MIAMI	State or Country FLORIDA	Dates Attended From 06/24/1982	Dates Attended To 06/23/1983
MEDICAL COLLEGE OF VIRGINIA	RESIDENCY	RO - RADIATION ONCOLOGY		RICHMONE	O VIRGINIA	07/01/1986	06/23/1989

# **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
PROFESSOR	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 RADIOLOGY	RO - RADIATION ONCOLOGY	

# 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 an affiliation with the following committees:

Data & Safety Monitoring Committee

Cancer Committee

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

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

Community Service/Award/Honor	Organization
WHO'S WHO IN SCIENCE & ENGINEERING	
OUTSTANDING PERFORMANCE AWARD	

#### **Publications**

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

Title	Publication	Date
ADENOCARCINOMA OF THE FALLOPIAN TUBE: RESULTS OF A MULTI-I	INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY AND BIOLOGICAL	01/01/1998
DOES A RADIATION DOSE-RESPONSE RELATIONSHIP EXIST CONCERN	AMERICAN JOURNAL OF CLINICAL ONCOLOGY	01/01/1998

Title	Publication	Date
THE IMPORTANCE OF POST-OPERATIVE RADIOTHERAPY IN MULTIMOD-	INTERNATIONAL JOURNAL OF RADIATION ONCOLOGY AND BIOLOGICAL	01/01/1998
CONVENTIONAL RADIATION THERAPY OF CERVICAL CANCER	SEMINARS IN SURGICAL ONCOLOGY	01/01/1998
BLADDER AND RECTAL DOSES FROM POST GYN-IMPLANT EXTERNAL BE	RADIOLOGY	01/01/1998

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

## **Professional Web Page**

This practitioner has not provided any professional web page information.

# **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:

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AMERICAN COLLEGE OF RADIOLOGY

AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY AND ONCOLOGY

AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY/ONCOLOGY TRAVEL

AMERICAN THERAPEUTIC RADIOLOGY

RADIOLOGICAL SOCIETY OF NORTH AMERICA