



JAY JONAS RUBIN MD

License Number: ME42777

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1986
License Expiration Date	01/31/2027

General Information

Primary Practice Address

JAY JONAS RUBIN MD
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
OCALA REGIONAL MEDICAL CENTER	OCALA	FLORIDA

Email Address

Please contact at: drjayrubin@gmail.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
UNIVERSITY OF FLORIDA	MD	9/1/1978 - 6/1/1982	06/01/1982

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
UNIVERSITY OF MIAMI	CORAL GABLES	FLORIDA	01/01/0001	06/30/1977	BS CHEMISTRY
UNIVERSITY OF MIAMI	CORAL GABLES	FLORIDA	01/01/0001	06/30/1977	BA PSYCHOLOGY

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
UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/1982	06/30/1983
UNIVERSITY OF FLORIDA	RESIDENCY	N - NEUROLOGY		GAINESVILLE	FLORIDA	07/01/1983	06/30/1986

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 PSYCHIATRY AND NEUROLO	N - NEUROLOGY	

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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
WALT OPPELT MEMORIAL AWARD	UNIVERSITY OF FLORIDA
HONORABLE MENTION	AMERICAN ACADEMY OF NEUROLOGY
WATSON CLINIC AWARD FOR SCIENTIFIC ACHIEVEMENT	WATSON CLINIC, LAKELAND, FLORIDA

Publications

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

Title	Publication	Date
PREVENTION OF IRON-INDUCED CHRONIC EPILEPTIFORM ACTIVITY	EXP NEUR	01/01/1980
DENDRITIC ALTERATIONS IN RAT ISOCORTEX WITHIN AN IRON-	NEUROSURGERY	01/01/1980

Title	Publication	Date
CHANGE IN LYSINE INCORPORATION INTO PROTEIN IN A SEIZURE	BRAIN RES BULL	01/01/1981
FORMATION OF MALONALDCHYDE & FOCAL BRAIN EDEMA INDUCED BY	BRAIN RES	01/01/1982
EFFECTS OF ANTIPEROXIDANTS ON FEC12-INDUCED LIPID PEROXIDA	EXP NEUR	01/01/1984
EFFECT OF TOCOPHEROL & DIMETHYL SULFOXIDE ON FOCAL EDEMA	BRAIN RES	01/01/1984

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:

Affiliation
AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS
AMERICAN ACADEMY OF NEUROLOGY
AMERICAN MEDICAL ASSOCIATION
CERT/AMERICAN BOARD OF INDEPENDENT MEDICAL EXAMINERS
CERT/AMERICAN SOCIETY OF NEUROREHABILITATION
FLORIDA MEDICAL ASSOCIATION
MARION COUNTY MEDICAL ASSOCIATION