#### **KUO-JANG KAO**

# License Number: ME44500

Profession Medical Doctor

License Status Retired/
Year Began Practicing 01/01/1984
License Expiration 01/31/2023

Date

# General Information

# **Primary Practice Address**

KUO-JANG KAO 119 NW 101 COURT GAINESVILLE, FL 32607

#### 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: kuojang.kao@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	MEDICINE

# 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 not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

# **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NATL TAIWAN UNIV COLLEGE OF ME			01/01/1974

#### **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
DUKE UNIVERSITY	DURHAM	UNITED STATES	07/01/1977	06/30/1980	PH.D. PATHOLOGY

# **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
DUKE UNIVERSITY MEDICAL CENTER	RESIDENC'	Y PTH - PATHOLOGY- ANATOMIC AND CLINICAL		DURHAM	NORTH CAROLINA	07/01/1980	06/30/1981
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	Y PTH - PATHOLOGY- ANATOMIC AND CLINICAL			NORTH CAROLINA	07/01/1981	01/31/1984

# **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:

# **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 PATHOLOGY	PTH - PATHOLOGY	

# 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 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
HEMATOLOGY STUDY SECTION	NIH
RESEARCH ACHIEVEMENT AWARD	UNIVERSITY OF FLORIDA

#### **Publications**

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

Title	Publication	Date
ENZYME-LINKED IMMUNSORBENT ASSAY FOR HUMAM METALLOTHIONINE	JOURNAL LAB CLINICAL MEDICINE	02/01/1989
STABILITY OF PLATELET AND PLASMA HLA CONCENTRATIONS IN HEA	TRANSFUSION	05/29/1989
ACUURATE QUANTITATION OR LOW NUMBER OF LUEKOCYTES IN LEUKO	TRANSFUSION	11/29/1989
EXPRESSION OF INDIVIDUAL SPECIFICITIES OF CLASS I HLA ON	HUMAN IMMUNOLOGY	03/27/1990
THE ROLE OF THROMBOSPONDIN MEASUREMENT IN CLINICAL PRACTIC	I.M.	05/01/1990

Title	Publication	Date
TOLERANCE TO LONG TERM FEEDING OF ISOLATED PEANUT LECTIN I	J. NUTR. SCI. VITAMINOL	01/01/1990
INDUCTION OF ERYTHROCYTE HLA EXPRESSIN DURING INTERFERON	G HUMAN IMMUNOLOGY	09/29/1990
BIOCHEMICAL CHARAACTERIZATION OF 39 KDA CLASS I HLA ANTIGE	J. BIOL. CHEM.	02/01/1991
GUIDELINES FOR HEMOPHILIA CARE	J. FLORIDA M. A.	04/01/1991
USE OF 8-METHOXYPSORALEN AND UN-A PRETREATED PATELET CONC	BLOOD	06/01/1991
EFFECT OF HLA PHENOTYPE AND GENDER ON EXPRESSION OF VARIOU	HUMAN IMMUNOLOGY	10/01/1991
COMPARISON OF DISPOSABLE PALSTIC AND REUSABLE GLASS HEMACY	LAB. MED.	12/22/1991
EFFECTS OF LEUKOCYTE-DEPELTION AND UV-B IRRADIATION ON ALL	BLOOD	12/01/1992
ENZYME LINKED IMMUNOASSAY FOR ANTI-HLA ANTIBODIES	TRANSPLANTATION	01/01/1993
CORRELATION OF MICROARRAY-BASED BREAST CANCER MOLECULAR SUBT	BMC CANCER	04/01/2011

# **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.

CHINESE

# **Other Affiliations**

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

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ALACHUA COUNTY MEDICAL ASSOCIATION

AMERICAN ASSOCIATION OF BLOOD BANKS

AMERICAN SOCIETY OF HEMATOLOGY

AMERICAN SOCIETY OF INVESTIGATIVE PATHOLOGY