



ROBERT O SCHIFTAN

License Number: ME48746

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	07/01/1986
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

ROBERT O SCHIFTAN
8100 ROYAL PALM BLVD.
SUITE 103
CORAL SPRINGS, FL 33496

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
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	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 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
AUTONOMOUS UNIV OF GUADALAJARA	MD	7/1/1977 - 6/1/1981	06/01/1981
NEW YORK MEDICAL COLLEGE		7/1/1981 - 6/1/1982	

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
QUEENS COLLEGE	CUNY FLUSHING	NEW YORK	01/02/1972	01/30/1974	MASTERS IN 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
WINTHROP UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE				07/01/1982	06/30/1983
LONG ISLAND JEWISH MEDICAL CENTER	RESIDENCY	N - NEUROLOGY		LONG ISLAND	NEW YORK	07/01/1983	06/30/1986
LONG ISLAND JEWISH MEDICAL CENTER	RESIDENCY	N - NEUROLOGY		LONG ISLAND	NEW YORK	08/01/1985	06/30/1986

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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](#)

Taken By	Date Of Action	Description of Disciplinary Action			Under Appeal
FLORIDA DEPARTMENT OF HEALTH	02/22/2017	PROBATION			NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
MISCELLANEOUS	2/22/2017	1/31/2018	1/31/2018	\$ 0.00	\$ 0.00
FINE	2/22/2017		9/30/2022	\$ 40,000.00	\$ 40,000.00
INDIRECT SUPERVISION	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	2/22/2017	9/21/2017	10/2/2017	\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	2/22/2017	1/21/2018	2/4/2018	\$ 0.00	\$ 0.00
FAILURE TO COMPLY	2/22/2017			\$ 0.00	\$ 0.00
TOLLING	2/22/2017		10/6/2022	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	6/5/2017	7/4/2017	5/30/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	6/5/2017	8/4/2017	7/5/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	6/5/2017	9/4/2017	7/17/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	8/18/2017	9/17/2017	9/6/2017	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	8/18/2017			\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
RECORDS REVIEW	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
ALTERNATE MONITOR	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
TRIANNUAL RESPONDENT REPORT	2/22/2017	5/21/2017	5/25/2017	\$ 0.00	\$ 0.00
PAYMENT PLAN	8/18/2017	1/17/2017	9/30/2022	\$ 0.00	\$ 0.00
COSTS	2/22/2017		2/18/2019	\$ 24,000.00	\$ 24,000.00
SUPERVISOR RESTRICTION ACKNOWLEDGMENT	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	2/22/2017	5/21/2017	5/25/2017	\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	2/22/2017	9/21/2017	10/2/2017	\$ 0.00	\$ 0.00
TRIANNUAL MONITOR REPORT	2/22/2017	1/21/2018	2/4/2018	\$ 0.00	\$ 0.00
MONITOR APPEARANCE	2/22/2017		4/6/2017	\$ 0.00	\$ 0.00
REINSTATEMENT APPEARANCE	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
CONTROLLED SUBSTANCE	2/22/2017		2/14/2018	\$ 0.00	\$ 0.00
FIRST APPEARANCE	2/22/2017		4/6/2017	\$ 0.00	\$ 0.00
LAST APPEARANCE	2/22/2017	11/30/2017	11/30/2017	\$ 0.00	\$ 0.00
CURRICULUM VITAE	2/22/2017		4/6/2017	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MONITOR	2/22/2017		2/21/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	8/18/2017	10/17/2017	10/12/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	8/18/2017	11/17/2017	11/8/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	8/18/2017	12/17/2017	12/20/2017	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	8/18/2017	1/17/2018	1/12/2018	\$ 0.00	\$ 0.00

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
MONTHLY PAYMENT	8/18/2017	2/17/2018	2/7/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	2/17/2019	1/29/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	3/17/2019	2/22/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	4/17/2019	4/5/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	5/17/2019	5/10/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	6/17/2019	6/11/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	7/17/2019	7/22/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	8/17/2019	8/28/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	9/17/2019	10/1/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	10/17/2019	10/25/2019	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	12/23/2018	11/16/2018	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/18/2018			\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	1/17/2019	12/28/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	5/23/2018	4/27/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	6/23/2018	5/29/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	7/23/2018	7/6/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	8/23/2018	7/27/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	9/23/2018	8/17/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	10/23/2018	9/27/2018	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	4/24/2018	11/23/2018	10/27/2018	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	4/24/2018			\$ 0.00	\$ 0.00
PAYMENT PLAN	4/24/2018	12/6/2018	9/30/2022	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/16/2019			\$ 0.00	\$ 0.00
PAYMENT PLAN	12/16/2019	12/15/2020	9/30/2022	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	1/17/2020	1/7/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	2/17/2020	2/18/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	3/17/2020	8/5/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	4/17/2020	12/18/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	5/17/2020	12/18/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	6/17/2020	12/18/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	7/17/2020	12/18/2020	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	8/17/2020	1/6/2021	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	9/17/2020	1/29/2021	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	10/17/2020	2/15/2021	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	11/17/2020	4/9/2021	\$ 0.00	\$ 0.00
MONTHLY PAYMENT	12/18/2018	12/17/2020	5/12/2021	\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/16/2019			\$ 0.00	\$ 0.00
INSPECTION REPORTS	2/22/2017	2/21/2023		\$ 0.00	\$ 0.00
INSPECTION REPORTS	2/22/2017	2/21/2024		\$ 0.00	\$ 0.00
INSPECTION REPORTS	2/22/2017	2/21/2025		\$ 0.00	\$ 0.00
PRACTICE RESTRICTION	2/22/2017			\$ 0.00	\$ 0.00
INSPECTION REPORTS	2/22/2017	2/21/2022		\$ 0.00	\$ 0.00
CE: DRUG COURSE	11/4/2017	2/21/2018	11/4/2017	\$ 0.00	\$ 0.00
CE: RECORDS COURSE	9/23/2017	2/21/2018	9/23/2017	\$ 0.00	\$ 0.00
CE: LAWS AND RULES COURSE	4/6/2013	2/21/2018	4/6/2013	\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
NEW YORK STATE MEDICAL BOARD	06/15/2018	CONSENT ORDER	NO

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

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

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 not provided any national, state, local, county, or professional affiliations.