



## SHARON ANITA ASHLEY

License Number: ME49950

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1976
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

SHARON ANITA ASHLEY  
UNIVERSITY OF CALIFORNIA DAVIS  
4150 V STREET  
SACRAMENTO, CA 95817

### 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
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA
JOE DIMAGGIO CHILDREN'S HOSPITAL AT MEMORIAL	HOLLYWOOD	FLORIDA
PLANTATION GENERAL HOSPITAL	PLANTATION	FLORIDA
MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES	FLORIDA
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL SAME DAY SURGERY CENTER HOLLYWOOD, FLORIDA	HOLLYWOOD	FLORIDA
MIRAMAR MEMORIAL HOSPITAL	MIRAMAR	FLORIDA

### Email Address

Please contact at: [sashley1228@gmail.com](mailto:sashley1228@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	ANESTHESIOLOGY

### 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
HAHNEMANN MEDICAL SCHOOL	MD	9/1/1972 - 5/1/1976	05/01/1976

## 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
UCLA - SCHOOL OF PUBLIC HEALTH	LOS ANGELES	CALIFORNIA	09/01/1998	06/01/2000	MASTER OF PUBLIC ADMIN. HEALTHCARE MGMT AND POLICY
CLAREMONT GRADUATE UNIVERSITY	CLAREMONT	CALIFORNIA	09/01/2001	06/01/2003	MBA ADMINISTRATION & MANAGEMENT OF HEALTH

## 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
MARTIN LUTHER KING HOSPITAL	INTERNSHIP	PD - PEDIATRICS		LOS ANGELES	CALIFORNIA	07/01/1976	06/30/1977
MARTIN LUTHER KING HOSPITAL	RESIDENCY	PD - PEDIATRICS		LOS ANGELES	CALIFORNIA	07/01/1977	06/30/1978
MARTIN LUTHER KING HOSPITAL	RESIDENCY	AN - ANESTHESIOLOGY		LOS ANGELES	CALIFORNIA	07/01/1978	12/31/1980
CHILDRENS HOSPITAL	FELLOWSHIP	AN - PEDIATRIC ANESTHESIOLOGY		LOS ANGELES	CALIFORNIA	12/01/1994	02/01/1995
CHILDRENS HOSPITAL	FELLOWSHIP	AN - PEDIATRIC ANESTHESIOLOGY		LOS ANGELES	CALIFORNIA	01/01/1996	04/01/1996

# 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
ASSOCIATE PROF OF ANESTHESIOLOGY- CR DREW	UNIVERSITY OF CALIF, LOS ANGELES SCHOOL	LOS ANGELES	CALIFORNIA

# 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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	

# 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 been sanctioned by 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:  
ISSUES ON WOMEN IN ANESTHESIA-CSA

## Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
1977 OUTSTANDING RESIDENT IN AMBULATORY PEDIATRICS	KING-DREW MEDICAL CENTER
1999 OUTSTANDING TEACHER, DEPT. OF ANESTHESIOLOGY	KING DREW MEDICAL CENTER

## Publications

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

Title	Publication	Date
ANESTHESIA,SICKLE CELL, AND SAMMY SICKLER SEMINARS IN 1998		
SINGLE SHOT, PLUM BOB VS CONTINUOUS SUPRACLAVICULAR NERVE	REGIONAL ANESTHESIA	01/01/1996
CHAPTER ON ANESTHESIA	GERIATRIC MEDIUM	

## 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

## Other Affiliations

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

Affiliation
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
CALIFORNIA SOCIETY OF ANESTHESIOLOGIST
FAC APPT/ASSIST PROFESSOR/KING DREW MED CNTR/LOS ANGELES,C
LOS ANGELES CALIFORNIA MEDICAL ASSOCIATION
SOCIETY OF AIRWAY MANAGEMENT
SOCIETY OF PEDIATRIC ANESTHESIA
STAFF PRIV/ KING-DREW MEDICAL CENTER/LOS ANGELAS,CA
STAFF PRIV/GOOD SAMARITAN HOSPITAL/LOS ANGELES,CA
STAFF PRIV/NORTH RIDGE MEDICAL CENTER/NORTH RIDGE CA