#### **AVNER SIDI**

#### License Number: ME50186

Profession Medical Doctor
License Status DELINQUENT/
Year Began Practicing Not Provided
License Expiration 01/31/2023

Date

# General Information

# **Primary Practice Address**

AVNER SIDI SHANDS HOSP AT THE UNIV OF FL 1600 SW ARCHER ROAD GAINESVILLE, FL 32610

#### 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
SHANDS HOSPITAL AT THE UNIVERSITY OF FLO	GAINESVILLE	FLORIDA

#### **Email Address**

Please contact at: asidi@anest.ufl.edu

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL

# 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
THE HEBREW UNIVERSITY	MD		01/01/1979

### **Other Health Related Degrees**

The practitioner did not provide this mandatory information.

# **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
HADASSAH	OTHER	AN -		JERUSALEN	I ISRAEL	02/01/1979	02/01/1983
MEDICAL	PROGRAM	ANESTHESIOLOG'	Υ				

# **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 PROFESSOR - AN	ESTHESIOLOGY LINIVERSITY OF ELORIDA COLLEC	E OF MEDICINI GAINESVII I E EL ORI

# **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**

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
CERTIFICATION IN ANESTHESIA 1982	ISRAELI ANESTHESIOLOGY BOARD
OUTSTANDING ABSTRACT AWARD 1996	SOCIETY OF TECH. ANESTHESIA

### **Publications**

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

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Title	Publication	Date
SUPPLEMENTAL OXYGEN COMPROMISES THE USE OF PULSE OXIMETRY FO	PEDIATRICS 122 2 293-298 2008	01/01/2008
ADMINISTRATION OF MILRINONE PRIOR TO ISCHAEMIA IN THE PRESE	ACTA ANAEST SCAND 52 3 397-405 2008	01/01/2008
CREDENTIALING AND CERTIFYING WITH SIMULATION	ANESTHESIOL CLIN 25 2 261-9 2007	01/01/2007
TREATING ISCHEMIC LEFT VENTRICULAR DYSFUNCTION WITH MILRINO	BR J ANAESTH 97 6 799-807 2006	01/01/2006
TREATMENT WITH PHOSPHODIESTERASE INHIBITORS TYPE III AND V	BR J ANAESTH 96 3 317-22 2006	01/01/2006
PRESERVATION OF STATIC AND DYNAMIC CEREBRAL AUTOREGULATION A	BRITISH J ANEASTH	01/01/2005

#### **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.

# HEBREW

# **Other Affiliations**

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

# Affiliation

ALACHUA COUNTY MEDICAL SOCIETY

AMERICAN SOCIETY OF ANESTHESIOLOGISTS