



JAY S CHANDAR

License Number: ME50375

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1984  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

JAY S CHANDAR  
1150 N 35 AVENUE  
SUITE 490  
HOLLYWOOD, FL 33021

### 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 REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
JOE DIMAGGIO CHILDREN'S HOSPITAL AT MEMORIAL	HOLLYWOOD	FLORIDA
ST. MARYS MEDICAL CENTER	WEST PALM BEACH	FLORIDA

### Email Address

Please contact at: [jchandar@childhearts.com](mailto:jchandar@childhearts.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
JAWAHARLAL INSTITUTE, UNIVERSI	MB/BS	1/1/1971 - 1/1/1978	01/01/1978
UNIVERSITY OF DELHI	MD	1/1/1979 - 1/1/1981	01/01/1981

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
ROYAL COLLEGE OF PHYSICIANS	LONDON	UNITED KINGDOM	01/01/1982	01/01/0001	DIPLOMA IN CHILD HEALTH
ROYAL COLLEGE OF PHYSICIANS	LONDON	UNITED KINGDOM	01/01/1983	01/01/0001	

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 OF MIAMI/JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		MIAMI	FLORIDA	07/01/1985	06/30/1987
NEW YORK MEDICAL COLLEGE	RESIDENCY	PD - PEDIATRICS			NEW YORK	07/01/1983	06/30/1985
THE CHILDRENHOSPITAL	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		BOSTON	MASSACHUSETTS	05/01/1990	11/30/1990

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 PFROFESSOR OF PEDIATRICS	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

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 PEDIATRICS	PD - PEDIATRIC CARDIOLOGY	
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRICS	

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 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
	BROWARD	2015-027673-CA-	06/09/2016	\$500,000.00	\$500,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:  
CHILDREN'S MEDICAL SERVICE, HRS, STATE OF FLORIDA

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
INVESTIGATORSHIP AWARD	BROWARD COUNTY CHAPTER, AMERICAN HEART ASSOCIATION
DR P.N. TANEJA PRIZE	INDIAN ACADEMY OF PEDIATRICS
VIJAYA KUMAR GUJRAL AWARD	LADY HARDINGE MEDICAL COLLEGE

Publications

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

Title	Publication	Date
ROLE OF STENTS IN THE MANAGEMENT OF CONGENITAL HEART DEFEC	J INVAS CARDIOL	01/01/1996
INFLUENCE OF INFECTION ON PATENT DUCTUS ARTERIOSUS AND	J PEDIATR	01/01/1996
USEFULNESS OF TILT TABLE TEST WITH NORMAL SALINE INFUSION	AM HEART J	01/01/1996
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
ROLE OF INVERTED BUTTONED DEVICE IN TRANSCATHETER OCCLUSIO	AM J CARDIOL	01/01/1997

Professional Web Page

www.childhearts.com

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.

HINDI  
SPANISH  
TAMIL

Other Affiliations

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

Affiliation
AMERICAN HEART ASSOCIATION
BROWARD COUNTY MEDICAL ASSOCIATION