# CHRISTOPHER FRANCIS TIROTTA MD

# License Number: ME51023

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1987
License Expiration 01/31/2026

Date

# General Information

# **Primary Practice Address**

CHRISTOPHER FRANCIS TIROTTA MD 3168 INVERNESS WESTON, FL 33332

#### 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
MIAMI CHILDREN'S HOSPITAL	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA

# **Email Address**

Please contact at: christirotta@att.net

# **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
NEW YORK UNIVERSITY	MD	9/1/1982 - 6/1/1986	06/01/1986

# **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

			Dates Attended	Dates Attended	l
School/University	City	State/Country	From	То	Degree Title
COLUMBIA UNIVERSITY	NEW YORK	NEW YORK	11/01/1997	08/01/1999	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
UNIVERSITY HOSPITAL SUNY STONY BROOK	INTERNSHIP	M - INTERNAL MEDICINE		STONY BROOK	NEW YORK	07/01/1986	06/30/1987
UNIVERSITY OF MIAM/JACKSON	RESIDENCY	AN - ANESTHESIOLOGY	,	MIAMI	FLORIDA	07/01/1987	06/30/1990

# **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
ASSISTANT OF INICAL PROFESSOR OF ANESTHESIO	OGY LINIVERSITY OF MIAMI SCHOOL O	OF MEDICINE MIAMI ELORIDA

# **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	
AMERICAN BOARD OF ANESTHESIOLOGY	AN - PEDIATRIC 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 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 an affiliation with the following committees:

**OR Governance Council** 

Operating Room Committee

Performance Improvement Council

Regulatory Oversight Council

Sedation Council

Medical Records Committee

Physician Practice Evaluation Committee

Cardiac Program Executive Leadership Committee

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
ROBERT D DRIPP MEMORIAL AWARD 1990	UNIVERSITY OF MIAMI DEPARTMENT OF ANESTHESIA
CUM LAUDE	CORNELL UNIVERSITY
PHI BETA KAPPA	CORNELL UNIVERSITY
BETA GAMMA SIGMA	COLUMBIA BUSINESS SCHOOL

# **Publications**

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

Title	Publication	Date
CONTINUOUS INCISIONAL INFUSION OF LOCAL	PEDIATRIC ANESTHESIA	05/06/2009
ANESTHETIC IN PEDIAT		

# **Professional Web Page**

www.mch.com

# **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 provided the following national, state, local, county, and professional affiliations:

This productions has provided the following hatisfield, state, local, soundy, and professional anniations.
Affiliation
AMERICAN SOCIETY OF ANESTHESIOLOGISTS
CONGENITAL CARDIAC ANESTHESIA SOCIETY
FLORIDA SOCIETY OF ANESTHESIOLOGISTS
INTERNATIONAL ANESTHESIA RESEARCH COMMITTEE
SOCIETY OF PEDIATRIC ANESTHESIA