# MARTA INES RENDON MD

## License Number: ME53988

ProfessionMedical DoctorLicense StatusDeceased/Year Began Practicing01/01/1982License Expiration01/31/2022DateDate

# **General Information**

## **Primary Practice Address**

MARTA INES RENDON MD 1001 NW 13TH STREET SUITE 100 BOCA RATON, FL 33486

## Medicaid

This practitioner does NOT 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
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA

## **Email Address**

Please contact at: martarendon@me.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 not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF PUERTO RICO/SCHO	MD		01/01/1982

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

# **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
ALBERT EINSTEIN MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1982	06/30/1983
ALBERT EINSTEIN MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1983	06/30/1985
PARKLAND MEMORIAL HOSPITAL	RESIDENCY	D - DERMATOLOGY		DALLAS	TEXAS	07/01/1985	06/30/1988

# 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 CLINICAL PROFESSOR	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF DERMATOLOGY	D - DERMATOLOGY	

# 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**

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### **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
PROGRAM DIRECTOR FOR BROWARD COUNTY MAY 1992,1993,1994	NATIONAL MELANOMA AND SKIN CANCER SCREENING
HONORARY APPOINTMENT	AMERICAN BIOGRAPHICAL INSTITUTE
HONORARY APPOINTMENT	RESEARCH BOARD OF ADVISORS

## **Publications**

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

Title	Publication	Date
SUCCESSFUL TREATMENT OF AGGRESSIVE PYODERMA GANGRENOSUM	JOURNAL OF AMERICAN ACADEMY OF DERMATOLOGY	01/01/1992

Title	Publication	Date
THE RELATIONSHIP BETWEEN BASAL CELL EPITHELIOMA &	JOURNAL OF DERMATOLOGICAL SURGERY	01/01/1994
THE USE OF GLUCOLIC ACID IN THE MANAGEMENT OF PHOTOAGING	THE JOURNAL OF GERIATRIC DERMATOLOGY	09/01/1996
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
NEVUS LIPOMATOSIS CUTANEOUS SUPERFICIALIS.	JOURNAL ACADEMIA ESPANOLA DE DERMATOLOGIA	01/01/1991

## **Professional Web Page**

www.drrendon.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. SPANISH

## **Other Affiliations**

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

Affiliation
AMERICAN ACADEMY OF DERMATOLOGY-FELLOW
AMERICAN ASSOCIATION OF UNIVERSITY WOMEN
AMERICAN COLLEGE OF PHYSICIANS-ASSOCIATE
AMERICAN SOCIETY FOR DERMATOLOGIC SURGERY
ETTA GAMMA DELTA SORORITY
FLORIDA MEDICAL ASSOCIATION
INTERNATIONAL DERMATOLOGY SOCIETY
TEXAS MEDICAL ASSOCIATION
WOMEN OF SPANISH ORIGIN
WOMEN'S MEDICAL ASSOCIATION
WOMENS DERMATOLOGIC SOCIETY