# **DORA GAXIOLA**

# License Number: ACN380

Profession Area of Critical Need Medical Doctor

License Status Clear/Active
Year Began Practicing 07/01/1976
License Expiration 01/31/2026

Date

# **General Information**

# **Primary Practice Address**

DORA GAXIOLA 19000 SW 377TH ST DADE CORRECTIONAL INSTITUTION HOMESTEAD, FL 33034

### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

## **Email Address**

Please contact at: DAGAXIOLA09@GMAIL.COM

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	MEDICAL

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV. AUTONOMA DE GUADALAJARA	MD	8/1/1972 - 6/1/1976	06/01/1976

### **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
BARRY UNIVERSITY	MIAMI SHORES	FLORIDA	09/01/2005	05/01/2007	MPH MASTER OF PUBLIC 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
NSU CORRECTIONAL MEDICINE FELLOWSHIP	FELLOWSHIP	GENERAL MEDICINE		FT LAUDERDELE	FLORIDA	07/01/2012	07/30/2013
NSU CORRECTIONAL MEDICINE FELLOWSHIP	FELLOWSHIP	GENERAL MEDICINE		FT LAUDERDALE	FLORIDA	07/01/2012	07/30/2013

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **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 an affiliation with the following committees: AMA MEMBERSHIP AMERICAN COLLEGE OF CORRECTIIONAL PHYSICIANS NCCHC

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
VOLUNTEER SERVICES AWARDS 2250 HRS IN 2001-2002	V A HOSPITAL OF MIAMI

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

## **Professional Web Page**

dgaxiola@TeamCenturion.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:

Affil		

ACCP SCP

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NCCHC