# GARY JAY BECKER M.D.

# License Number: ME57109

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/01/1977
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

GARY JAY BECKER M.D. 3368 E CMO BOSCAJE ESCONDIDO TUCSON, AZ 85718

## **Medicaid**

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	MIAMI	FLORIDA

#### **Email Address**

Please contact at: garybecker0318@gmail.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD
INDIANA	MD
ARIZONA	MEDICAL DOCTOR
	MEDICAL DOCTOR

# 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
INDIANA UNIVERSITY	MD		02/28/1977

# **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	Other Specialty	State or	Dates Attende	ed Dates
Program Name	Type Specialty Are	ea Area	City Country	From	Attended To
INDIANA UNIVERSITY HOSPITAL	INTERNSHIP IM - INTERNAL MEDICINE	-	*** INDIANA	07/01/1977	06/30/1978
INDIANA UNIVERSITY HOSPITAL	RESIDENCY OTHER	DIAGNOSTIC RADIOLOGY	*** INDIANA	07/01/1978	06/30/1981

# **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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ADJUNCT PROFESSOR OF RADIOLOGY	EMORY UNIVERSITY SCHOOL OF MEDICINE	ATLANTA	GEORGIA

# **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 RADIOLOGY	DR - VASCULAR AND INTERVENTIONAL RADIOLO	

# 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
OUSTANDING STUDENT IN PSYCHIATRY	INDIANA UNIVERSITY SCHOOL OF MEDICINE
STAUFFER AWARD	
SUMMA CUM LAUDE AWARD	SEVENTY SEVENTH SCIENTIFIC ASSEMBLY AND ANNUAL MEETING

#### **Publications**

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

Title	Publication	Date
ASSESSMENT OF FUNCTIONAL HEALTH STATUS WITH USE OF SF-36		03/01/1999
EXPERIMENTAL MODEL FOR BALLOON-ANGIOPLASTY		03/01/1999
CAROTID STENTS FOR TREATMENT OF CAROTID ARTERY BIFURCATION		03/01/1999

#### **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.

SPANISH

# **Other Affiliations**

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

### Affiliation

AMERICAN COLLEGE OF RADIOLOGY

AMERICAN ROENTGEN RAY SOCIETY

RADIOLOGICAL SOCIETY OF NORTH AMERICA

SOCIETY OF CARDIOVASCULAR AND INTERVENTIONAL RADIOLOGY