



CESAR ROSA M.D.

License Number: ME64401

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1975
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

CESAR ROSA M.D.  
SOUTHEAST PERINATAL ASSOCIATES  
220 SW 84TH AVENUE #104  
PLANTATION, FL 33317

### 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
PLANTATION GENERAL HOSPITAL	PLANTATION	FLORIDA
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA
MIRAMAR MEMORIAL HOSPITAL	MIRAMAR	FLORIDA

### Email Address

Please contact at: [crosamd@hotmail.com](mailto:crosamd@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
VIRGINIA	MEDICINE & SURGERY
GEORGIA	
PUERTO RICO	

### 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
UNIVERSITY OF PUERTO RICO/SCHO	MD	8/1/1971 - 5/1/1975	05/01/1975

## 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
WRAMC NIH	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	REPRODUCTIVE ENDOCRIBOLOGY	WASHINGTON DC	DISTRICT OF COLUMBIA	07/01/1981	06/30/1983
UNIVERSITY HOSPITAL	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		***	PUERTO RICO	07/01/1975	06/30/1979
WALTER REED ARMY MEDCEN - NIH	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	REPRODUCTIVE ENDOCRINOLOGY	WASHINGTON DC	DISTRICT OF COLUMBIA	07/01/1981	06/30/1983
UNIVERSITY OF FLORIDA	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	MATERNAL- FETAL MEDICINE	GAINESVILLE	FLORIDA	07/01/1993	06/30/1995
UNIVERSITY HOSPITAL	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		SAN JUAN	PUERTO RICO	07/01/1975	06/30/1979
WALTER REED ARMY MED CENTER NIH	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	REPRODUCTIVE ENDOCRINOLOGY	WASHINGTON DC	UNITED STATES	07/01/1981	06/30/1983
UNIV FL SHANDS HOSPITAL	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY	MATERNAL FETAL MEDICINE	GAINESVILLE	FLORIDA	07/01/1993	06/30/1995

# 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
ADJUNCT ASSOCIATE PROFESSOR OF OB-GYN UNIFORMED SERV UNIV OF HLTH SCI F EDWARD	BETHESDA	MARYLAND	

# 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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	

# 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 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 not provided any professional or community service activities, honors, or awards.

Publications

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

Title	Publication	Date
OPERATIVE IAPAROSCOPY FOR THE TREATMENT OF ECPTOIC PGRGNAN	JOURNAL OF REPRODUCTIVE MEDICINE	01/01/1996
PREGNANCEY AFTER FAILED TUBAL LIGATIONS	JOURNAL OF REPRODUCTIVE MEDICINE	01/01/1996
RANDOMIZED TRIAL OF TWO DOSES OF THE PROSTAGLANDIN E1 ANAL	AMERICAN JOURNAL OF OBSTETRICS GYNECOLGY	01/01/1997
A SURVEY OF MILITARY RESIDENCs	OBSTETRICS GYNECOLOGY	01/01/1999
DELAYED DELIVERY IN MULTIPLE GESTATIONS	OBSTETRICS GYNECOLOGY SURVEY	01/01/1999
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

crosa@shcr.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 COLLEGE OF OBSTETRICIANS AND GYNECOLOGIST
AMERICAN COLLEGE OF SURGEONS
ASSOCIATION OF PROFESSORS IN OBSTETRICS AND GYNECOLOGY
BRD CERT/AMER BRD OF OB-GYN, REPRODUCTIVE ENDOCRINOLOGY
BRD CERT/AMER BRD OF OG-GYN, MATERNAL-FETAL MEDICINE