



AMANDA A. WEISS

License Number: ACN116

Profession	Area of Critical Need Medical Doctor
License Status	DELINQUENT/
Year Began Practicing	01/01/1979
License Expiration	01/31/2024
Date	

## General Information

### Primary Practice Address

AMANDA A. WEISS  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### 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
WEST PALM BEACH VA MEDICAL CENTER	WEST PALM BEACH	FLORIDA

### Email Address

Please contact at: [amandaweiss1955@gmail.com](mailto:amandaweiss1955@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	MD

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CENTRAL EAST UNIVERSITY	MD	7/1/1973 - 6/1/1978	06/01/1978

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
UNIVERSTIY OF PUERTO RICO	RESIDENCY	P - PSYCHIATRY		***	PUERTO RICO	07/01/1979	06/30/1980
UNIVERSITY OF MISSOURI IN KC	RESIDENCY	P - PSYCHIATRY		KANSAS CITY	MISSOURI	07/01/1982	06/30/1984
MENNIGER	RESIDENCY	P - PSYCHIATRY		***	KANSAS	07/01/1984	06/30/1986
UNIVERSITY OF MIAMI	FELLOWSHIP	OTHER	GERIATRIC PSYCHIARTRY	MIAMI	FLORIDA	03/02/1992	06/30/1994
GEORGETOWN UNIVERSITY	FELLOWSHIP	P - CHILD AND ADOLESCENT PSYCHIATRY		WASHINGTON DC	DISTRICT OF COLUMBIA	07/01/1986	06/30/1987

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:  
NEUROSCIENCE EDUCATION INSTITUTE

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CERTIFICATE OF APPRECIATION FOR DEVOTION IN TEACHING	VETERANS ADMINISTRATION NORTH CHICAGO
CETIFICATE OF APPRECIATION FOR OUTSTANDING SERVICE TO TRAINI	CHICAGO MEDICAL SCHOOL AT RFU
OSCAR AWARD FOR GOOD PATIENT CARE	NORTH CHICAGO VA
CERTIFICATE FOR OUTSTANDING PERFORMANCE	NORTH CHICAGO VETERANS AFFAIRS MED CENTER
CERTIFICATE OF OUTSTANDING PERFORMANCE	NORTH CHICAGO VETERAN AFFAIRS MED CENTER
CERTIFICATE OF APPRECIATION FOR SERVICES TO VETERAN DURING C	WEST PALM BEACH VA MED CENTER

**Publications**

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

Title	Publication	Date
DEMENTIA OF THE ALZHEIMERS TYPE AND ASSOCIATED PSYCHOPATHOLO	AMERICAN PSYCHIATRIC ASSOCIATION ANNUAL MEETING SAN FRANCISC	05/10/1993
REFINEMENT OF DX MAKERS IN EVAL AND STAGING OF ALZHEIMERS DI	GERONTOLOGICAL SOCIETY OF AMERICA NEW ORLEANS	11/07/1993
LETS TALK ABOUT GRIEF	BERAVEMENT AND MOURNING FOUNDATION MIAMI	11/14/1994

## Professional Web Page

amanda.weiss@va.gov

## 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 not provided any national, state, local, county, or professional affiliations.

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