



SHAKOOR ABDUL ARAIN

License Number: ME70365

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1996
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

SHAKOOR ABDUL ARAIN
1713 HWY 441 NORTH, STE # B
OKEECHOBEE, FL 34972

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
COLUMBIA RAULERSON HOSPITAL	OKEECHOBEE	FLORIDA
LAWNWOOD REGIONAL MEDICAL CENTER	FORT PIERCE	FLORIDA
INDIAN RIVER MEMORIAL HOSPITAL	VERO BEACH	FLORIDA
ST. LUCIE MEDICAL CENTER	PORT SAINT LUCIE	FLORIDA

Email Address

Please contact at: shakoorarain@aol.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 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
CHANDKA MEDICAL COLLEGE, UNIV		1/1/1973 - 1/1/1979	01/01/1979

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
UNIVERSITY OF LONDON CARDIOLOGY	LONDON	UNITED KINGDOM	09/01/1987	08/31/1988	DIPLOMA OF CHEST DISEASES
ROYAL COLLEGE OF PHYSICIANS	LONDON	UNITED KINGDOM	08/01/1987	12/31/1990	M.D. MEDICAL DOCTOR

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
WAYNE STATE UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE		DETROIT	MICHIGAN	07/01/1990	06/30/1993
YALE UNIVERSITY	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE	CARDIOVASCULAR MEDICINE	NORWALK - NEW HAVEN	CONNECTICUT	07/01/1993	06/30/1996

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

The practitioner did not provide this mandatory information.

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 COLLEGE OF CARDIOLOGY	IM - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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.

The practitioner did not provide this mandatory information.

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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

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:
CREDENTIAL COMMITTEE/LAWNWOOD HOSPITAL
RESOURCE COMMITTEE/ROULERSON HOSPITAL

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CHIEF RESIDENT TEACHING RECOGNITION AWARD (1996)	
DETROIT RECEIVING HOSPITAL	WAYNE STATE UNIVERSITY DETROIT MI

Publications

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

Title	Publication	Date
IMAGING NECESSARY IN PATIENTS WITH NORMAL ECG REFERRED TO	JOURNAL OF NUCLEAR MEDICINE	01/01/1995

Professional Web Page

http://www.treasurecoastcardiologypa.com

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF CARDIOLOGY
AMERICAN COLLEGE OF NUCLEAR PHYSICIANS
HEART RHYTHM SOCIETY - NASPE USA
ROYAL COLLEGE OF PHYSICIANS OF LONDON UK