



## YOUSIF AHMED ALI ABUBAKR MD

License Number: ME70677

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 11/01/1986  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

YOUSIF AHMED ALI ABUBAKR MD  
7015 AC SKINNER PKWY SUITE 1  
JACKSONVILLE, FL 32256

### 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
BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	FLORIDA
SPECIALTY HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
ST. LUKE'S HOSPITAL	JACKSONVILLE	FLORIDA
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER - BEACHES	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER- SOUTH	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [yousif.abubakr@csnf.us](mailto:yousif.abubakr@csnf.us)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	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
UNIVERSITY OF KHARTOUM	MD		

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
SAINT JOSEPH MERCY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	MICHIGAN	07/01/1989	06/30/1990
WAYNE STATE UNIVERSITY-DETROIT	RESIDENCY	IM - INTERNAL MEDICINE		DETROIT	MICHIGAN	07/01/1990	06/30/1992
WAYNE STATE UNIVERSITY-DETROIT	RESIDENCY	IM - ONCOLOGY		DETROIT	MICHIGAN	07/01/1992	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 does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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 INTERNAL MEDICINE	IM - ONCOLOGY	

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 an affiliation with the following committees:  
CANCER COMMITTEE MEMORIAL HOSPITAL JACKSONVILLE  
QUALITY ASSURANCE COMMITTEE MEMORIAL 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
BEST FINAL YEAR STUDENT IN OBSTETRICS & GYNECOLOGY	JACKSON PRIZE
BEST STUDENT IN MICROBIOLOGY	UNIVERSITY OF KHARTOUM
BEST STUDENT IN PATHOLOGY	PROFESSOR J.B. LYNCH PRIZE
BEST CANDIDATE IN THE FINAL EXAMINATION	LORD KITCHENER'S MEMORIAL PRIZE
50TH ANNIVERSARY PRIZE	UNIVERSITY OF KHARTOUM

**Publications**

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

Title	Publication	Date
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
SPONTANEOUS REMISSION IN RENAL CELL CARCINOMA	JOURNAL OF UROLOGY	01/01/1994
PHASE II TRAIL OF RECOMBINANT INTERLEUKIN-1 BETA IN PATIEN	JOURNAL OF IMMUNOTHERAPY	01/01/1994
ANTISENSE OLIGODEOXY-RIBONCLEOTIDE DOWN-REGULATION OF BCL-	CANCER GENE THERAPY	01/01/1995
ESTABLISHMENT OF HUMAN B-CLL XENOGRAFT MODEL: UTILITY AS A	ACCEPTED IN LEUKEMIA	09/01/1995

### 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.

ARABIC

### Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF HEMATOLOGY
BRD CERT/AMERICAN BOARD OF MEDICAL ONCOLOGY, ONCOLOGY
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA STATE MEDICAL SOCIETY