### **ALFRED ASANTE-KORANG**

### License Number: ME71301

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1984
License Expiration 01/31/2026

Date

# General Information

### **Primary Practice Address**

ALFRED ASANTE-KORANG 601 5TH STREET SOUTH, # 206 SECOND FLOOR SAINT PETERSBURG, FL 33701

#### 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
ALL CHILDREN'S HOSPITAL	ST. PETERSBURG	FLORIDA
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA

#### **Email Address**

Please contact at: aasante 5@jhmi.edu

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	PHYSICIAN

### 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 GHANA	MBCHB	8/1/1977 - 9/22/1983	09/22/1983
UNIVERSITY OF GHANA			

# **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
ROYAL COLLEGE OF PHYSICIANS	EDINBURCH	UNITED KINGDOM	01/01/0001	07/01/1991

# **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
UNIVERSITY OF GHANA KLP TEACHING HOSPITAL	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY	PEDIATRICS	ACCRA	GHANA	06/01/1984	06/01/1985
WEXHAM PARK HOSPITAL	OTHER PROGRAM	AN - ANESTHESIOLOGY	INTENSIVE CARE	SLOUGH	UNITED KINGDOM	07/01/1986	08/31/8889
WEXHAM PARK HOSPITAL	OTHER PROGRAM	PD - PEDIATRICS		SLOUGH	UNITED KINGDOM	09/01/1988	09/01/1989
UNIVERSITY OF LIVERPOOL ROYAL LIVERPOOL CHILDREN'S	RESIDENCY	PD - PEDIATRICS		LIVERPOOL	UNITED KINGDOM	09/01/1989	06/30/1992
UNIVERSITY OF CHICAGO HOSPITALS	RESIDENCY	PD - PEDIATRICS		CHICAGO	ILLINOIS	07/01/1993	06/30/1994
DALHOUSIE UNIVERSIT- /IWK CHILDRENS HOSPITAL	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		HALIFAX	CALIFORNIA	07/01/1992	06/30/1993
UNIVERSITY OF PITTSBURGH	FELLOWSHIP	PD - PEDIATRIC CARDIOLOGY		PITTSBURGH	PENNSYLVANIA	07/01/1994	06/30/1996

# **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
ASSIST. CLINICAL PRO. OF PEDIATRICS/DIV. OF PEDIATRIC	UNIVERSITY OF SOUTH FLORIDA COLLEGE	TAMPA	FLORIDA
CARD	OF M		

# **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 PEDIATRICS	PD - PEDIATRICS	
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRIC CARDIOLOGY	

# 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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
03/23/2014	PINELLAS	16CA006730	02/06/2020	\$1,000,000.00	\$0.00
12/04/2014			05/04/2020	\$125,000.00	\$1,000,000.00
03/23/2014	COLLIER	2016CA006730	06/11/2020	\$1,000,000.00	\$0.00

# **Optional Information**

### Committees/Memberships

This practitioner has an affiliation with the following committees: AMBULATORY CARE COMMITTEE, ALL CHILDREN'S 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
SYDNEY WINSOR FELLOWSHIP AWARD IN CARDIOLOGY/DALHOUSIE UNI	
SYDNEY WINDSOR FELLOWSHIP AWARD IN CARDIOLOGY (1992-1993)	DALHOUSE UNIVERSITY & IWK CHILDREN'S HOSP/HALIFAX.CANADA

#### **Publications**

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

Title	Publication	Date
THROMBOLYSIS WITH TISSUE-TYPE PLASMINOGEN ACTIVATOR	INTERNATIONAL JOURNAL OF CARDIOLOGY	06/01/1992
DISTAL DUCTAL ORIGIN OF THE RIGHT PULMONARY ARTERY	INTERNATIONAL JOURNAL OF CARDIOLOGY	05/01/1992
DELETERIOUS HAEMODYNAMIC EFFECTS OF BALLOON ATRIAL SEPTOST	N.J. CARDIOL	05/01/1993
EXPERIENCE OF FK506 IMMUNOSUPPRESSION IN PEDIATRIC HEART	J HEART LUNG TRANSPLANT	01/01/1996

#### **Professional Web Page**

www.allkids.org

### **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:

This production has provided the following hatterial, state, result, and professional annualisms.
Affiliation
AMERICAN ACADEMY OF PEDIATRICS
AMERICAN COLLEGE OF CARDIOLOGY
INTERNATIONAL SOCIETY OF HEART AND LLING TRANSPLANTATION