#### CARL IVAN SCHULMAN MD

#### License Number: ME71953

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/24/1995
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

### **General Information**

#### **Primary Practice Address**

CARL IVAN SCHULMAN MD JACKSON MEMORIAL HOSPITAL-SURG RYDER TRAUMA CENTER MIAMI, FL 33136

#### 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
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA

#### **Email Address**

Please contact at: cschulman@med.miami.edu

#### **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
UNIVERSITY OF SOUTH FLORIDA	MD	8/1/1991 - 5/1/1995	05/12/1995

#### **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 MIAMI DEPT OF EPIDEMIOLOGY PUBLIC HLTH	MIAMI	FLORIDA	08/01/2002	08/31/2004	MPH MASTER OF PUBLIC HEALTH

#### **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 MIAMI	FELLOWSHIP	GS - SURGICAL CRITICAL CARE	TRAUMA	MIAMI	FLORIDA	07/01/2002	06/30/2004
UNIVERSITY OF MIAMI	RESIDENCY	GS - SURGERY		MIAMI	FLORIDA	07/01/1999	06/30/2002
UNIVERSITY OF TEXAS SOUTHWESTERN NIH RESEARCH TRAINING	FELLOWSHIP	OTHER	TRAUMA	DALLAS	TEXAS	07/01/1997	06/30/1999

# **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
ATTENDING PHYSICIAN	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

# **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 SURGERY	GS - SURGICAL CRITICAL CARE	
AMERICAN BOARD OF SURGERY	GS - SURGERY	

# 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: RESIDENT EDUCATION COMMITTEE FLORIDA INJURY PREVENTION ADVISORY COUNCIL STATE OF FLORIDA TRAUMA MEDICAL CONSULTANT

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
IN TRAINING FELLOW AWARD	SOCIETY OF CRITICAL CARE MEDICINE
BASIC SCIENCE AWARD	NORTH TEXAS COMMITTEE ON TRAUMA

Community Service/Award/Honor	Organization
SURGICAL INTERN OF THE YEAR	JACKSON MEMORIAL HOSPITAL
ALUMNI AWARD	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE
HUMANITIES AWARD	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE
COMMUNITY SERVICE AWARD	TAMPA GENERAL HOSPITAL
OUTSTANDING JUNIOR ATTENDING	UNIVERSITY OF MIAMI DEPT OF SURGERY

#### **Publications**

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

Title	Publication	Date
HERNIA	UNDERSTANDING SURGICAL DISEASE	01/01/1997
ANEMIA	TEXTBOOK OF CRITICAL CARE, FIFTH EDITION	01/01/2004
TRANSFUSION IN SURGERY AND TRAUMA	CRIT CARE CLIN	04/01/2004
THE HISTORY AND UTILITY OF HEMOGLOBIN-BASED OXYGEN CARRIER	ANESTH ANALG	
ADVANCED SURGICAL RECALL		01/01/2004
ABDOMINAL COMPARTMENTS SYNDROME MIMICKING SEPSIS	INFECTIONS IN MEDICINE	11/01/2000

#### **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.

SPANISH

#### **Other Affiliations**

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

This practitioner has provided the following national, state, local, county, and professional anniations.
Affiliation
AMERICAN ASSOCIATION FOR THE SURGERY FOR TRAUMA
AMERICAN BURN ASSOCIATION
AMERICAN COLLEGE OF SURGEONS - FELLOW
AMERICAN PUBLIC HEALTH ASSOCIATION
ASSOCIATION FOR ACADEMIC SURGERY
ASSOCIATION FOR THE ADVANCEMENT OF AUTOMOTIVE MEDICINE
FAC APPT: ATTENDING PHYSICIAN - UNIV OF MIAMI HOSP & CLINI
FAC APPT: ATTENDING PHYSICIAN-JACKSON MEM HOSP/JACKSON HTL
FAC APPT: ATTENDING PHYSICIAN-LEONARD M MILLER SCH OF MED
SOCIETY OF CRITICAL CARE MEDICINE