### **MURRAY ROSENBAUM**

## License Number: ME71991

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1985
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

## **Primary Practice Address**

MURRAY ROSENBAUM 1200 N FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33432

#### 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
WEST BOCA MEDICAL CENTER	<b>BOCA RATON</b>	FLORIDA
NORTHWEST MEDICAL CENTER	MARGATE	FLORIDA
HOLY CROSS HOSPITAL, INC.	FT. LAUDERDALE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FT. LAUDERDALE	FLORIDA
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
BOCA RATON COMMUNITY HOSPITAL	<b>BOCA RATON</b>	FLORIDA
NORTH BROWARD MEDICAL CENTER	POMPANO BEACH	FLORIDA
BOCA RATON OUTPATIENT SURGERY & LASER CENTER, A HEALTHS	BOCA RATON	FLORIDA

## **Email Address**

Please contact at: m.olitzky@backonrhythm.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ONTARIO, CANADA	MEDICAL
FLORIDA	MEDICAL

### 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.

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF TORONTO	MD	1/1/1981 - 1/1/1985	01/01/1985

## **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
UNIVERSITY OF TORONTO	RESIDENCY	IM - INTERNAL MEDICINE		TORONTO	CALIFORNIA	07/01/1985	06/01/1990
UNIVERSITY OF BC	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		VANCOUVER	CALIFORNIA	07/01/1992	06/01/1994
UNIVERSITY OF BC	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		VANCOUVER	CALIFORNIA	07/01/1994	06/01/1996
UNIVERSITY OF WESTERN	FELLOWSHIP	OTHER	ELECTROPHYSIOLOGY	LONON	FRANCE	01/01/0001	01/01/0001

# **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 - CLINICAL CARDIAC ELECTROPHYSIOLOGY	01/01/2000
AMERICAN BOARD OF INTERNAL MEDICINE	OTHER	01/01/2000
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	01/01/1994

# Financial Responsibility

## **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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

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

Community Service/Award/Honor	Organization
NASPE	

### **Publications**

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

Title	Publication	Date
RELATIONSHIP OF SYMPTOMS TO CLINICAL CHARACTERISTICS	NASPE	01/01/1994
UNPREDICTABLE PROARRHYTHMIA ASSOCIATED WITH	NASPE	01/01/1996
SAFETY OF SLOW PATHWAY ABLATION IN PATIENTS	NASPE	01/01/1996

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## **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 HEART ASSOCIATION