## **RAMIN CYRUS JAMM**

## License Number: ME75816

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1986
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

RAMIN CYRUS JAMM 801 S KING STREET APT 4107 HONOLULU, HI 96813

#### **Medicaid**

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: drjamm@outlook.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	
HAWAII	

## 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
UNIV. OF LEICESTER, ENGLAND	MD	1/1/1981 - 7/1/1986	07/01/1986

#### **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
***	RESIDENCY	GS - SURGERY		ENGLAND	UNITED KINGDOM	08/01/1986	06/30/1990
UNIVERSITY OF CALIFORNIA	FELLOWSHIP	OTHER	CANCER RESEARCH	SAN DIEGO	CALIFORNIA	08/01/1990	07/01/1993
UNIVERSITY OF HAWAII	OTHER PROGRAM	IM - INTERNAL MEDICINE		HONOLULU	J HAWAII	08/01/1993	07/01/1994
UNIVERSITY OF HAWAII	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		HONOLULU	J HAWAII	07/01/1994	07/01/1998

# **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
ASSISTANT CLINICAL PROFESSOR-OBSTETRICS AND GYNECOLOGY	UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL	HONOLUL	U HAWAII

# **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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	

# Financial Responsibility

## **Financial Responsibility**

Financial Exemption 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
07/10/2017			07/10/2017	\$1,000,000.00	\$0.00

## **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 not provided any professional or community service activities, honors, or awards.

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

#### **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.

**PERSIAN** 

**FRENCH** 

SPANISH

## **Other Affiliations**

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

#### Affiliation

STAFF PRIV/KAPIOLANI MEDICAL CENTER-HONOLULU, HI

STAFF PRIV/PALIMOMI MEDICAL CENTER-AIEA, HI

STAFF PRIV/QUEEN'S MEDICAL CENTER-HONOLULU, HI