## SUSAN STABA KELLY

#### License Number: ME79161

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

# General Information

## **Primary Practice Address**

SUSAN STABA KELLY 2501 N. ORANGE AVE. SUITE 581 SUITE 581 ORLANDO, FL 32804

#### 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
ARNOLD PALMER HOSPITAL	ORLANDO	FLORIDA

#### **Email Address**

Please contact at: susan.kelly.md@adventhealth.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD

## 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 FLORIDA	MD	8/1/1993 - 5/1/1997	05/24/1997

#### **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
DUKE UNIVERSITY	FELLOWSHIP	P PD - PEDIATRIC HEMATOLOGY/ONCOLOG	Υ	DURHAM	NORTH CAROLINA		07/01/2004
UNIVERSITY OF FLORIDA SHANDS	RESIDENCY	PD - PEDIATRICS		GAINESVILLE	FLORIDA	07/01/1997	06/30/2000

# **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
ADJUNCT ASSITANT PROFESSOR	UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HO	HOUSTON	TEXAS

# **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 - PEDIATRIC HEMATOLOGY/ONCOLOGY	
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRICS	

# 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:

AMERICAN SOCIETY OF HEMATOLOGY

AMERICAN SOCIETY FOR BLOOD AND MARROW TRANSPLANTATION

AMERICAN ASSOCIATION FOR CANCER RESEARCH

AMERICAN SOCIETY FOR PEDIATRIC HEMATOLOGY ONCOLOGY

CHILDREN'S ONCOLOGY GROUP

PEDIATRIC BLOOD AND MARROW TRANSPLANTATION CONSORTIUM

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

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

Community Service/Award/Honor	Organization
MORTIMER M BORTIN AWARD FOR BEST CLINICAL RESEARCH	IBMTR-ASBMT
CLINICAL RESEARCH TRAINING INSTITUTE PARTICIPANT	ASH
CANCER CLINICAL INVESTIGATOR TEAM LEADERSHIP AWARD	NIH NCI

#### **Publications**

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

Title	Publication	Date
CIRCULATING CONCENTRATIONS OF CHEMOKINES IN CORD BLOOD,	P0DIATR RES 51(5):653-7	05/01/2002
CORD-BLOOD TRANSPLANTS FROM UNRELATED DONORS IN HURLERS	N ENGL J MED 351:506-507	01/01/2004
CORD BLOOD TRANSPLANTS FROM UNRELATED DONORS W/ HURLERS	N ENGL J MED 350:1960-1969	01/01/2004
UMBILICAL CORD BLOOD PRODUCES SMALL MEGAKARYOCYTES AFTER TRA	BIOL BLOOD MARROW TRANSPLANT 13 2 145-50	02/01/2007
UNRELATED CORD BLOOD TRANSPLANTATION IN CHILDREN WITH SICKLE	PEDIATR TRANSPLANT 11 6 641-4	09/11/2007
ORTHOGNATHIC SURGERY IN A PATIENT WITH HEMOPHILIA A REPORT	ORAL SURG ORAL MED ORAL PATHOL ORAL RADIOL ENDOD 105 4 437	04/01/2008
AUTOLOGOUS UMBILICAL CORD BLOOD TRANSFUSION IN VERY YOUNG CH	N DIABETES CARE 32 11 2041-2046	11/01/2009
EX VIVO EXPANSION OF CORD BLOOD	BONE MARROW TRANSPLANTATION 44 10 673-681	11/01/2009
OVERCOMING THE BARRIERS TO UMBILICAL CORD BLOOD TRANSPLANTAT	CYTOTHERAPY 12 2 121-30	04/04/2010
IDENTIFYING CANDIDATE ALLOGENEIC NK-CELL DONORS FOR HEMATOPO	LEUKEMIA 24 5 1059-1062	05/01/2010
A HIGH THROUGHPUT MICROELECTROPORATION DEVICE TO INTRODUCE A	BIOMED MICRODEVICES 12 5 855-863	10/10/2010

# **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

CERT: PEDIATRICS, 11/2000

IPLOMATE SUB-BOARD OF PEDIATRIC HEMATOLOGY ONCOLOGY

TRAINING: EXTRA YEAR IN TRANSPLANT FELLOWSHIP