



## MIRIAM S BETTENCOURT M.D.

License Number: ME77749

Profession Medical Doctor  
License Status DELINQUENT/  
Year Began Practicing 07/01/1999  
License Expiration 01/31/2024  
Date

## General Information

### Primary Practice Address

MIRIAM S BETTENCOURT M.D.  
861 CORONADO CENTER SUITE 100  
HENDERSON, NV 89052

### Medicaid

This practitioner does NOT 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 MEDICAL CENTER	LAS VEGAS	NEVADA

### Email Address

Please contact at: [drmiriam02@cox.net](mailto:drmiriam02@cox.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEVADA	MEDICAL DOCTOR

### 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 not indicated whether 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 SAO PAULO	MD	1/1/1985 - 12/19/1989	12/19/1989

## 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 SAO PAULO COLLEGE OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		SAO PAULO	BRAZIL	02/01/1990	01/31/1991
UNIVERSITY OF SAO PAULO COLLEGE OF MEDICINE	RESIDENCY	D - DERMATOLOGY		SAO PAULO	BRAZIL	02/01/1991	06/30/1991
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	FP - FAMILY MEDICINE		DURHAM	NORTH CAROLINA	07/01/1994	06/30/1996
DUKE UNIVERSITY MEDICAL CENTER	RESIDENCY	D - DERMATOLOGY		DURHAM	NORTH CAROLINA	07/01/1996	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
ASSISTANT PROFESSOR OF MEDICINE	UNIVERSITY OF NEVADA SCHOOL OF MEDICINE	LAS VEGAS	NEVADA
ADJUNCT PROFESSOR OF DERMATOLOGY	TOURO UNIVERSITY	HENDERSON	NEVADA

## 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 DERMATOLOGY	D - DERMATOLOGY	10/18/1999

## 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:  
WOMEN DERMATOLOGIC SOCIETY MEMBERSHIP

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CHIEF RESIDENT OF DERMATOLOGY	DUKE UNIVERSITY MEDICAL CENTER
TRAVELING AWARD	ITALIAN SOCIETY OF DERMATOLOGY/AMERICAN ACADEMY OF DERMA.
RESEARCH/SCHOLARSHIP AWARD	NATIONAL COUNCIL OF SCIENTIFIC & TECHNOLOGICAL DEVELOPMENT
RESEARCH SCHOLARSHIP AWARD	FOUNDATION OF SCIENTIFIC RESEARCH HELP
PRECEPTORSHIP AWARD IN GENERAL PATHOLOGY	UNIVERSITY OF SAO PAULO
LEADERSHIP FORUM	AMERICAN ACADEMY OF DERMATOLOGY

Community Service/Award/Honor	Organization
NOAH WORCESTER SOCIETY SELECTED MEMBER	NOAH WORCESTER SOCIETY

## Publications

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

Title	Publication	Date
TRICHOEPITHELIOMA: A 19-YEAR CLINICO-HISTOLOGIC REVIEW	J CUTAN PATHOL	10/01/1998
PITYRIASIS AMIANTACEA: REPORT OF TWO CASES IN ADULTS	CUTIS	01/01/1999
A REVIEW OF LASERS & THEIR APPLICATIONS	SOUTH MED J	01/01/1998
NAIL SURGERY	DERMATOL CLIN	01/01/1998
SPECIFICITY OF MORPHOLOGICAL FEATURES OF HAIRS OBTAINED BY	HAIR RESEARCH SOCIETY	11/01/1998
TREATMENT OF HYPERTROPHIC SCARS BY THE FREQUENCY-DOUBLED	AMERICAN SOCIETY OF DERMATOLOGIC SURGERY	05/01/1998
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## Professional Web Page

Advanced Dermatology and cosmetic surgery

## 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.

PORTUGUESE

SPANISH

ITALIAN

FRENCH

## Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF DERMATOLOGY
ST ROSE HOSPITAL
UNIVERSITY MEDICAL CENTER NEVADA
WOMEN'S DERMATOLOGIC SOCIETY