## **ISSAM AFIF HALABY**

### License Number: ME83954

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/2001
License Expiration 01/31/2026

Date

## General Information

### **Primary Practice Address**

ISSAM AFIF HALABY 436 NOKOMIS AVENUE SOUTH VENICE, FL 34285

#### 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
VENICE REGIONAL MEDICAL CENTER	VENICE	FLORIDA
DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FLORIDA
ENGLEWOOD COUMMUNITY HOSPITAL	ENGLEWOOD	FLORIDA

### **Email Address**

Please contact at: Ihalaby@aol.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD/GENERAL SURGEON
	MD/GENERAL SURGEON

## 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
ST. LOUIS UNIVERSITY	MD	7/1/1994 - 5/1/1996	05/01/1996

### **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
CORNELL UNIVERSITY	NEW YORK	NEW YORK	08/01/1989	08/01/1996	PH.D. NEUROSCIENCE
AMERICAN UNIVERSITY OF	BEIRUT	LEBANON	10/01/1984	06/01/1987	BS BIOLOGY

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

			Other			Dates	Dates
	Program	Specialty	Specialty		State or	Attended	Attended
Program Name	Type	Area	Area	City	Country	From	То
UNIVERSITY OF ROCHESTER/STRONG	RESIDENCY	GS -		ROCHESTER	NEW	06/01/1996	06/30/2001
MEMORIAL HOSPITAL		SURGERY			YORK		

## **Academic Appointments**

### **Graduate Medical Education**

This practitioner has not 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
OLINIOAL ACCIOTANT PROFESCOOR OF OLIDOERY	/ EL ODIDA OTATE LININ/EDOITY/ OOLIOOL OF ME		A EL ODIDA

CLINICAL ASSISTANT PROFESSOR OF SURGERY FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE SARASOTA 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 - SURGERY	
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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
CULPABLE NEGLIGENCE/BATTERY	04/22/2022	SARASOTA FLORIDA	YES	NOT CORROBORATED	

### **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 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.

**FRENCH** 

**ARABIC** 

## **Other Affiliations**

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

#### Affiliation

AMERICAN MEDICAL ASSOCIATION

AMERICAN SOCIETY FOR GENE THERAPY

ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES

**FLAMPAC** 

FLORIDA MEDICAL ASSOCIATION

NORTH AMERICAN SOCIETY OF VASCULAR BIOLOGY

SOCIETY FOR NEUROSCIENCE

VOLUSIA MEDICAL SOCIETY