



IZUCHUKWU EMMANUEL NWAKOBY

License Number: ME85083

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	12/01/1992
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

IZUCHUKWU EMMANUEL NWAKOBY
2980 SE 3RD COURT
OCALA, FL 34471

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
MUNROE REGIONAL MEDICAL CENTER	OCALA	FLORIDA
OCALA REGIONAL MEDICAL CENTER	OCALA	FLORIDA
KINDRED HOSPITAL	OCALA	FLORIDA
WEST MARION COMMUNITY HOSPITAL	OCALA	FLORIDA

Email Address

Please contact at: inwakoby@ocalakidneygroup.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	

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 LAGOS	MBBS	10/1/1987 - 10/1/1992	10/01/1992

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
LONG ISLAND JEWISH MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		NEW HYDE PARK	NEW YORK	07/01/1996	06/01/1999
LONG ISLAND JEWISH MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		NEW HYDE PARK	NEW YORK	07/01/1999	06/01/2000
ALBERT EINSTEIN COLLEGE	FELLOWSHIP	IM - NEPHROLOGY		BRONX	NEW YORK	07/01/2000	06/01/2002

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 - NEPHROLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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 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
INTERN OF THE YEAR	LONG ISLAND JEWISH MEDICAL CENTER
IRWIN KATZKA MEMORIAL AWARD FOR HUMANISITC QUALITIES	LONG ISLAND JEWISH MEDICAL COMPETITION
CERTIFICATE OF MERIT	ACP-ASIM DOWNSTATE ASSOCIATES POSTER COMPETITION
CERTIFICATE OF ACHIEVEMENT FOR OUTSTANDING RESEARCH	LONG ISLAND JEWISH MEDICAL CENTER
AWARD IN RECOGNITION OF EXCEPTIONAL SERVICE	LONG ISLAND JEWISH MEDICAL CENTER
AWARD IN RECOGNITION OF DEDICATION AND COMMITMENT	LONG ISLAND JEWISH MEDICAL CENTER

Publications

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

Title	Publication	Date
THE FATE OF THE URINARY CELLULAR SEDIMENT	JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY	09/01/1998
FAS-MEDIATED APOPTOSIS OF NEUTROPHILS IN SERA	INFECT. IMMUN	05/01/2001
ETHANOL-INDUCED MACROPHAGE APOPTOSIS	JOURNAL OF IMMUNOLOGY	
ETHANOL-INDUCED NEUTROPHIL APOPTOSIS IS MEDIATED	JOURNAL OF LEUKOCYTE BIOLOGY	12/01/1999

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 PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
ASN
FLORIDA MEDICAL ASSOCIATION
MARION COUNTY MEDICAL SOCIETY