# MARTIN R CORREA

## License Number: ME86090

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing07/01/1997License Expiration01/31/2027DateDate

# **General Information**

## **Primary Practice Address**

MARTIN R CORREA 2101 MEDICAL PARK SUITE 305 SILVER SPRING, MD 20902

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	FORT LAUDERDALE	FLORIDA
	FORT LAUDERDALE	FLORIDA
	AVENTURA	FLORIDA

## **Email Address**

Please contact at: martinrafco@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	MD

MARYLAND

## 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
UNIVERSIDAD DE CARTAGENA	MD		03/29/1985

#### **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
UNIVERSITY OF ANTIOQUIA	MEDELLIN	COLOMBIA	02/01/1988	07/01/1990	MS BIOMEDICAL SCIENCES

## **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
CARIBBEAN CENTRAL UNIVERSITY	RESIDENCY	PD - PEDIATRICS		BAYAMON	PUERTO RICO	07/01/1997	07/01/2000
LOUISIANA STATE UNIVERSITY	FELLOWSHIP	AI - ALLERGY AND IMMUNOLOGY		NEW ORLEANS	LOUISIANA	07/01/2000	06/01/2002

# 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 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 PEDIATRICS	PD - PEDIATRICS	
AMERICAN BOARD OF ALLERGY AND IMMUNOLOGY	AI - ALLERGY AND IMMUNOLOGY	

# **Financial Responsibility**

## **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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:

Com	munity Service/Award/Honor	Organization

CLEMENS VON PIRQUET (ACAAI) 2002

FUJISAWA ALLERGY SKIN DISEASES AWARD 2002 BY AAAAI

#### **Publications**

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

Title	Publication	Date
CHRONIC STIMULATION OF THE T CELL ANTIGEN RECEPTOR INDUCES	PROCEEDINGS OF THE AM ASSOC. FOR CANCER RESEARCH VOLUME 39	03/01/1998
DOWNREGULATION OF THE T CELL RECEPTOR 5 CHAIN IN CHRONICAL	PROCEEDINGS OF THE AM ASSOC. OF CANCER RESEARCH VOLUME 37	03/01/1996

Title	Publication	Date
TCR CHRONIC STIMULATION AS IN VITRO MODEL TO STUDY ANERGY	T CELL TOLERANCE P 611	
TREATMENT OF SEVERE BONE MARROW (BM) GRAFT VERSUS HOST DIS	J ALLERGY CLIN IMMUNOLOGY, VOLUME 107, NUMBER 2	
SEQUENTIAL DEVELOPMENT OF STRUCTURAL AND FUNCTIONAL ALTER	THE AMERICAN ASSOCIATION OF IMMUNOLIGISTS	01/01/1997
40-IN X-LINKED LYMPHOPROLIFERATIVE DISEASE (XLP)-CARRIER	SESSION "A" - BASIC SCIENCE, NEW ORLEANS LA	

#### **Professional Web Page**

www.ALLERVIE.COM

#### 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 SPANISH

#### **Other Affiliations**

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

#### Affiliation

AMERICAN ACADEMY OF ALLERGY ASTHMA AND IMMUNOLOGY

AMERICAN ACADEMY OF PEDIATRICS

AMERICAN COLLEGE OF ALLERGY ASTHMA AND IMMUNOLOGY

AMERICAN MEDICAL ASSOCIATION

AMERICAN THORACIC SOCIETY

CLINICAL IMMUNOLOGICAL SOCIETY