



## SHERIF MAHMOUD SAID EL-SALAWY

License Number: ME86538

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1999
License Expiration Date	01/31/2027
Authorized to Order (Medical and Low-THC Cannabis)	Yes

## General Information

### Primary Practice Address

SHERIF MAHMOUD SAID EL-SALAWY  
SHERIF EL-SALAWY MEDICAL  
351 TOWN PLAZA AVE  
PONTE VEDRA, FL 32081

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	BROOKLYN	NEW YORK

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICINE AND SURGERY
INDIANA	MD
NEW YORK	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
ALFATEH UNIVERSITY	MBBCH	11/11/1986 - 1/31/1993	01/31/1993

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
MARSHALL UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE		HUNTINGTON	WEST VIRGINIA	07/01/1999	06/30/2003
UNIVERSITY OF FLORIDA	FELLOWSHIP	IM - GERIATRIC MEDICINE		GAINESVILLE	FLORIDA	07/01/2003	06/30/2004
ALFATEH UNIV.	INTERNSHIP	FAMILY MEDICINE	GENERAL MEDICINE	TRIPOLI	LIBYA	04/01/1993	03/31/1994

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 INTERNAL MEDICINE	IM - GERIATRIC 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 an affiliation with the following committees:

MEMBER, Medical Reserve Corps NYC

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
RESIDENT OF THE MONTH 10/02, CABELL HUNTINGTON HOSPITAL	
TOAST FOR A CURE 1	AMERICAN CANCER SOCIETY
TOAST FOR A CURE 2	HOME BY CHOICE CARES

**Publications**

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

Title	Publication	Date
CLINICAL PHARMACOLOGY AND PHYSIOLOGY CONFERENCE DIGOXIN TOX	INTERNATIONAL UROLOGY AND NEPHROLOGY	09/04/2005

**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.

ARABIC

ITALIAN

RUSSIAN

### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.

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