



EDGARD OLBANY ANDRADE

License Number: ME88713

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1999
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

EDGARD OLBANY ANDRADE
UF HEALTH
1600 SW ARCHER ROAD
GAINESVILLE, FL 32610

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 |
|-----------------------|-------------|---------|
| | TAMPA | FLORIDA |
| | OCALA | FLORIDA |
| | ORLANDO | FLORIDA |
| UNIVERSITY OF FLORIDA | GAINESVILLE | FLORIDA |

Email Address

Please contact at: andrade@peds.ufl.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|-----------|-----------------|
| TENNESSEE | MEDICAL LICENSE |
| INDIANA | MEDICAL LICENSE |

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 |
|---------------------------|--------------|----------------------|-----------------|
| NACIONAL UNIV OF COLUMBIA | MD | 8/1/1988 - 6/30/1994 | 07/14/1994 |

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 FLORIDA | GAINESVILLE | UNITED STATES | 01/01/2008 | 05/31/2011 | MS-HEALTH SCIENCES IN CLINICAL RESEARCH |

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 |
|--------------------------|--------------|------------------------------|----------------------|-----------|------------------|---------------------|-------------------|
| WOODHULL MEDICAL CENTER | RESIDENCY | PD - PEDIATRICS | | BROOKLYN | NEW YORK | 07/01/1999 | 06/30/2002 |
| VANDERBILT UNIVERSITY | FELLOWSHIP | N - CHILD NEUROLOGY | | NASHVILLE | TENNESSEE | 07/01/2002 | 06/30/2005 |
| MIAMI CHILDRENS HOSPITAL | FELLOWSHIP | N - CLINICAL NEUROPHYSIOLOGY | | MIAMI | FLORIDA | 07/01/2005 | 06/30/2006 |

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 |
|------------------------------|--|-------------|---------|
| CLINICAL ASSOCIATE PROFESSOR | UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN | GAINESVILLE | 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 PEDIATRICS | PD - PEDIATRICS | 10/15/2002 |
| AMERICAN BOARD OF PSYCHIATRY AND NEUROLO | N - CHILD NEUROLOGY | |
| AMERICAN BOARD OF PSYCHIATRY AND NEUROLO | OTHER | |

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:

Guidelines Committee/American Clinical Neuro Society

Practice Committee -Child Neurology Society

Clinical Practice Guidelines -American Epilepsy Society

Professional or Community Service Awards

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

| Community Service/Award/Honor | Organization |
|------------------------------------|--|
| PHYSICIAN'S RECOGNITION AWARD | AMERICAN MEDICAL ASSOCIATION |
| COMMUNITY ASTHMA PROJECT | NORTH BROOKLN HEALTH NETWORK |
| BLOOD UTILIZATION REVIEW COMMITTEE | WOODHULL MEDICAL CENTER |
| MERCURY POISON PROJECT | WOODHULL MEDICAL CENTER |
| TEACHER OF THE YEAR | DEPARTMENT OF PEDIATRICS UNIVERSITY OF FLORIDA |
| BEST NEUROLOGIST | GAINESVILLE, FLORIDA |
| CORPORATE SPONSOR | EPILEPSY ALLIANCE FLORIDA |

Publications

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

| Title | Publication | Date |
|---|--------------------------------|------------|
| CONGENITAL ABSENCE OF THE SUPERIOR MESENTERIC | JOURNAL OF PEDIATRIC SURGERY | 01/01/1999 |
| BURKHOLDERIA CEPACIA INFECTION IN A NEONATE | INTERNATIONAL PEDIATRICS | 01/01/1997 |
| COMBINED TREATMENT WITH BTX-A AND ITB FOR SPASTICITY CASE R | TENN MED | 10/01/2007 |
| PARTIAL EPILEPSY PRESENTING AS APNEIC SEIZURES WITHOUT POSTU | PEDIATR NEUROL | 11/01/2006 |
| CEREBROVASCULAR ACCIDENTS IN FULL-TERM NEWBORN INFANTS | REV NEUROL | 04/01/2006 |
| TREATMENT OF HERPES SIMPLEX ENCEPHALITIS IN CHILDREN | REV NEUROL | 04/01/2006 |
| CME NEONATAL STROKE | INTERNATIONAL PEDIATRICS | 09/01/2006 |
| THE IMPORTANCE OF DEVELOPING NOVEL DIAGNOSTIC TOOLS | JOURNAL OF PEDIATRIC NEUROLOGY | 10/01/2012 |
| TWO NOVEL MUTATIONS OF SCN9A | EURO J PAIN | 08/01/2010 |
| TREATABLE METABOLIC EPILEPTIC ENCEPHALOPATHIES OF THE NEONAT | JOURNAL OF PEDIATRIC EPILEPSY | 03/01/2014 |
| TREATMENT OF NEONATAL CONVULSIONS | MEDICINA SUPPL | 12/01/2017 |
| PSEUDOMENINGOCELE AFTER SURGICAL FENESTRATION OF POSTERIOR FOSSA ARACHNOID CYST | JOURNAL OF RADIOLOGY | 04/03/2015 |
| ENCEFALOPATIA HIPOXICA ISQUEMICA NEONATAL | MEDICINA | 09/30/2023 |

Professional Web Page

<https://ufhealth.org/doctors/edgard-o-andrade/bio>

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.

SPANISH

Other Affiliations

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

| Affiliation |
|--|
| ACTIVE MEMBER AMERICAN EPILEPSY SOCIETY |
| MEMBER AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY |
| MEMBER AMERICAN ACADEMY OF NEUROLOGY |
| MEMBER AMERICAN ACADEMY OF PEDIATRICS |
| MEMBER AMERICAN NEUROLOGICAL ASSOCIATION |

Affiliation

MEMBER CHILD NEUROLOGY SOCIETY

MEMBER SOCIETY FOR NEUROSCIENCES