



## SYED ARIF ALI JAFFERY

License Number: ME91784

Profession	Medical Doctor
License Status	Null And Void/
Year Began Practicing	07/01/1997
License Expiration	01/31/2019
Date	

## General Information

### Primary Practice Address

SYED ARIF ALI JAFFERY  
109 TROTTER ROAD  
EGG HARBOR TOWNSHIP, NJ 08234

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [premier\\_neurology@yahoo.com](mailto:premier_neurology@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	
MISSISSIPPI	

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
DOW MEDICAL COLLEGE	MBBS		05/01/1988

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
UNIVERSITY OF MEDICAL CENTER	RESIDENCY	N - NEUROLOGY		JACKSON	MISSISSIPPI	07/01/1997	06/30/2001
UNIVERSITY OF MEDICAL CENTER	FELLOWSHIP	OTHER	SLEEP DISORDERS	JACKSON	MISSISSIPPI	07/01/2001	06/30/2002
LOUISIANA STATE UNIVERSITY	FELLOWSHIP	OTHER	NEUROMUSCULAR DISORDERS	NEW ORLEANS	LOUISIANA	07/01/2002	01/01/0001

Academic Appointments

Graduate Medical Education

This practitioner has 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

Financial Exemption

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	04/28/2025	SUSPENSION	NO
FLORIDA DEPARTMENT OF HEALTH	04/28/2025	SUSPENSION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	12/15/2017	1/14/2018	3/21/2018	\$ 5,000.00	\$ 5,000.00
REINSTATEMENT APPEARANCE	12/15/2017			\$ 0.00	\$ 0.00
PETITION FOR REINSTATEMENT	12/15/2017			\$ 0.00	\$ 0.00
COSTS	12/15/2017	1/14/2018	3/21/2018	\$ 5,659.85	\$ 5,659.85
FAILURE TO COMPLY	12/15/2017			\$ 0.00	\$ 0.00
PRN EVALUATION	12/15/2017			\$ 0.00	\$ 0.00
BOARD RETAINS JURISDICTION	12/15/2017			\$ 0.00	\$ 0.00
UNENCUMBERED LICENSE	12/15/2017			\$ 0.00	\$ 0.00

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

#### **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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
ARIZONA MEDICAL BOARD	08/03/2015	INTERIM CONSENT ORDER	NO
MEDICAL BOARD OF CALIFORNIA	08/20/2015	SUSPENDED	NO

#### **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](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
	OUT OF STATE		08/11/2016	\$450,000.00	\$0.00

## **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 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 not provided any national, state, local, county, or professional affiliations.

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