



CINDY NGUYEN SIROIS

License Number: ME90578

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/2004
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

CINDY NGUYEN SIROIS
4512 MAGNOLIA WAY
OAKLAND PARK, FL 33309

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
HOLLYWOOD PRESBYTERIAN MEDICAL CENTER	LOS ANGELES	CALIFORNIA
ENCINO HOSPITAL MEDICAL CENTER	ENCINO	CALIFORNIA
SHERMAN OAKS HOSPITAL	SHERMAN OAKS	CALIFORNIA
PARADISE VALLEY HOSPITAL	NATIONAL CITY	CALIFORNIA
PARKVIEW COMMUNITY HOSPITAL	RIVERSIDE	CALIFORNIA
DESERT VALLEY HOSPITAL	VICTORVILLE	CALIFORNIA
GOOD SAMARITAN HOSPITAL	LOS ANGELES	CALIFORNIA
VENTURA COUNTY MEDICAL CENTER	VENTURA	CALIFORNIA
SANTA PAULA HOSPITAL	SANTA PAULA	CALIFORNIA
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	BURBANK	CALIFORNIA
BEAR VALLEY COMMUNITY HOSPITAL	BIG BEAR LAKE	CALIFORNIA
VALLEY PRESBYTERIAN HOSPITAL	VAN NUYS	CALIFORNIA
SOUTHERN CALIFORNIA HOSPITAL HOLLYWOOD AND CULVER CITY	LOS ANGELES	CALIFORNIA
MEMORIAL HOSPITAL OF GARDENA	GARDENA	CALIFORNIA
FOOTHILL REGIONAL MEDICAL CENTER	TUSTIN	CALIFORNIA
LA COMMUNITY HOSPITAL, CALIFORNIA HOSPITAL MEDICAL CENTER, E	LOS ANGELES	CALIFORNIA
NORWALK COMMUNITY HOSPITAL	NORWALK	CALIFORNIA

Email Address

Please contact at: cindy.sirois@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MD
ALASKA	MD
ALABAMA	MD
ARIZONA	MD
COLORADO	MD
CONNECTICUT	MD
HAWAII	MD
IDAHO	MD
ILLINOIS	MD
MICHIGAN	MD
NORTH CAROLINA	MD
NEBRASKA	MD
NEW MEXICO	MD
NEVADA	MD
NEW YORK	MD
OHIO	MD
OKLAHOMA	MD
OREGON	MD
SOUTH CAROLINA	MD
TEXAS	MD
VIRGINIA	MD
VERMONT	MD
WASHINGTON	MD
WISCONSIN	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
GEORGE WASHINGTON UNIV	MD		05/01/1998

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 CALIFORNIA	IRVINE	CALIFORNIA	09/17/1990	06/18/1994	BS BIOLOGY

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 CALIFORNIA	INTERNSHIP	IM - INTERNAL MEDICINE		ORANGE	CALIFORNIA	06/23/1998	06/27/1999
LOS ANGELES COUNTY-USC MEDICAL CENTER	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		LOS ANGELES	CALIFORNIA	07/01/1999	06/30/2003
LOS ANGELES COUNTY-USC MEDICAL CENTER	FELLOWSHIP	DR - NEURORADIOLOGY		LOS ANGELES	CALIFORNIA	07/01/2003	06/30/2004

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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	11/01/2003
AMERICAN BOARD OF RADIOLOGY	DR - NEURORADIOLOGY	

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 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
COLORADO MEDICAL BOARD	03/08/2018	LETTER OF ADMONITION	NO
NEW MEXICO MEDICAL BOARD	05/17/2018	FINE	NO
KENTUCKY BOARD OF MEDICAL LICENSURE	05/23/2018	AGREED ORDER	NO
ILLINOIS DEPT. OF FINANCIAL AND PROFESSIONAL REGULATION	01/24/2018	CONSENT ORDER	NO
TEXAS MEDICAL BOARD	10/19/2018	AGREED ORDER	NO
NEW MEXICO MEDICAL BOARD	09/05/2018	VOLUNTARY/SURRENDER	NO
MEDICAL BOARD OF CALIFORNIA	01/15/2019	SETTLEMENT AGREEMENT	NO
MEDICAL BOARD OF CALIFORNIA	01/15/2019	SETTLEMENT AGREEMENT	NO
COMMONWEALTH OF VIRGINIA	01/02/2019	CONSENT ORDER	NO
ILLINOIS DEPT. OF FINANCIAL AND PROFESSIONAL REGULATION	10/26/2018	REPRIMAND	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
10/05/2014			07/21/2016	\$250,000.00	\$0.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:

ARRS

RSNA

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.