



## MICHAEL LOUIS NIEDER

License Number: ME91975

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1982
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MICHAEL LOUIS NIEDER  
12902 MAGNOLIA DRIVE  
MOFFITT CANCER CENTER  
TAMPA, FL 33612

### 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
UNIVERSITY OF SOUTH FLORIDA - COLLEGE OF MEDICINE	TAMPA	FLORIDA

### Email Address

Please contact at: [mlnieder@yahoo.com](mailto:mlnieder@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MD
FLORIDA	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
UNIVERSITY OF ILLINOISE CHICAG	MD	9/1/1978 - 6/1/1982	06/11/1982

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
THE JOHNS HOPKINS UNIVERSITY	BALTIMORE	MARYLAND	09/01/1974	05/10/1978	BA - 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
CHILDREN'S MEMORIAL HOSPITAL	RESIDENCY	PD - PEDIATRICS		CHICAGO	ILLINOIS	06/01/1982	06/30/1985
CHILDREN'S MEMORIAL HOSPITAL	FELLOWSHIP	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY		CHICAGO	ILLINOIS	07/01/1985	06/30/1988

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
ASSOCIATE PROFESSOR OF ONCOLOGIC SCIENCES AND MEDICINE	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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	03/01/1986
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY	

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:  
STATE OF FLORIDA ORGAN TRANSPLANT ADVISORY COMMITTEE

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CANCER CARE HALL OF FAME AWARD	AMERICAN CANCER SOCIETY

### Publications

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

Title	Publication	Date
EXCESSIVE SPINAL CORD TOXICITY FROM INTENSIVE CENTRAL NER		
TRENDS IN CLINICAL PRACTICE AND NURSES' ATTITUDES ABOUT FERT	ONCOLOGY NURSING FORUM	03/01/2008
OSTEOSARCOMA THE ADDITION OF MURAMYL TRIPEPTIDE TO CHEMOTHE	JOURNAL OF CLINICAL ONCOLOGY	02/01/2008
PEDIATRIC ONCOLOGY NURSES' ATTITUDES RELATED TO DISCUSSING F	JOURNAL OF PEDIATRIC ONCOLOGY NURSING	09/30/2007
ARE MATCHED UNRELATED DONOR TRANSPLANTS JUSTIFIED FOR AML IN	BAILLIERE'S BEST PRACTICE IN CLINICAL HAEMATOLOGY	06/01/2006
A DOUBLE-BLIND RANDOMIZED PLACEBO-CONTROLLED STUDY OF ORAL G	BONE MARROW TRANSPLANTATION	10/10/2005
OSTEOSARCOMA A RANDOMIZED PROSPECTIVE TRIAL OF THE ADDITIO	JOURNAL OF CLINICAL ONCOLOGY	03/20/2005

### Professional Web Page

[www.moffitt.org](http://www.moffitt.org)

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
CHILDRENS ONCOLOGY GROUP
H LEE MOFFITT CANCER RESEARCH CENTER
PEDIATRIC BLOOD AND MARROW TRANSPLANT CONSORTIUM