CHUKWUEMEKA VENATIUS IKPEAZU SR.

License Number: ME99973

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1993
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

CHUKWUEMEKA VENATIUS IKPEAZU SR. 8100 SW 10TH STREET SUITE 3310 PLANTATION, FL 33324

Medicaid

This practitioner does NOT 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 MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA

Email Address

Please contact at: cikpeazu@med.miami.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	
VIRGINIA	
TENNESSEE	

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
MEHARRY MEDICAL COLLEGE	MD	8/1/1988 - 5/1/1992	05/24/1992

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 NEBRASKA-OMAHA	OMAHA	NEBRASKA	08/01/1981	08/01/1982	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
MAYO GRADUATE SCH. OF MED.	INTERNSHIP	IM - INTERNAL MEDICINE		ROCHESTER	MINNESOTA	07/01/1992	06/01/1994
MEHARRY MEDICAL COLLEGE	RESIDENCY	IM - INTERNAL MEDICINE		NASHVILLE	TENNESSEE	07/01/1994	06/01/1996
E.T.S.U. COLLEGE OF MEDICINE	FELLOWSHIP	IM - ONCOLOGY		JOHNSON CITY	TENNESSEE	07/01/1996	06/01/1998
VANDERBILT UNIV. MED. CENTER	FELLOWSHIP	IM - HEMATOLOGY		NASHVILLE	TENNESSEE	07/01/1998	06/01/2000

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	MEHARRY MEDICAL COLLEGE SCHOOL OF MEDICI	NASHVILLE	TENNESSEE
ADJUNCT ASST. PROFESSOR	VANDERBILT UNIVERSITY SCHOOL OF MEDICINE	NASHVILLE	TENNESSEE
ASSOCIATE PROFESSOR	UNIVERSITY OF MIAMI MILLER SCHOOL	MIAMI	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	08/01/1996
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	11/01/2000
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	05/07/2007

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

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: INSTITUTIONAL PRINCIPAL INVESTIGATOR -ECOG-ACRIN CANCER RES

Professional or Community Service Awards

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

Community Service/Award/Honor

Organization

CITATION FOR MY SUPPORT OF THE PAP CORPS - CHAMPIONS FOR CAN

Publications

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

Title Publication Date

CV AVAILABLE ON REQUEST

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

Affiliation

AMERICAN SOCIETY FOR CLINICAL ONCOLOGY (ASCO)

ECOG-ACRIN CANCER RESEARCH GROUP