### NORMAN FARIA CARVALHO

### License Number: ME100697

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 08/01/1994
License Expiration 01/31/2026

Date

## General Information

#### **Primary Practice Address**

NORMAN FARIA CARVALHO NEMOURS CHILDREN'S HOSPITAL 6535 NEMOURS PARKWAY ORLANDO, FL 32827

#### **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
NEMOURS CHILDREN'S CLINIC	ORLANDO	FLORIDA

#### **Email Address**

Please contact at: drnorm01@bellsouth.net

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	
KENTUCKY	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
	UNITED KINGDOM
FLORIDA	
TENNESSEE	MEDICAL DOCTOR
	SOUTH AFRICA

## 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 CAPE TOWN	MBCHB	2/1/1982 - 12/1/1987	12/09/1987

#### **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
SHANDS TEACHING HOSPITAL/UF	RESIDENCY	Y PD - PEDIATRICS		GAINESVILLE	FLORIDA	07/01/1991	06/01/1994
SHANDS TEACHING HOSP-UF	RESIDENCY	Y AN - ANESTHESIOLOGY	,	GAINESVILLE	FLORIDA	07/01/2005	08/21/2008

# **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
VOLUNTARY ASSISTANT R	POFESSOR LINIVERSITY OF CENTRAL ELORIDA C	OLLEGE OF MEDICINE ORLANDO F	

# **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	10/01/1994
AMERICAN BOARD OF ANESTHESIOLOGY	AN - ANESTHESIOLOGY	
AMERICAN BOARD OF ANESTHESIOLOGY	AN - PEDIATRIC ANESTHESIOLOGY	

## 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:

American Society of Anesthesiologists

Society for Pediatric Anesthesia

#### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

#### **Publications**

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

Title	Publication	Date
SEVERE NUTRITIONAL DEFICIENCIES IN TODDLERS RESULTING FROM H	PEDIATRICS	04/01/2001
SEVERE MALNUTRITION AMONG YOUNG CHILDREN? GEORGIA JANUARY	MMWR 50 - 12	04/01/2001

Title	Publication	Date
FEASIBILITY OF LAPAROSCOPIC PYLOROMYOTOMY UNDER SPINAL ANESTHESIA.	J PEDIATR SURG 2014; 49:1485-1487	10/01/2014
PAIN MANAGEMENT FOR THE NUSS PROCEDURE: COMPARISON BETWEEN ERECTOR SPINAE PLANE BLOCK, THORACIC EPIDURAL, AND CONTROL	WJPS 2022;5:E000418	08/02/2022
NERVE STIMULATION GUIDED BILATERAL PUDENDAL NERVE BLOCK VERSUS LANDMARK-BASED CAUDAL BLOCK FOR HYPOSPADIAS REPAIR IN YOUNG CHILDREN: A PROSPECTIVE, RANDOMIZED, PRAGMATIC TRIAL	RAPM 2022; 47(12):744-748	09/08/2022
INTERCOSTAL NERVE CRYOABLATION AS AN EFFECTIVE PAIN MANAGEMENT STRATEGY IN THE NUSS PROCEDURE: REDUCING OPIOID USE AND HOSPITAL STAY	EUR J PEDIATR SURG 2024; DOI: 10.1055/A-2490-1091	11/24/2024

## **Professional Web Page**

http://www.nemours.org/locations/nch.html

SOCIETY FOR PEDIATRIC ANESTHESIA

## **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 ACAL	DEMY OF PEDIATRIC	S				
AMERICAN SOCI	ETY OF ANESTHESIC	DLGY				
FLORIDA SOCIE	TY OF ANESTHESIO	OGISTS				