



## NASEH NAWABI

License Number: ME114198

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/2002
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

NASEH NAWABI  
10308 WEST SAMPLE ROAD  
WALKING URGENT CARE, INC.  
CORAL SPRINGS, FL 33065

### 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:

### Email Address

Please contact at: [nawabi@hotmail.com](mailto:nawabi@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
DELAWARE	MD
PENNSYLVANIA	MD
NEW YORK	MD
MICHIGAN	MD
ARIZONA	MD
WASHINGTON	MD
CONNECTICUT	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
ROSS UNIVERSITY	MD	1/1/1996 - 6/30/2000	06/30/2000
LOMA LINDA UNIVERSITY	NO DEGREE	9/28/1985 - 6/30/1990	
CALIFORNIA STATE POLYTECHNIC UNIVERSITY	BACHELOR D	1/1/1990 - 6/8/1991	06/08/1991
CALIFORNIA UNIVERSITY NORTHRIDGE	NO DEGREE	8/1/1992 - 8/30/1994	

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		BRADFORD	UNITED KINGDOM	09/07/1998	10/16/1998
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	GS - SURGERY		BRADFORD	UNITED KINGDOM	10/19/1998	11/27/1998
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	P - PSYCHIATRY		BRADFORD	UNITED KINGDOM	11/30/1998	01/15/1999
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	GS - SURGERY		BRADFORD	UNITED STATES	01/18/1999	02/26/1999
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	IM - INTERNAL MEDICINE		BRADFORD	UNITED KINGDOM	03/01/1999	05/21/1999
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	PD - PEDIATRICS		BRADFORD	UNITED KINGDOM	05/24/1999	07/02/1999
BRADFORD ROYAL INFIRMARY	ROTATING INTERNSHIP	CARDIAC SURGERY		BRADFORD	UNITED KINGDOM	07/05/1999	07/30/1999
WES VIRGINIA RURAL HEALTH EDUCATION	ROTATING INTERNSHIP	FAMILY MEDICINE		SPENCER	UNITED STATES	08/01/1999	08/30/1999
CEDARS-SINAI HOSPITAL	ROTATING INTERNSHIP	PTH - HEMATOPATHOLOGY		LOS ANGELES	UNITED STATES	09/01/1999	10/31/1999
WEST VIRGINIA RURAL HEALTH EDUCATION	INTERNSHIP	IM - INTERNAL MEDICINE		RIPLEY	UNITED STATES	11/01/1999	12/31/1999
WEST VIRGINIA RURAL HEALTH EDUCATION	INTERNSHIP	FAMILY MEDICINE		SPENCER	UNITED STATES	01/03/2000	01/28/2000
WEST VIRGINIA RURAL HEALTH EDUCATION	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		SPENCER	UNITED STATES	01/31/2000	02/29/2000
WEST VIRGINIA RURAL HEALTH EDUCATION	INTERNSHIP	FAMILY MEDICINE		SPENCER	UNITED STATES	03/01/2000	03/31/2000
PRINCE GEORGES HOSPITAL	ROTATING INTERNSHIP	MN - INTERNAL MEDICINE/NEUROLOGY		CHEVERLY MARYLAND	UNITED STATES	04/03/2000	05/05/2000
PRINCE GEORGE HOSPITAL	ROTATING INTERNSHIP	IM - NEPHROLOGY		CHEVERLY, MARYLAND	UNITED STATES	05/08/2000	06/09/2000
NATIVIDAD MEDICAL CENTER	INTERNSHIP	FAMILY MEDICINE		SALINAS	UNITED STATES	04/15/2002	05/10/2002
JAMAICA HOSPITAL MEDICAL CENTER	INTERNSHIP	PD - PEDIATRICS		QUEENS, NEW YORK	UNITED STATES	05/15/2002	06/15/2002
CEDARS SINAI MEDICAL CENTER	RESIDENCY	PTH - PATHOLOGY-ANATOMIC AND CLINICAL		LOS ANGELES CALIFORNIA	UNITED STATES	07/12/2002	07/11/2005

# Academic Appointments

## Graduate Medical Education

The practitioner did not provide this mandatory information.

## 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

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
MEMBER OF AMERICANMEDICAL ASSOCIATION
MEMBER OF FLORIDA MEDICAL ASSOCIATION