



## SRIDHARAN GURURANGAN

License Number: ME125409

Profession	Medical Doctor
License Status	VOL RELINQ/
Year Began Practicing	01/01/1983
License Expiration Date	01/31/2024
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

SRIDHARAN GURURANGAN  
8083 BRITTANY DRIVE  
DUBLIN, CA 94568

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
DUKE UNIVERSITY MEDICAL CENTER	DURHAM	NORTH CAROLINA

### Email Address

Please contact at: [sgrangan@me.com](mailto:sgrangan@me.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARKANSAS	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
MARYLAND	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
STANLEY MEDICAL COLLEGE	MBBS	7/1/1977 - 12/1/1981	12/01/1981

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
GOVERNMENT STANLEY HOSPITAL	INTERNSHIP	OTHER	INTERNAL MEDICINE, SURGERY, OBSTETRICS AND GYNECOLOGY, PEDIA	CHENNAI	INDIA	02/23/1982	02/22/1983
SOUTHERN RAILWAY HEADQUARTERS HOSPITAL	RESIDENCY	GS - SURGERY		CHENNAI	INDIA	03/03/1983	09/02/1983
GOVERNMENT GENERAL HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		CHENNAI	INDIA	06/01/1984	11/30/1984
SOUTHERN RAILWAY HEADQUARTERS HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		CHENNAI	INDIA	12/01/1984	05/31/1985
GOVERNMENT STANLEY HOSPITAL	RESIDENCY	PD - PEDIATRICS		CHENNAI	INDIA	06/01/1985	09/01/1985
PRINCE CHARLES HOSPITAL	RESIDENCY	PD - PEDIATRICS		MERTHYR TYDFIL, SOUTHWALES	UNITED KINGDOM	01/03/1986	07/31/1986
NORTHWESTERN REGIONAL PERINATAL CENTER	RESIDENCY	PD - NEONATAL-PERINATAL MEDICINE		MANCHESTER	UNITED KINGDOM	08/01/1986	01/31/1987
ROYAL VICTORIA INFIRMARY	RESIDENCY	PD - PEDIATRICS		NEWCASTLE UPON TYNE	UNITED KINGDOM	02/01/1987	07/31/1987
SHEFFIELD CHILDREN'S HOSPITAL	RESIDENCY	PD - PEDIATRICS		SHEFFIELD	UNITED KINGDOM	08/01/1987	01/31/1988
SHEFFIELD CHILDREN'S HOSPITAL	RESIDENCY	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY		SHEFFIELD	UNITED KINGDOM	02/01/1988	07/31/1988
ROYAL MANCHESTER CHILDREN'S HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MANCHESTER	UNITED KINGDOM	08/01/1988	12/26/1989
OUR LADY'S HOSPITAL FOR SICK CHILDREN	RESIDENCY	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY		DUBLIN	IRELAND	01/01/1990	12/31/1990
OUR LADY'S HOSPITAL FOR SICK CHILDREN	OTHER PROGRAM	OTHER	RESEARCH FELLOW IN PEDIATRIC	DUBLIN	IRELAND	01/01/1991	06/30/1991

SICK CHILDREN			PEDIATRIC ONCOLOGY			Dates	Dates
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	Program Type	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY	Other Specialty Area	MEMPHIS	State or Country	Attended From	Attended To
LE BONHEUR CHILDREN'S MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		MEMPHIS	TENNESSEE	07/01/1992	06/30/1993
ST. JUDE CHILDREN'S RESEARCH HOSPITAL	FELLOWSHIP	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY		MEMPHIS	TENNESSEE	07/01/1993	01/31/1994
MEMORIAL SLOAN KETTERING CANCER CENTER	FELLOWSHIP	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY		NEW YORK	NEW YORK	07/01/1996	06/30/1999

## 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
PROFESSOR OF PEDIATRICS (TENURED)	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA

## 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	12/30/1993
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRIC HEMATOLOGY/ONCOLOGY	11/13/2000

## Financial Responsibility

### Financial Responsibility

Financial Exemption

## 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 not provided any national, state, local, county, or professional affiliations.

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