



DANIEL ROBERT DEAKTER

License Number: ME32665

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration Date 01/31/2028  
Controlled Substance Prescriber (for the Yes  
Treatment of Chronic Non-malignant  
Pain)

## General Information

### Primary Practice Address

DANIEL ROBERT DEAKTER  
7666 CYPRESS CRESCENT  
BOCA RATON, FL 33433

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

### Email Address

Please contact at: [daniel.deakter@gmail.com](mailto:daniel.deakter@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	PHYSICIAN
PENNSYLVANIA	PHYSICIAN
CALIFORNIA	PHYSICIAN
LOUISIANA	PHYSICIAN
TEXAS	PHYSICIAN
ALABAMA	PHYSICIAN
ARIZONA	PHYSICIAN
COLORADO	PHYSICIAN
CONNECTICUT	PHYSICIAN
DELAWARE	PHYSICIAN
GEORGIA	PHYSICIAN
IDAHO	PHYSICIAN
ILLINOIS	PHYSICIAN
IOWA	PHYSICIAN
KANSAS	PHYSICIAN

State	Profession
KENTUCKY	PHYSICIAN
MARYLAND	PHYSICIAN
MICHIGAN	PHYSICIAN
MINNESOTA	PHYSICIAN
MISSISSIPPI	PHYSICIAN
MONTANA	PHYSICIAN
NEBRASKA	PHYSICIAN
NEW HAMPSHIRE	PHYSICIAN
NEVADA	PHYSICIAN
NORTH CAROLINA	PHYSICIAN
NORTH DAKOTA	PHYSICIAN
OKLAHOMA	PHYSICIAN
SOUTH CAROLINA	PHYSICIAN
SOUTH DAKOTA	PHYSICIAN
TENNESSEE	PHYSICIAN
UTAH	PHYSICIAN
WEST VIRGINIA	PHYSICIAN
WISCONSIN	PHYSICIAN
WYOMING	PHYSICIAN

### **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 PITTSBURGH MAIN CAMPUS			05/26/1977

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE	PITTSBURGH PENNSYLVANIA	09/10/1973	05/14/1977	M.D. MEDICAL DOCTOR	

## 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
JACKSON MEMORIAL STRAIGHT SURGERY	INTERNSHIP	GS - SURGERY		MIAMI	FLORIDA	06/24/1977	06/23/1977
PGY2 GENERAL URGERY	RESIDENCY	GS - SURGERY		MIAMI BEACH	FLORIDA	07/01/1978	06/30/1979
ALBERT EINSTEIN COLLEGE OF MEDICINE	RESIDENCY	GS - SURGERY		BRONX	NEW YORK	07/01/1979	06/30/1981
UNIVERSITY OF MIAMI MEDICAL CTR	INTERNSHIP	GS - SURGERY		MIAMI	FLORIDA	06/24/1977	06/23/1978
MOUNT SINAI MEDICAL CENTER	RESIDENCY	GS - SURGERY		MIAMI BEACH	FLORIDA	07/01/1978	06/30/1979

## Academic Appointments

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### 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 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 EMERGENCY MEDICINE	EM - EMERGENCY MEDICINE	

## 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 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 indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

FRENCH  
SPANISH  
HEBREW

## **Other Affiliations**

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

### **Affiliation**

AMER COLL OF EMERGENCY PHYSICIANS