## **ERICK MARCELO SALADO**

### License Number: ME56414

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1989
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

ERICK MARCELO SALADO 4445 WEST 16TH AVENUE SUITE 250 HIALEAH, FL 33012

### **Medicaid**

This practitioner DOES participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	HIALEAH	FLORIDA

### **Email Address**

Please contact at: drsalado@me.com

### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

### 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 HAVANA MED SCH	MD	9/10/1976 - 6/1/1982	08/01/1982

# **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
ORTHOPEDIC SURGERY	RESIDENCY	ORS - ORTHOPAEDIC SURGERY	TRAUMATOLOGY	HAVANA	CUBA	08/05/1980	07/01/1983
HAND SURGERY	OTHER PROGRAM	ORS - HAND SURGERY	ORTHOPEDIC SURGERY	HAVANA	CUBA	01/03/1983	07/08/1983
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	OTHER PROGRAM	ORS - HAND SURGERY	MICROSURGERY	MIAMI	FLORIDA	01/01/1989	12/01/1989
ORTHOPEDIC SURGERY	INTERNSHIP	ORS - ORTHOPAEDIC SURGERY	TRAUMATOLOGY	HAVANA	CUBA	08/07/1979	07/30/1980
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	OTHER PROGRAM	AN - PAIN MANAGEMENT	ACUPUNCTURE	MIAMI	UNITED STATES	01/06/2001	05/28/2001
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIF	AN - PAIN MANAGEMENT		CLEARWATER	FLORIDA	10/03/2008	10/04/2009

# **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
ASSISTANT PROFESSOR ORTHOPEDIC SURGERY	ROSS UNIVERSITY MEDICAL SCHOOL	MIAM	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
	ORTHOPEDICS	

# 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**

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### **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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
HAITI EARTHQUAKE MEDICAL RELIEVE TEAM	MIAMI DADE COLLEGE - MIAMI RESCUE MISSION

### **Publications**

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

Title	Publication	Date
FEMUR ELONGATION WITH ILIZANOV E F D	CUBAN JOURNAL OF ORTHOPEDICS	10/01/1982
WEDGE OSTEOTOMY FOR GENU VARUM AND GENU VALGUS	CUBAN JOURNAL OF ORTHOPEDICS	11/01/1979
GIANT LIPOMA SINGLE CASE PRESENTATION	CUBAN JOURNAL OF ORTHOPEDICS	11/01/1978
ELBOW CYSTIC HYGROMA SURGICAL VS	JOURNAL OF ORTHOPEDICS	11/01/1980

# **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.

SPANISH

### **Other Affiliations**

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

### Affiliation

MIAMI DADE COLLEGE HEALTH SCIENCES SCHOOL

ROSS UNIVERSITY SCHOOL OF MEDICINE