#### JOHN RICHARD DYLEWSKI

#### License Number: ME63942

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing01/01/1993License Expiration01/31/2026DateDate

# **General Information**

#### **Primary Practice Address**

JOHN RICHARD DYLEWSKI 6476 SW 118 STREET PINECREST, FL 33156

#### 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
LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	FLORIDA

#### **Email Address**

Please contact at: jdylewski@amisf.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 MIAMI	MD	1/1/1987 - 1/1/1991	01/01/1991

#### **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
UNIVERSITY OF MIAMI/JACKSON	RESIDENCY	IM - INTERNAL MEDICINE		MIAM	FLORIDA	06/01/1991	06/30/1994
UNIVERISTY OF MIAMI/JACKSON	FELLOWSHIP	M - CARDIOVASCULAR DISEASE		MIAM	FLORIDA	07/01/1994	06/30/1997
UNIVERSITY OF MIAMI/JACKSON	FELLOWSHIP	M - CLINICAL CARDIAC		MIAM	FLORIDA	07/01/1997	06/30/1998

# 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
DIRECTOR, DEPARTMENT OF CARDIOLOGY	LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	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
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	

# 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:

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Date Of Action	Related To Professional Competence	Related To Delivery of Services
01/19/2018	NO	NO

# 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: General Medical Education Committee Cardiology Program Development Committee

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

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
FELLOW	HEART RHYTHM SOCIETY
ADVISORY BOARD MEMBER	HEART RHYTHM SOCIETY
PATIENTS CHOICE AWARD	PATIENTS CHOICE AWARD
LAUREATE	AMERICAN BOARD OF CARDIOLOGY
CONSULTANT	AMERICAN BOARD OF CARDIOLOGY

#### **Publications**

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

Title	Publication	Date
SLOW PATHWAY IDENTIFICATION IN AV NODAL REENTRY USING	REBLAMPA 11(1):27-30	03/01/1998
INHIBITION OF PLATELET THROMBOSIS ON BIOMATERIALS BY	SUPPLEMENTAL JOURNAL OF NUCLEAR MEDICINE P859	01/01/1989
EFFECTS OF RELAXIN ON THE MECHANICAL PROPERTIES OF COLL	MATERIALS RESEARCH SOCIETY PROCEEDINGS	01/01/1985
IN-VITRO CHARACTERIZATION OF SILICONE BLEED FROM BREAST	SECOND WORLD CONGRESS ON BIOMATERIALS P309	01/01/1984
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
AV DELAY OPTIMIZATION CAN BE USED TO IMPROVE CLINICAL OUTCOMES IN PACEMAKER DEPENDENT HEART FAILURE PATIENTS WHO REMAIN SYMPTOMATIC USING STANDARD ALGORHYTHMIC SETTINGS	HEART RHYTHM SOCIETY JOURNAL - ABSTRACT ACCEPTED	05/12/2018

#### **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 DADE COUNTY BIOMEDICAL EXCHANGE DADE COUNTY MEDICAL ASSOCIATION HEART RHYTHM SOCIETY - FELLOW

SOUTH FLORIDA ELECTROPHYSIOLOGY SOCIETY