



## ERASMO ANDRE PASSARO SR

License Number: ME67462

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1988  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

ERASMO ANDRE PASSARO SR  
FLORIDA CENTER FOR NEUROLOGY,  
1607 DR. MARTIN LUTHER KING JR ST N  
ST PETERSBURG, FL 33704-4203

### 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
BAYFRONT MEDICAL CENTER	SAINT PETERSBURG	FLORIDA
PALMS OF PASADENA HOSPITAL	SOUTH PASADENA	FLORIDA
TAMPA GENERAL HEALTHPLAN	TAMPA	FLORIDA
ALL CHILDREN'S HOSPITAL	ST PETE	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	CARROLWOOD	FLORIDA

### Email Address

Please contact at: [fcneurology@verizon.net](mailto:fcneurology@verizon.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR-INACTIVE

### 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
ROBERT WOOD JOHNSON MEDICAL SC	MD	8/1/1984 - 5/25/1988	05/25/1988

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
UCLA	INTERNSHIP	IM - INTERNAL MEDICINE		LOS ANGELES	CALIFORNIA	06/01/1988	06/30/1989
UCSD	RESIDENCY	P - PSYCHIATRY		LA JOLLA	CALIFORNIA	07/01/1989	06/01/1990
UCLA	RESIDENCY	N - NEUROLOGY		LOS ANGELES	CALIFORNIA	07/01/1990	06/01/1993
UCLA	FELLOWSHIP	N - CLINICAL NEUROPHYSIOLOGY	EPILEPSY	LOS ANGELES	CALIFORNIA	07/01/1993	06/01/1995

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
FORMER DIRECTOR ADULT EPILEPSY LAB	UNIVERSITY OF MICHIGAN MEDICAL SCHOOL	ANN ARBOR	MICHIGAN
AFFILIATE ASSOCIATE PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 PSYCHIATRY AND NEUROLO	NEUROLOGY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - CLINICAL NEUROPHYSIOLOGY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	SLEEP MEDICINE	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	DR - NEURORADIOLOGY	

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 an affiliation with the following committees:  
SCIENTIFIC PROGRAM COMMITTEE, AMERICAN EPILEPSY SOCIETY  
ASSOCIATE EXAMINER-ABCN  
AMERICAN ASSOCIATION OF NEUROLOGY/SECTION OF EPILEPSY  
CME COMMITTEE AMERICAN EPILEPSY SOCIETY  
DIPLOMATE AMERICAN BOARD OF SLEEP MEDICINE  
FELLOW AMERICAN ACADEMY OF SLEEP MEDICINE  
FELLOW AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY  
FELLOW AMERICAN ACADEMY OF NEUROLOGY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
RESEARCH GRANT	EPILEPSY FOUNDATION OF AMERICA
AWARD FOR EXCELLENCE IN TEACHING	AUGUSTUS S. ROSE

Publications

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

Title	Publication	Date
SEIZURES IN KLINEFELTERS SYNDROME	PEDIATRIC NEUROLOGY	01/01/1998
LOCALIZED CEREBELLAR HYPOMETABOLISM IN PATIENTS WITH COM-	EPILEPSIA	01/01/1996

Professional Web Page

www.floridacenterfor neurology.com

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
AMERICAN ACADEMY OF NEUROLOGY
AMERICAN ACADEMY OF SLEEP MEDICINE
AMERICAN CLINICAL NEUROPHYSIOLOGY SOCIETY
AMERICAN EPILEPSY SOCIETY
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF NEUROIMAGING