



## FRANK D CIRISANO

License Number: ME74132

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1990  
License Expiration 01/31/2028  
Date

## General Information

### Primary Practice Address

FRANK D CIRISANO  
5280 LINTON BLVD  
SUITE 216  
DELRAY BEACH, FL 33484

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
BOCA RATON COMMUNITY HOSPITAL	BOCA RATON	FLORIDA
	BOCA RATON	FLORIDA
	BOYNTON	FLORIDA
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FLORIDA
	FT LAUDERDALE	FLORIDA
	FORT LAUDERDALE	FLORIDA

### Email Address

Please contact at: [cirisano@womenscancercare.com](mailto:cirisano@womenscancercare.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
COLUMBIA UNIVERSITY	MD	9/1/1986 - 5/26/1990	05/26/1990

## 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
CEDARS-SINAI MEDICAL CENTER	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		LOS ANGELES	CALIFORNIA	07/01/1990	07/01/1991
CEDARS-SINAI MEDICAL CENTER	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		LOS ANGELES	CALIFORNIA	07/01/1991	06/01/1994
CEDARS-SINAI MEDICAL CENTER	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY		LOS ANGELES	CALIFORNIA	06/01/1994	07/01/1995
DUKE UNIVERISTY MEDICAL CENTER	FELLOWSHIP	OBG - OBSTETRICS AND GYNECOLOGY		DURHAM	NORTH CAROLINA	07/01/1995	06/01/1998

## 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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
JUNIOR FACULTY ASSOC. PHYSICIAN	DUKE UNIVERSITY SCHOOL OF MEDICINE	DURHAM	NORTH CAROLINA

## Specialty Certification

### Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## 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:

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.

### 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:

BOCA RATON COMMUNITY HOSPITAL  
INTERNAL REVIEW BOARD  
BOCA RATON COMMUNITY HOSPITAL  
CANCER CARE 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
AMERICAN CANCER SOCIETY	
BOARD MEMBER, PALM BEACH COUNTY CHAPTER	

### 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

### 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
CERT/BOARD CERTIFIED/GYNECOLOGIC ONCOLOGY/04/01
FELLOW, AMERICAN BOARD OF OB/GYN
FELLOW, AMERICAN COLLEGE OF OBSTECT & GYNECOL
FELLOW, SOCIETY OF GYNECOLOGIC ONCOLOGISTS (SGO)