# ALVARO MORENO-ASPITIA

# License Number: ME75111

ProfessionMedLicense StatusCLEYear Began PracticingNotLicense Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor CLEAR/Active Not Provided 01/31/2026 Yes

# **General Information**

## **Primary Practice Address**

ALVARO MORENO-ASPITIA 8047 GREEN GLADE RD JACKSONVILLE, FL 32256

## 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
MAYO CLINIC	JACKSONVILLE	FLORIDA

## **Email Address**

Please contact at: morenoaspitia.alvaro@mayo.edu

#### **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
UNIV.NAC DE ASUNCION	MD	4/1/1986 - 12/23/1991	02/01/1992

## **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
SCOTT & WHITE MEMORIAL HOSPITAL	RESIDENCY	OTHER	INTERNAL MEDICINE/PEDIATRICS	***	TEXAS	07/01/1993	06/30/1997
MAYO GRADUATE SCHOOL MED/M	FELLOWSHIP	OTHER	HEMATOLOGY/ONCOLOGY	/ ***	FLORIDA	07/01/1993	06/30/2000

# 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
CONSULTANT HEMATOLOGY AND ONCOLOGY	MAYO CLINIC	JACKSONVILLE	FLORIDA
ASSOCIATE PROFESSOR OF MEDICINE	MAYO MEDICAL SCHOOL	ROCHESTER	MINNESOTA

# **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 - HEMATOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF PEDIATRICS	PD - PEDIATRICS	

# Financial Responsibility

## **Financial Responsibility**

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

# **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: PHARMACY THERAPEUTICS COMMITTEE MAYO CLINIC JACKSONVILLE

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

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

Community Service/Award/Honor	Organization
ALPHA OMEGA ALPHA	HONOR MEDICAL SOCIETY
SCIENTIFIC ACHIEVEMENT AWARD	SCOTT WHITE HOSPITAL

#### **Publications**

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

Title	Publication	Date
PHASE 1 TRIAL OF PACILTAXEL TOPOTECAN AND CISPLATIN IN ADU	ASCO PROCC	05/01/1999

Title	Publication	Date
A CRITICAL REVIEW OF NEW TREATMENTS FOR THE MYELODYSPLASTI	CANCER TREATMENT RESEARCH AND CONTROL	05/01/1999
THE ADJUVANT TREATMENT OF MALIGNANT MELANOMAS WITH INTERFE	JACKSONVILLE MEDICINE	10/01/1999
ANTHRACYCLINE- AND OR TAXANE-RESISTANT BREAST CANCER RESULT	CLIN THER 2009 AUGUST 31 8 1619-1640	08/31/2009
TREATMENT OPTIONS FOR ANTHRACYCLINE AND TAXANE RESISTANT BR	MAYO CLIN PROC 2009 JUN 84 6 533-545	06/01/2009
PHASE II TRIAL OF SORAFENIB AS SINGLE ORAL AGENT IN PATIENTS	J CLIN ONCOL 2009 JAN 1 27 1 11-5	01/01/2009
ISSUES AND CONTROVERSIES IN THE TREATMENT OF HER2 POSITIVE M	BREAST CANCER RES TREAT 2008 MAY 109 1 1-7	05/01/2008
THALIDOMIDE THERAPY IN ADULT PATIENTS WITH MYELODYSPLASTIC S	CANCER 2006 AUG 15 107 4 767-72	08/15/2006
NANOPARTICLE ALBUMIN-BOUND PACLITAXEL ABI-007 A NEWER TAX	FUTURE ONCOLOGY 2005 DEC 1 6 755-62	12/01/2005
NORTH CENTRAL CANCER TREATMENT GROUP N0531 PHASE II TRIAL O	CLIN BREAST CANCER 2005 OCT 6 4 361-4	10/06/2005
PERIPHERAL BLOOD STEM CELL TRANSPLANTATION IN 16 PATIENTS W	N BLOOD 2004 NOV 15 104 10 3400-7	11/15/2004

#### **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 PORTUGUESE

## **Other Affiliations**

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

# Affiliation

AMERICAN ACADEMY OF PEDIATRICS-FELLOW

AMERICAN COLLEGE OF PHYSICIANS-FELLOW

AMERICAN SOCIETY OF CLINICAL ONCOLOGY

AMERICAN SOCIETY OF HEMATOLOGY

DUVAL COUNTY MEDICAL ASSOCIATION