### **WASIM AHMAR**

### License Number: ME78066

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

## **Primary Practice Address**

WASIM AHMAR 450 WEST STATE ROAD 434 SUITE 3010 LONGWOOD, FL 32750

#### 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
ORLANDO REGIONAL MEDICAL CENTER-ORANGE	ORLANDO	FLORIDA
SOUTH SEMINOLE HOSPITAL	LONGWOOD	FLORIDA
FLORIDA HOSPITAL-ALTAMONTE	ALTAMONTE SPRINGS	FLORIDA

### **Email Address**

Please contact at: wahmarmd@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL
	MEDICAL
	MEDICAL
	MEDICAL

### 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
KING EDWARD, UNIV. OF THE PUNJ	MD		04/25/1990

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF SOUTH CAROLINA	COLUMBIA	SOUTH CAROLINA	01/02/1991	05/30/1991	MPH MASTER OF PUBLIC HEALTH

## **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
ST MARY'S HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		ROCHESTER	NEW YORK	06/01/1991	06/30/1992
MEDICAL COLLEGE OF OHIO	RESIDENCY	IM - INTERNAL MEDICINE		TOLEDO	OHIO	07/01/1992	06/30/1994
HAHNEMANN UNIVERSITY HOSPITAL	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		PHILADELPHIA	PENNSYLVANIA	07/01/1995	06/30/1998
TEMPLE UNIVERSITY HOSPITAL	FELLOWSHIP	OTHER	INTERVENTIONAL CARDIOLOGY	PHILADELPHIA	PENNSYLVANIA	07/01/1998	06/30/1999

## **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 does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## **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 - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

## 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: SECRETARY OF PUBLIC RELATIONS STUDENTS ORGANIZATION FOR BLOOD DONATION

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

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

Community Service/Award/Honor	Organization
NATIONAL TALENT SCHOLARSHIP	

#### MERIT SCHOLARSHIP

### **Publications**

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

Title	Publication	Date
PREDICTION OF OUTCOME AFTER CARDIAC TRANSPLANTATION USING	ACC ANNUAL MEETING	01/01/1997
ANATOMIC LOCATION OF ARTERIOSCLEROSIS IN THORACIC AORTA	AMERICAN ECHO SOCIETY MEETING	01/01/1997
MYOCARDIAL VIABILITY ASSESSMENT USING SPECT IMAGING &	AMERICAN COLLEGE OF CARDIOLOGY	01/01/1998
PROGNOSTIC IMPLICATIONS OF MOBILE VS COMPLEX AORTIC	AMERICAN COLLEGE OF CARDIOLOGY	01/01/1998
COMPARISON OF EMBOLIC & VASCULAR EVENTS IN COMPLEX &	WORLD CONGRESS OF CARDIOLOGY	04/03/1998

## **Professional Web Page**

www.longwoodcardiology.com

### **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.

URDU

### **Other Affiliations**

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

## Affiliation

AMERICAN COLLEGE OF CARDIOLOGY

PAKISTAN MEDICAL & DENTAL COUNCIL