



## CANDIDO EDGARDO RIVERA

License Number: ME84890

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1989
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

CANDIDO EDGARDO RIVERA  
MAYO CLINIC JACKSONVILLE  
4500 SAN PABLO ROAD  
JACKSONVILLE, FL 32224

### 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
MAYO CLINIC	JACKSONVILLE	FLORIDA

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MD
MARYLAND	MD

### 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 PUERTO RICO/SCHO	MD	7/1/1985 - 6/7/1989	06/07/1989

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 PUERTO RICO	SAN JUAN	PUERTO RICO	08/01/1982	06/01/1985	BS - HEALTH SCIENCE

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
THOMAS JEFFERSON UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1989	06/30/1992
HEME BRANCH/NATIONAL HEART LUNG AND BLOOD INSTITUTE NIH	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		BETHESDA	MARYLAND	07/01/1994	06/30/1997

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
ASSISTANT PROFESSOR OF MEDICINE	MAYO MEDICAL SCHOOL	JACKSONVILLE	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 - HEMATOLOGY AND ONCOLOGY	01/01/1992
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI	08/21/2001	MONTGOMERY COUNTY, MARYLAND	NO	NOT CORROBORATED	

### 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 not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

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

Title	Publication	Date
PNH CELL SENSITIVITY TO IMMUNE ATTACK POST MARROW TRANSPLANT	BLOOD 2004 FEB 15 103 4 1383-90	02/15/2004
INFECTION OF HUMAN ENDOTHELIAL CELLS WITH EBV	JOURNAL OF EXP MED. 182(5):1213	11/01/1995
A NEW GENETIC ISOLATE OF GRAY PLATELET SYNDROME	MOL GENET METAB. 2001 NOV;74(3):303-13.	11/01/2001
IDENTIFICATION OF MUTATION PGP IX BERNARD SOULIER	BR J HAEMATOL 2001 JAN;112(1):105-8	01/01/2001
RELATIONSHIP BETWEEN BONE MARROW FAILURE SYNDROMES AND PNH	BR J HAEMATOL 2001 DEC;115(4):1015-1022	12/01/2001
INCREASED FREQUENCY OF HLA-DR2 PNH AND AA	BLOOD 2001;98 3513-3519	12/01/2001
PHASE II TRIAL OF TIPIFARNIB IN MYELOFIBROSIS PV ET	LEUKEMIA 2007 SEP 21 9 1964-70	09/01/2007
POMALIDOMIDE IS ACTIVE IN TX ANEMIA ASSOCIATED MYELOFIBROSIS	J CLIN ONCOL 2009 SEP 20 27 27 4563-9	09/20/2009

### 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
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN SOCIETY OF HEMATOLOGY
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
INTERNATIONAL SOCIETY OF HEMOSTASIS AND THROMBOSIS