#### ASHRAF A. H. F. EL-SHALAKANY MD

#### License Number: ME87739

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 03/01/1981
License Expiration 01/31/2027

Date

#### General Information

#### **Primary Practice Address**

ASHRAF A. H. F. EL-SHALAKANY MD 2855 NORTH UNIVERSITY DR, SUITE 420 CORAL SPRINGS, FL 33065

#### 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
NORTHWEST MEDICAL CENTER	POMPANO BEACH	FLORIDA
WESTSIDE REGIONAL MEDICAL CENTER	PLANTATION	FLORIDA
HOLY CROSS HOSPITAL, INC.	POMPANO BEACH	FLORIDA
FLORIDA MEDICAL CENTER	POMPANO BEACH	FLORIDA

#### **Email Address**

Please contact at: ash\_shalakany@yahoo.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	MD
IOWA	31562

#### 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
SHAMS UNIVERSITY	MBBS	9/1/1975 - 12/1/1980	12/01/1980

#### **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
AIN-SHAMS UNIVERSITY	CAIRO	EGYPT	09/01/1974	05/31/1975	PRE-MED

#### **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
UNIVERSITY OF TEXAS	RESIDENCY	IM - INTERNAL MEDICINE		HOUSTON	TEXAS	08/01/1990	06/30/1993
HARVARD MEDICAL SCHOOL	FELLOWSHIP		CARDIOLOGY AND CLINICAL CARDIAC ELECTROPHYSIOLOGY	BOSTON	MASSACHUSETTS	07/01/1993	12/31/1996
IOWA HEART CENTER	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE	INTERVENTIONAL CARDIOLOGY	DES MOINES	IOWA	01/01/1997	06/30/1997
MIAMI SCHOOL OF MEDICINE	FELLOWSHIP		CARDIAC ELECTROPHYSIOLOGY	MIAMI	FLORIDA	07/01/1986	11/30/1987

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **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 - CARDIOVASCULAR DISEASE	01/01/1994
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	01/01/1999
AMERICAN BOARD OF INTERNAL MEDICINE	IC - INTERVENTIONAL CARDIOLOGY	
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 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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
11/21/2015	BROWARD	CACE-17-009925	06/25/2018	\$250,000.00	\$250,000.00
07/17/2019	BROWARD		11/19/2020	\$250,000.00	\$750,000.00
12/10/2020	BROWARD	062022CA002290A	03/11/2022	\$250,000.00	\$250,000.00

### **Optional Information**

#### Committees/Memberships

This practitioner has an affiliation with the following committees:

EGYPTIAN SOCIETY OF CARDIOLOGY

THE MASSACHUSETTS MEDICAL ASSOCIATION

THE AMERICAN COLLEGE OF CARDIOLOGY

THE EGYPTIAN BOARD OF PACING AND ELECTROPHYSIOLOGY

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

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

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Community Sei	rvice/Award/Honor			Organization
HASSOUNA EL-S RESEARCHER	SABA PRIZE FOR TH	E BEST DOCTOR AND		NATIONAL HEART INSTITUTE
THE AUTOMATION	C IMPLANTABLE CAF	RDIOVERTER DEFRIBILATO	R	PACE 1986
ROLE OF ELECTOR OF PATI	TROPHYSIOLOGIC S	TUDIES IN THE MANAGEME	NT	ANNUAL MEETING OF THE EGYPTIAN SOCIETY OF CARDIOLOGY
NONUNIFORM R	ECOVERY OF EXCIT	ABILITY DURING ENDOCAF	RDIAL	. CIRC 1996

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#### **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**

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. **ARABIC** 

#### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.