



## JONATHAN SCOTT ZAGER

License Number: ME96598

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	08/01/1998
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

The practitioner has not verified the information contained in this profile.

### Primary Practice Address

JONATHAN SCOTT ZAGER  
10920 N. MCKINLEY DRIVE  
MCC CUTANEOUS PROGRAM  
TAMPA, FL 33612

### 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
H. LEE MOFFITT CANCER CTR & RESEARCH INST		

### Email Address

Please contact at: [jonathan.zager@moffitt.org](mailto:jonathan.zager@moffitt.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	ME
NEW YORK	ME
GEORGIA	GENERAL SURGERY

### 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

The practitioner has not verified the information contained in this profile.

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
SACKLER SCHOOL OF MEDICINE	MD	9/1/1993 - 5/1/1997	05/23/1997

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
NORTH SHORE UNIVERSITY	INTERNSHIP	GS - SURGERY		MANHASSET	NEW YORK	07/01/1997	06/01/1999
NORTH SHORE UNIVERSITY	RESIDENCY	GS - SURGERY	JUNIOR RESIDENCY	MANHASSET	NEW YORK	07/01/1997	06/01/1999
MEMORIAL SLOAN-KETTERING CANCER CENTER	FELLOWSHIP	IM - ONCOLOGY	RESEARCH SURGICAL ONCOLOGY	NEW YORK	NEW YORK	07/01/1999	06/30/2001
MONTEFIORE MEDICAL CENTER	RESIDENCY	GS - SURGERY		BRONX	NEW YORK	07/01/2001	06/01/2004
UT ME ANDERSON CANCER	FELLOWSHIP	IM - ONCOLOGY	SURGICAL ONCOLOGY	HOUSTON	TEXAS	07/01/2004	06/30/2006

Academic Appointments

The practitioner has not verified the information contained in this profile.

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 SURGERY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

Specialty Certification

The practitioner has not verified the information contained in this profile.

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 SURGERY	GS - SURGERY	

Financial Responsibility

The practitioner has not verified the information contained in this profile.

## Financial Responsibility

Financial Exemption

## Proceedings and Actions

The practitioner has not verified the information contained in this profile.

### 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

The practitioner has not verified the information contained in this profile.

### Committees/Memberships

This practitioner has an affiliation with the following committees:

EXECUTIVE COMMITTEE SENTINEL LYMPH NODE WORKING GROUP  
EXECUTIVE COMMITTEE SENTINEL NODE ONCOLOGY FOUNDATION

SOCIETY OF SURGICAL ONCOLOGY  
AMERICAN COLLEGE OF SURGEONS  
GOVERNMENTAL AFFAIRS COMMITTEE - SOCIETY OF SURGICAL ONCOLOG  
AMERICAN SOCIETY OF CLINICAL ONCOLOGY  
SCOIETY FOR MELANOMA RESEARCH  
PROGRAM COMMITTEE FLORIDA SOCIETY OF CLINICAL ONCOLOGY  
FLASCO  
INTERNATIONAL SENTINEL NODE SOCIETY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
YOUNG INVEST FORUM PRESENTATION AWARD	
PARVIS LELEZARI RESEARCH AWARD	
LEO M DAVIDOFF SOCIETY	
JAMES EWING FOUNDATION AWARD	
2008 HEALTH CARE HEROES FINALIST	TAMPA BAY BUSINESS JOURNAL

Publications

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

Title	Publication	Date
THE ROLE OF ULTRASOUND IN THE SURGICAL MANAGEMENT	THE BREAST JOURNAL	01/01/2005

Professional Web Page

www.moffitt.org

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
SPEC: SURGICAL ONCOLOGY