Florida HEALTH Department of Health

# VANIA ENID FERNANDEZ

## License Number: ME98334

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|---|---|
| Profession | Medical Doctor |
| License Status | Clear/Active |
| Year Began Practicing | 06/24/2004 |
| License Expiration Date | 01/31/2027 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |

# General Information

### Primary Practice Address

VANIA ENID FERNANDEZ
2 OAKWOOD BOULEVARD
SUITE 195
HOLLYWOOD, FL 33020

### 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 |
|---|---|---|
| MERCY HOSPITAL INC. | MIAMI | FLORIDA |
| MEMORIAL REGIONAL HOSPITAL | HOLLYWOOD | FLORIDA |
| MEMORIAL SAME DAY SURGERY CENTER HOLLYWOOD, FLORIDA | HOLLYWOOD | FLORIDA |

### Email Address

Please contact at: **vaniaefernandez@gmail.com**

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|---|---|
| GEORGIA | MEDICAL LICENSE |

### 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 MIAMI | MD | 8/1/2000 - 5/1/2004 | |

### 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 MIAMI | CORAL GABLES | FLORIDA | 08/01/1991 | 05/01/1995 | BS - BACHELOR OF 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 |
|---|---|---|---|---|---|---|---|
| JACKSON MEM HOSP | RESIDENCY | AN - ANESTHESIOLOGY | | MIAMI | FLORIDA | 06/01/2005 | 06/30/2008 |
| UM JACKSON MEMORIAL HOSPITAL | FELLOWSHIP | AN - PAIN MANAGEMENT | | MIAMI | FLORIDA | 08/01/2008 | 07/31/2009 |
| JACKSON MEMORIAL HOSPITAL | INTERNSHIP | TY - TRANSITIONAL YEAR | | MIAMI | FLORIDA | 06/24/2004 | 06/23/2005 |

## 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 |
|---|---|---|---|
| CLINICAL ASSISTANT PROFESSOR | FLORIDA INTERNATIONAL UNIV. COLLEGE OF MEDICINE | MIAMI | FLORIDA |
| VOLUNTARY FACULTY | NOVA SOUTHEASTERN UNIVERSITY | DAVIE | 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 ANESTHESIOLOGY | AN - ANESTHESIOLOGY | |

## Financial Responsibility

### Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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.

### 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:
Florida Medical Association
Broward County Medical Association
Florida Society of Interventional Pain Physicians
Florida Society of Anesthesiologists
American Medical Association
American Society of Anesthesiologists
Dade County Medical Association
Palm Beach County Medical 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 |
| --- | --- |
| PHYSICIANS LEADERSHIP ACADEMY | FLORIDA MEDICAL ASSOCIATION |
| SOUTH FLORIDA PHYSICIAN LEADERSHIP ACADEMY | BROWARD COUNTY MEDICAL ASSOCIATION |

## 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.
SPANISH
FRENCH

## Other Affiliations

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