



## AMJAD MUNIM

License Number: ME39847

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1977  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

AMJAD MUNIM  
1820 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33308

### 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   |
|---------------------------|-----------------|---------|
| HOLY CROSS HOSPITAL, INC. | FT. LAUDERDALE  | FLORIDA |
| KINDRED HOSPITAL          | FT LAUDERDALE   | FLORIDA |
| KINDRED HOSPITAL          | FORT LAUDERDALE | FLORIDA |

### Email Address

Please contact at: [urgentftlaud@gmail.com](mailto:urgentftlaud@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State      | Profession     |
|------------|----------------|
| FLORIDA    | MEDICAL DOCTOR |
| CALIFORNIA | MEDICAL DOCTOR |

### 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 |
|--------------------------------|--------------|---------------------|-----------------|
| DARBHANGA MEDICAL COLLEGE, IND | MD           | 1/1/1969 - 1/1/1974 | 01/01/1974      |

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

| School/University           | City       | State/Country | Dates Attended From | Dates Attended To | Degree Title   |
|-----------------------------|------------|---------------|---------------------|-------------------|----------------|
| FLORIDA ATLANTIC UNIVERSITY | BOCA RATON | UNITED STATES | 01/01/0001          | 05/13/2013        | PH.D. MEDICINE |

## 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 |
|--|--------------|-----------------------------|--|-----------|------------------|---------------------|-------------------|
| CATH MEDICAL CENTER AND ST JOHN'S HOSPITAL                 | RESIDENCY    | IM - INTERNAL MEDICINE      |  | NEW YORK  | NEW YORK         | 01/01/1979          | 01/01/1980        |
| NY MEDICAL COLLEGE AT METROPOLITAN HOSPITAL CENTER         | RESIDENCY    | IM - INTERNAL MEDICINE      | SENIOR RESIDENT                                      | NEW YORK  | NEW YORK         | 01/01/1980          | 01/01/1981        |
| MARYLAND INST. OF EMER MED SERVICES SYSTEM - UNIV OF MARYL | FELLOWSHIP   | AN - CRITICAL CARE MEDICINE | CLINICAL ASSOCIATE                                   | BALTIMORE | MARYLAND         | 01/01/1981          | 01/01/1982        |
| ALBANY MEDICAL COLLEGE OF UNION UNIVERSITY                 | FELLOWSHIP   | IM - PULMONARY DISEASE      | CLINICAL ASSOCIATE                                   | ALBANY    | NEW YORK         | 01/01/1983          | 01/01/1985        |
| DARBHANGA MEDICAL COLLEGE, INDIA                           | INTERNSHIP   | OTHER                       | ROTATING IN MED, SUR, PED, OB/GYN, PREV MED AND DERM | DARBHANGA | INDIA            | 01/01/1974          | 01/01/1975        |
| ALL INDIA INSTITUTE OF MEDICAL SCIENCES                    | RESIDENCY    | OTHER                       | DEPT OF MEDICINE, SURGERY AND RADIOLOGY              | NEW DELHI | INDIA            | 01/01/1975          | 01/01/1977        |
| NY MED COLL AT METROPOLITAN HOSPITAL CENTER                | RESIDENCY    | OTHER                       | DEPT OF SURGERY AND NEUROSURGERY                     | NEW YORK  | NEW YORK         | 01/01/1977          | 01/01/1978        |
| CATH MED CTR AND ST JOHNS HOSP - CORNELL AFFILIATE         | INTERNSHIP   | IM - INTERNAL MEDICINE      |  | NEW YORK  | NEW YORK         | 01/01/1978          | 01/01/1979        |

## 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               |
|-------------------------------------|-----------------------------|
| AMERICAN BOARD OF INTERNAL MEDICINE | AN - CRITICAL CARE MEDICINE |
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - INTERNAL MEDICINE      |
| AMERICAN BOARD OF INTERNAL MEDICINE | IM - PULMONARY DISEASE      |
| AMERICAN BOARD OF INTERNAL MEDICINE | SLEEP MEDICINE              |

## 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

**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:  
VICE CHAIRMAN DEPT OF MED HOLY CROSS HOSP, 2000-2002  
DIRECTOR CARDIOPULMONARY DEPT, CLEVELAND CLINIC HOSPITAL  
CHAIRMAN, DEPT OF MED, HOLY CROSS HOSPITAL 2002-2004

### Professional or Community Service Awards

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

| Community Service/Award/Honor                           | Organization                   |
|---|--------------------------------|
| PREFECT IN FORENSIC MEDICINE AND PHARMACOLOGY 1971-1973 | DARBHANGA MEDICAL COLLEGE      |
| HONORS IN FORENSIC MEDICINE AND PHARMACOLOGY 1971-1973  | DARBHANGA MEDICAL COLLEGE      |
| PHYSICIANS RECOGNITION AWARD IN CONTINUING EDUCATION    | AMERICAN MEDICAL ASSOCIATION   |
| FELLOWSHIP 1988   | AMERICAN COLLEGE OF PHYSICIANS |
| GOLD MEDAL SCHOLARSHIP, GRADUATED FIRST POSITION        | UNIVERSITY OF BIHAR, INDIA     |

### Publications

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

| Title  | Publication                                    | Date       |
|--|--|------------|
| ELECTRON DISPERSIVE X-RAY MICROANALYSIS (EDX) AND TRANSMIS | AMERICAN REVIEW OF RESP DIS; 131 (2):78        | 01/01/1985 |
| ALVEOLAR MACROPHAGE GOLD RETENTION IN RHEUMATOID ARTHRITIS | JOURNAL OF RHEUMATOLOGY 114:(3), PP 435-438    | 01/01/1987 |
| TRAUMATIC ACUTE MITRAL REGURGITATION SECONDARY TO BLUNT CH | CRITICAL CARE MEDICINE, VOL II, #4, PP 311-312 | 01/01/1983 |

### 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  
URDU

### Other Affiliations

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

| Affiliation  |
|--|
| CERT: AM SOCIETY OF HYPERTENSION-CLINICAL HYPERTENSION |
| DIPLOMATE OF THE AM BD OF QA & UTIL REVIEW PHY, INC    |
| FELLOW OF THE AMERICAN COLLEGE OF CHEST PHYSICIANS     |
| FELLOW OF THE AMERICAN COLLEGE OF PHYSICIANS           |

**Affiliation**

SPECIALIST IN CLINICAL HYPERTENSION (EXAM 2001)

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