# HOA NGOC NGUYEN

## License Number: ME50821

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1983
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

HOA NGOC NGUYEN 4651 SHERIDAN ST SUITE 470 HOLLYWOOD, FL 33021

#### **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
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
PLANTATION GENERAL HOSPITAL	PLANTATION	FLORIDA

#### **Email Address**

Please contact at: nguyen365@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	MEDICAL

# 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
A EINSTEIN COLL MED OF YESH	MD	1/1/1979 - 1/1/1983	01/01/1983

# **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
LA COUNTY-UNIV SOUTHERN CALIF MEDICAL CENTER	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		***	CALIFORNIA	07/01/1983	06/30/1984
LA COUNTY-UNIV SOUTHERN CALIF MEDICAL CENTER	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		***	CALIFORNIA	07/01/1984	06/30/1987
UNIVERSITY OF MIAMI/JACKSON	FELLOWSHIP	OTHER	GYNECOLOGICAL ONCOLOGY	MIAMI	FLORIDA	07/01/1989	06/30/1994

# **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
ASSOC PROF OF OB GYN	NOVA SOUTHEASTERN	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 OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	

# 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**

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#### **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**

## **Committees/Memberships**

This practitioner has an affiliation with the following committees:
QUALITY ASSURANCE COMMITTEE-BROWARD GENERAL MEDICAL CENTER
CONSTITUTIONAL BYLAWS COMMITTEE-FSGA
BOARD OF DIRECTORS-NATIONAL OVARIAN CANCER

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

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

Community Service/Award/Honor	Organization
SPECIAL CERTIFICATION-GYNECOLOGIC ONCOLOGY	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
BURROUGH WELCOMES SCHOLAR	SOCIETY OF SURGICAL ONCOLOGISTS
KENNEDY DANRELITHER EELLOW	

#### **Publications**

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

Title	Publication	Date
CHEMOTHERAPY OF ABOEMEED AND RECUMENT CERVICAL CANCER	SEMINAR IN SURGICAL ONCOLOGY	01/01/1999
SIGNIFANCE OF FAMILIAL FACTORS FACTORS AND THE ROLE OF	CANCER	01/01/1994
NATIONAL SURVEY OF OVARIAN CANCER	CANCER	01/01/1993

# **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.

VIETNAMESE

SPANISH

## **Other Affiliations**

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

Affiliation
ALPHA OMEGA ALPHA MEDICAL HONOR SOCIETY
AMERICAN COLLEGE OF SURGEONS
CANCER COMMISSION ON OVARIAN CANCER
FELLOW-AMERICAN GYNECOLOGICAL SOCIETY PHYSICIAN SCIENTIST
FLORIDA SOCIETY OF GYNECOLOGIC ONCOLOGISTS
SOCIETY OF GYNECOLOGIC ONCOLOGISTS
SOCIETY OF SURGICAL ONCOLOGISTS