Florida HEALTH Department of Health

EDWIN DEJESUS

License Number: ME63956

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1988
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes

General Information

Primary Practice Address

EDWIN DEJESUS
1707 NORTH MILLS AVENUE
ORLANDO, FL 32803

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
FLORIDA HOSPITAL-EAST ORLANDO	ORLANDO	FLORIDA
CENTRAL FLORIDA REGIONAL HOSPITAL	SANFORD	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA
ORLANDO REGIONAL MEDICAL CENTER-ORANGE	ORLANDO	FLORIDA
FLORIDA HOSPITAL-ALTAMONTE	ALTAMONTE SPRINGS	FLORIDA

Email Address

Please contact at: **salmonte@oicorlando.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

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 PUERTO RICO/SCHO	MD	6/1/1984 - 5/1/1988	05/01/1988

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
MEDICAL COLLEGE OF PENNSYLVANIA AND HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		PHILADELPHIA	PENNSYLVANIA	07/01/1988	06/30/1991
MEDICAL COLLEGE OF PENNSYLVANIA AND HOSPITAL	FELLOWSHIP	IM - INFECTIOUS DISEASE		PHILADELPHIA	PENNSYLVANIA	07/01/1991	06/30/1993
SOUTHERN TEXAS METHODIST HOSPITAL	OTHER PROGRAM	OTHER	HYPERBARIC MEDICINE	SAN ANTONIO	TEXAS	01/01/0001	01/01/1993

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 - INFECTIOUS DISEASE	

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.

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:
INFECTIOUS DISEASE SOCIETY OF AMERICA - FELLOW
AMERICAN ACADEMY OF HIV MEDICINE - FACULTY
HIV MEDICAL ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
INTERNATIONAL AIDS SOCIETY
ACTIVE CURRICULUM FACULTY FOR THE NATIONAL AAHIVM

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MEDICAL DIRECTOR, THE HUG-ME PROGRAM	ADULT CLINIC, ORLANDO, FL
HIV PHYSICIAN ADVISOR	MAITLAND HEALTH CARE CENTER
MEDICAL DIRECTOR, FREE ANONYMOUS HIV TESTING PROGRAM	IDC RESEARCH INITIATIVE, ORLANDO, FL
MEDICAL COLUMN WRITER	"WATERMARK" NEWSPAPER
MEDICAL CORRESPONDENT	"THE BODY.COM" HIV WEBSITE

Publications

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

Title	Publication	Date
ABACAVIR VERSUS ZIDOVUDINE COMBINED WITH LAMIVUDINE AND ..	CLINICAL INFECTIOUS DISEASES	01/01/2004
ONCE-DAILY VERSUS TWICE-DAILY LAMIVUDINE, IN COMBINATION..	CLINICAL INFECTIOUS DISEASES	
TREATMENT INDIVIDUALIZATION VERSUS TREATMENT ALGORITHMS:..	THE AIDS READER	09/01/2004
EFFICACY AND SAFETY OF TENOFOVIR DF VS STAVUDINE IN COMB..	JAMA	07/01/2004
EFFICACY OF TENOFOVIR DF IN ANTIRETROVIRAL THERAPY NAIVE..	JOURNAL INFECTIOUS DISEASES	04/01/2004
PHARMACODYNAMIC EFFECTS OF ZIDOVUDINE 600MG ONCE DAILY V..	JOURNAL PHARMACOTHERAPY	07/01/2004
ANTIRETROVIRAL ACTIVITY OF THE ANTI-CD4 MONOCLONAL ANTIB..	JOURNAL INFECTIOUS DISEASES	01/01/2004

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

Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
CERT/HYPERBARIC MEDICINE
CERT: AMER ACADEMY OF HIV MEDICINE - HIV SPECIALIST
FELLOW-AMERICAN COLLEGE OF PHYSICIANS
INFECTIOUS DISEASES SOCIETY OF AMERICA
STAFF PRIV: ORLANDO REGIONAL SO. SEMINOLE HOSP - LONGWOOD
UNDERSEA AND HYPERBARIC MEDICAL SOCIETY