

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	122494
Application:	Renew My Medical Doctor License
Application Date:	10/23/2018

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	Dr
First Name:	SARAH
Middle/Second Name:	EISENSTEIN
Last Name/Surname:	STUMBAR

Addresses

Mailing Address

Address:	2000 N.BAYSHORE DRIVE #1209
	MIAMI-DADE
	MIAMI, FL
	33137
	US

Phone Number:

Extension:

E-mail Address: sarah.stumbar@gmail.com

Home

Place of Practice

Address: 11200 SW 8TH STREET
MIAMI-DADE
MIAMI, FL
33199
US

Phone Number:

Extension:

Questions related to Section 456.0635(3), Florida Statutes

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **No**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **Yes**

Financial Responsibility/Exemption

Financial Responsibility **Financial Exemption**

Category II: Financial Responsibility Exemptions If you select an exemption based on # 9, you must also complete the affidavit that will be emailed to you upon submission of this application. 6. I practice medicine exclusively as an officer, employee, or agent of the federal government, the state, or its agencies or subdivisions. 7. I hold a limited license issued pursuant to s. 458.317, F. S., and practice only under the scope of the limited license. 8. I do not practice medicine in the State of Florida. 9. I meet all of the following criteria (a) I have held an active license to practice in this state or another state or some combination thereof for more than 15 years; (b) I am retired or maintain part time practice of no more than 1000 patient contact hours per year; (c) I have had no more than two claims resulting in an indemnity exceeding \$25,000 within the previous five-year period; (d) I have not been convicted of or pled guilty or nolo contendere to any criminal violation specified in Chapter 458, F. S. or the medical practice act in any other state; and (e) I have not been subject, within the past ten years of practice, to license revocation, suspension, or probation for a period of three years or longer, or a fine of \$500 or more for a violation of Chapter 458, F. S., or the medical practice act of another jurisdiction. A regulatory agency's acceptance of a relinquishment of license, stipulation, consent order, or other settlement offered in response to or in anticipation of filing of administrative charges against a license is construed as action against a license. I understand if I am claiming an exception under this section 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. See Section 458.320(5)(f), Florida Statutes, for specific notice requirements. 10. I practice only in conjunction with my teaching duties at an accredited medical school or its teaching hospitals. (Interns and residents do not qualify for this exemption).

Financial Exemption

10. TEACHING

Fees

Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Total Amount Due:	\$355.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes