

Licensee Information

Amit Paul Jangam - DO

License #: 2021-02196 **License Status:** Active **Public Action:** No
Issue Date: 06/24/2021 **Renewal Date:** 02/25/2027

Active Supervisees

| Name | Type | Status | Approved |
|------------------------------|---------------------|--------|------------|
| Bonaventure, Matthew Eugene | Physician Assistant | Active | 02/14/2024 |
| Hernandez, Stephanie Cernuto | Physician Assistant | Active | 01/19/2026 |
| Wagner, Lorena | Nurse Practitioner | Active | 08/30/2025 |

North Carolina Hospital Admitting Privileges

Location

None Reported

Out of State Active/Inactive Licenses

State

None Reported

Out of Country Active/Inactive Licenses

Country

None Reported

Address

Arthritis Knee Pain Center
 400 Ashville Ave
 Suite 330
 Cary, NC 27518

Information

Days patients are seen at this practice:

Practice philosophy:

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

Participates in Medicare:

Accepting new Medicare patients:

Participates in Medicaid:

Accepting new Medicaid patients:

Uses electronic medical records:

Medical School

| School | Graduation |
|---|------------|
| Nova Southeastern University College of Osteopathic Medicine [Fort Lauderdale | 2018 |

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

| Institution | Specialty | State, Country | Training Program | Last Year |
|---------------------------|-----------------|----------------|------------------|-----------|
| Campbell University | Sports Medicine | NC, US | Fellowship | 2022 |
| Palmetto General Hospital | Family Medicine | FL, US | Residency | 2021 |

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-AOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

| Primary/Subspecialty | Year |
|----------------------|------|
| Family Medicine | 2021 |

Area of Practice

| Area Of Practice | Primary |
|------------------|---------|
| Family Medicine | |
| Sports Medicine | Yes |

Current Membership in Medical Professional Organizations

| Membership |
|---------------|
| None Reported |

Honors & Awards

| Honor/Award | Given By | Date |
|---------------|----------|------|
| None Reported | | |

Public Service

| Name of Clinic | Service Description | Date |
|----------------|---------------------|------|
| None Reported | | |

Current Academic Appointments

| Title | Institution | City, State, Country |
|---------------|-------------|----------------------|
| None Reported | | |

Publications

| Title |
|-------|
|-------|

None Reported

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Other Regulatory Board or Agency Public Actions

| Date | Name of Board/Agency | Action Taken | Link |
|---------------|----------------------|--------------|------|
| None Reported | | | |

Health Care Institution Suspensions and Revocations

| Date | Health Care Institution | Action Taken |
|---------------|-------------------------|--------------|
| None Reported | | |

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

North Carolina Special Purpose Licensing Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Malpractice Information

| Incident Date | Payment Date | Area of Practice | City, State, Country | Response |
|---------------|--------------|------------------|----------------------|----------|
| None Reported | | | | |

Misdemeanor/DUI/DWI Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

Felony Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

