



**PRACTITIONER'S GUIDE**  
TO COMPLETING AND UPDATING THE PROFILE

Last Updated 10/30/13



## UNDERSTANDING PROFILING

In 1997, the Florida Legislature passed a law requiring the Department of Health to maintain profiles on certain health professionals licensed in Florida. The law also specified the information to be maintained, how it was to be reported, and other requirements dealing with compiling and updating the information in the profiles.







## Which professions are required to have profiles?

Practitioner profiles are required for all Medical Doctors (M.D.s), Osteopathic, Chiropractic and Podiatric Physicians, and Advanced Registered Nurse Practitioners licensed in Florida.

## What information is included in the profile?

The profile contains required and optional information from the practitioner.

Required information includes:

- **the practitioner's education and training**
- **the practitioner's current practice and mailing addresses**
- **the practitioner's staff privileges and faculty appointments**
- **the practitioner's reported financial responsibility**
- **legal actions taken against the practitioner**
- **board final disciplinary action taken against the practitioner**
- **any liability claims filed against Podiatric Physicians which exceed \$5,000**
- **any liability claims filed against M.D.s and Osteopathic Physicians which exceed \$100,000**

Optional information may include committees/memberships, professional or community service awards, and publications the practitioner has authored.

## How often do I need to review my profile?

If you are a licensed profiled practitioner, you should review your profile information frequently and report any corrections to the department immediately. By law, you are responsible for updating your profile information within 15 days after a change of an occurrence in each section of the profile.

# PRACTITIONER PROFILE FACT SHEET

General Information	Description	Reported By	Reporting Requirement	Verification
Primary Practice Address	The primary practice address for the practitioner	Self-Reported	Mandatory	Not verified by DOH

Example: John Q. Public, 1234 Profile Drive, Health, FL 55555

Secondary Address(es)	The address of a secondary practice location	Self-Reported	Mandatory	Not verified by DOH
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Example: John Q. Public, 1234 Profile Drive, Health, FL 55555

Medicaid	Indicates whether or not the practitioner participates in the Medicaid program	Self-Reported	Optional	Not verified by DOH
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Indicate by responding Yes or No - Example: Yes

Staff Privileges	A list of licensed hospitals, Health Maintenance Organizations, Prepaid Health Clinics, and Ambulatory Surgical Centers that the practitioner holds staff privileges.	Self-Reported	Mandatory except for Advanced Registered Nurse Practitioners	Information is verified by the department at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.
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Example: Institution Name: Health Memorial Hospital, City: Health, State: Florida

# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
E-Mail Address	The practitioner's email address	Self-Reported	Optional	Not verified by DOH

Example: [health@practitioner.com](mailto:health@practitioner.com)

Other State Licensure	A list of states in which the practitioner received a professional license and the license type.	Self-Reported	Optional	Information is verified by the department at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.
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Example: Jurisdiction: Georgia; Profession: M.D.; Jurisdiction: Alabama; Profession: D.O.

Year Began Practicing	The year the practitioner received a license in this or any other jurisdiction.	Self-Reported	Mandatory	Not verified by DOH
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Example: 1/1/9999

# PRACTITIONER PROFILE FACT SHEET

Education and Training	Description	Reported By	Reporting Requirement	Verification
	Provides the name of the school or training program attended by the practitioner; dates of attendance; date of graduation; and a description of all graduate medical or professional education completed.	Supporting documentation received from a primary source	Mandatory	Information is verified by the department at the time of initial licensure.

Example: Institution Name: University of Health or Health University  
 Dates of Attendance: 1/1/9999-1/1/0003  
 Graduation Date: 1/1/0003  
 Degree Title: Medical Doctor(MD)

Other Health Related Degrees	Provides information about other health related degrees received by the practitioner.	Self-Reported	Mandatory	Information is not verified by DOH.
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Example:  
 School/University: University of Florida  
 City: Gainesville  
 State/Country: FL  
 Dates attended From: 1/1/2000  
 Dates attended To: 1/1/2003  
 Degree title: Master in Clinical Social Work(MSW) or Doctorate in Pharmacy (Pharm.D)



# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Professional and Postgraduate Training	Provides information about professional and post-graduate training attended by the practitioner..	Self-Reported	Manndatory	Not verified by DOH

Example:

Program Name: Health Memorial Medical Center

Program Type: Residency

Specialty Area: Family Practice(FP)

Other area: Gynecology(OBGYN)

City: Health

State or Country: FL

Dates Attended From: 1/1/0003

Dates Attended To: 1/1/0006

Academic Appointment	Description	Reported By	Reporting Requirement	Verification
	Provides information about faculty appointments the practitioner received within the past ten years.	Self-Reported	Mandatory	Not verified by DOH

Example:

Faculty Title: Asst. Dean of the School of Business

Faculty Institution: Anywhere University

City : Health, State: FL

Begin Date :1/07/0007

End Date: Present

Status: Active

# PRACTITIONER PROFILE FACT SHEET

Specialty Certification	Description	Reported By	Reporting Requirement	Verification
	Provides information on specialty certifications received by the practitioner.	Self-Reported	Mandatory	Information is verified by the department at the time of initial licensure. Any changes post-licensure are considered self-reported and the licensing board accepts and reports the information as submitted by the practitioner.

Example:

Specialty board: American Board of Family Practice

Certification: Family Practice (FP)

Date Certified: 1/1/1000

Financial Responsibility	Description	Reported By	Reporting Requirement	Verification
	Information on how the practitioner has elected to comply with financial responsibility requirements.	Self-Reported	Mandatory	Not verified by DOH

Indicate your coverage for financial responsibility here. For making updates to your financial responsibility online, please refer to the profession links below to elect a coverage option:

Podiatry-----<http://www.doh.state.fl.us/mqa/podiatry/index.html>

Medicine---- <http://www.doh.state.fl.us/mqa/medical/index.html>

Osteopath- <http://www.doh.state.fl.us/mqa/osteopath/index.html>

ARNP----- <http://www.doh.state.fl.us/mqa/nursing/index.html>

Chiropractic-<http://www.doh.state.fl.us/mqa/chiro/index.html>

# PRACTITIONER PROFILE FACT SHEET

Proceedings and Actions	Description	Reported By	Reporting Requirement	Verification
Criminal Offenses	Description of any criminal offenses of which the practitioner has been found guilty, regardless of whether adjudication of guilt was withheld, or pled guilty or nolo contendere.	Self-reported by the practitioner.	Mandatory	Information is verified by DOH at the time of initial licensure and renewal.

**Example:**

Please indicate Yes or No. If yes, complete as follows:

Description of offense: Illegal possession of a firearm

Date: 1/9/1996

Jurisdiction: Health County

Under appeal: yes

Status: Corroborated

Date of Corroboration: 1/19/1997

Medicaid Sanctions and Terminations	Indicates whether the practitioner has been sanctioned or terminated for cause from participation in the Medicaid program.	Self reported by the practitioner, reported by DOH, or reported directly from the source.	Mandatory	Information is verified by DOH through the Agency for Health Care Administration.
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**Example:**

Please indicate Yes or No to each of the questions .

# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Final Disciplinary Actions (within last 10 years)	Indicates final actions taken by the department within the last ten years.	Self-reported by the practitioner and reported by the department.	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
Final disciplinary action taken by a specialty board within the previous 10 years	Indicates final action taken by a specialty board recognized by the department.	Self-Reported	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.

**Example:**

Please indicate Yes or No. If yes, complete as follows:

Action taken by: American Board of Surgery

Date: 1/1/2002

Description of disciplinary action: Revoked

Under Appeal: yes

Final disciplinary action taken by a licensing agency within the previous 10 years	Indicates final actions taken by a licensing agency regulating the practitioner's license in Florida or any other jurisdiction.	Self-reported by the practitioner as well as directly from the source.	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
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**Example:**

Please indicate Yes or No. If yes, complete as follows:

Action taken by: Department of Health

Date: 1/1/2001

Description of disciplinary action: Suspension

Under Appeal: yes

# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Final disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center within the previous 10 years	Indicates final action taken by an institution, such as a health maintenance organization, clinic or nursing home.	Self-reported by the practitioner as well as directly from the source.	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.

**Example:**

Please indicate Yes or No. If yes, complete as follows:

Date: 1/1/1999

Related to professional competence: No

Related to delivery of service: Yes

Resigned from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, out-of-state hospital or out-of-state ambulatory surgical center	Indicates information related to restriction, resignation or revocation of staff privileges to settle a pending disciplinary action.	Self-Reported	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
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**Example:**

Please indicate Yes or No. If yes, complete as follows:

Taken by: Health Memorial

Date: 1/1/1999

Description of disciplinary Action: 30 day suspension of staff privileges

Under Appeal: No

# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Liability Claims Exceeding \$100,000.00 (within last 10 years).	Indicates any action or claim providing the date, county, case number, settlement date, amount and policy amount for personal injury alleged to have been caused.	Self-reported by the practitioner, and reported directly to DOH from the Department of Financial Services.	Mandatory for M.D.s and Osteopathic physicians to report to the Department of Financial Services (DFS). DOH is required to publish all claims received from DFS.	Information is verified by the National Practitioner Data Bank.

**Example:**

Please indicate by Yes or No. If yes, complete as follows:

Incident date: 1/1/1999

County: Health

Judicial case: cl-99-9999

Settlement date: 1/12001

Amount: \$150,000.00

Policy amount: \$750,000.00

Liability Claims Exceeding \$5000.00 (within the last 10 years)	Indicates any action or claim providing the date, county, case number, settlement date, amount and policy amount for personal injury alleged to have been caused.	Self-reported by the practitioner and reported directly to DOH from the Department of Financial Services.	Mandatory for Podiatric physicians to report to the Department of Financial Services (DFS). DOH is required to publish all claims received from DFS.	Information is verified by the National Practitioner Data Bank.
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**Example:**

Please indicate by Yes or No. If yes, complete as follows:

Incident date: 1/1/1999

County: Health

Judicial case: cl-99-9999

Settlement date: 1/12001

Amount: \$150,000.00

Policy amount: \$750,000.00



# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Bankruptcies	Indicates any bankruptcy information received by the department against the practitioner. If no bankruptcy information has been received, this field will not show in the profile.	Self-reported by the practitioner as well as directly from the source	Not required by the practitioner, but any information in possession of the department is reported for M.D.s, and Osteopathic and Podiatric physicians	Not verified by DOH

<b>Optional Information</b>	Description	Reported By	Reporting Requirement	Verification
Committees/ Memberships	A list of any committees on which the practitioner served for any health entity with which they are affiliated.	Self-reported	Optional	Not verified by DOH

Example: Committee/Membership: MQA Profile Team

Professional or Community Service Awards	A list of any professional or community service activities, honors, or awards received by the practitioner.	Self-Reported	Optional	Not verified by DOH
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Example:  
Community Service/Award/Honor: Big Health Bend  
Organization: Health Memorial Hospital

# PRACTITIONER PROFILE FACT SHEET

	Description	Reported By	Reporting Requirement	Verification
Publications	A list of publications authored by the practitioner and published in peer-reviewed medical or nursing literature. Profile includes publication title and the year it was published.	Self-Reported	Optional	Not verified by DOH
<p>Example: Title: Health Related            Publication: New MQA Health Journal            Date: 1/1/0007</p>				
Professional Web Page	A link to the practitioner's professional website.	Self-Reported	Optional	Not verified by DOH
<p>Example: Professional web page: <a href="http://www.doh-mqaservices.com">www.doh-mqaservices.com</a></p>				
Languages Other Than English	Languages, other than Self-Reported English, that the practitioner uses to communicate with patients or any translation services available to patients at the practitioner's primary place of practice.	Self-Reported	Optional	Not verified by DOH
<p>Example: Language: Spanish</p>				
Other Affiliations	A list of any national, state, local, county, or professional affiliations.	Self-Reported	Optional	Not verified by DOH
<p>Example: Affiliation: Physician Association</p>				



## UPDATING YOUR PROFILE

Changes (excluding medical malpractice) can be made to your profile electronically, using your Account/User ID and Password at [www.FLHealthSource.com](http://www.FLHealthSource.com). Any Medical Malpractice changes should be faxed to (850) 245-4791. If you have any questions regarding your Account/User ID and Password or about updating your profile, you can contact a Profiling Specialist at (850) 488-0595, extension 3 for assistance, Monday through Friday, from 8:00 a.m. until 5:00 p.m., excluding state holidays.

- **Go to [www.FLHealthSource.com](http://www.FLHealthSource.com)**
- **Click on Licensee/Provider**
- **Click on Update Profile**
- **Login by entering your profession, Account/User ID, and Password**
- **Select “Update Personal Profile” on the left side of the page and review each section of the profile**
- **Once you have completed your review and made any necessary corrections, click on Confirm Changes**
- **The Practitioner Confirmation Page will display the information that will be published online, at which time you must confirm the profile again before the changes will be implemented**

## CONTACT INFORMATION

**Web site:** [www.FLHealthSource.com](http://www.FLHealthSource.com)

**E-mail:** [Licensure\\_Services@doh.state.fl.us](mailto:Licensure_Services@doh.state.fl.us)

**Telephone:** (850) 488-0595

**Fax:** (850) 245-4791

**Mailing Address:**

**Department of Health**

**Division of Medical Quality Assurance**

**Bureau of Operations – Licensure Support Services Unit**

**4052 Bald Cypress Way, Bin #C-10**

**Tallahassee, Florida 32399-3260**



[www.FLHealthSource.com](http://www.FLHealthSource.com)

