

**Mission:**

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



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Practitioner Profile – General Information**

Name:

License Number:

**Primary Practice Address:** (456.039 (1) (a) 3., F.S.)

**Medicaid:** (456.039 (1) (b) (5) d., F.S.)

**Select Medicaid Statement:**

- This practitioner does participate in the Medicaid Program.
- This practitioner does not participate in the Medicaid Program.

**Staff Privileges:** (456.039 (1) (a) 2., F.S.)

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

**Institution Name**

**City**

**State**

**Institution Name**

**City**

**State**

**E-Mail Address**

Please contact at:

**Other State Licensure:** (456.039 (1) b., F.S.)

This practitioner has indicated the following additional state licensure:

**State**

**Profession**

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**Practitioner Profile – Education and Training**

Name:

License Number:

**Education and Training:** (456.039 (1) (a) 1., F.S.)

**Institution Name**

**Dates of Attendance**

**Graduation Date**

**Degree Title**

**Other Health Related Degrees:** (456.039 (1) (a) 1., F.S.)

**Professional and Postgraduate Training:** (456.039 (1) (a) 1., F.S.)

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**

**Program Name**

**Program Type**

**Specialty Area**

**Other Specialty Area**

**City**

**State or Country**

**Dates Attended From**

**Dates Attended To**

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations  
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399  
PHONE: (850) 245-4444 ext 3636

DH-MQA 2130, 3-05  
Rule 64B-2.001

**www.FloridasHealth.com**

TWITTER:HealthyFLA

FACEBOOK:FLDepartmentofHealth

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**Practitioner Profile – Academic Appointments**

Name:

License Number:

**Academic Appointments:** *(456.039 (1) (a) 6., F.S.)*

This practitioner has had the responsibility for graduate medical education within the last 10 years.

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

- Title
- Institution
- City
- State

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**Practitioner Profile – Specialty Certification**

Name:

License Number:

**Specialty Certification:** (456.039 (1) (a) 4., F.S.)

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**

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## Practitioner Profile – Financial Responsibility

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

### Financial Responsibility: (456.041 (4), F.S.)

Financial Responsibility options are divided into two categories, coverage and exemptions. Choose only one option of the items provided.

For further information on Financial Responsibility, please go to the following Florida Statute website: <http://www.leg.state.fl.us/Welcomel/> and click on Chapter 456.

#### Financial Exemption

- I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- I hold a limited license issued pursuant to s. 458.317, F. S., and practice only under the scope of the limited license.
- 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).
- I do not practice medicine in the State of Florida.
- 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. and
  - (e) I have not been subject, within the past ten years of practice, to license revocation or suspension, 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 shall be construed as action against a license. I understand if I am claiming an exception under this section that I must either post notice in the form of a sign, prominently displayed in the 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 such a sign or notice must contain the wording specified in s. 458.320(5)(f), F. S.

#### Financial Responsibility

- I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 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.
- 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.
- I do not have hospital staff privileges and I have established an irrevocable letter or credit or an escrow account in

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*an amount of \$100,000/\$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.*

- I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.*
- 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.*

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**Practitioner Profile – Proceedings and Actions**

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

**Criminal Offenses:** (456.041 (3), F.S.)

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.

**Medicaid Sanctions and Terminations:** (456.041 (9), F.S.)

**Final Disciplinary Actions (Within last 10 years):** (456.039 (1) (a) 8, F.S.)

This information is self reported by the practitioner:

**Final disciplinary action taken by a specialty board within the previous 10 years:** (456.039 (1) (a) 8, F.S.)

**Final disciplinary action taken by a licensing agency within the previous 10 years:** (456.039 (1) (a) 8, F.S.)

**Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:** (456.039 (1) (a) 8, F.S.)

**Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character:** (456.039 (1) (a) 8, F.S.)

**Liability Claims Exceeding \$100,000.00 (Within last 10 years):** (456.049, F.S.)

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.

Liability actions are required to be reported under section 456.049, F. S., within the previous 10 years.

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**Practitioner Profile – Optional Information**

Name:

License Number:

**Committees/Memberships**

**Professional or Community Service Awards**

**Publications**

**Professional Web Page**

**Languages Other Than English**

**Other Affiliations**

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

- Affiliation**
- Affiliation**
- Affiliation**
- Affiliation**