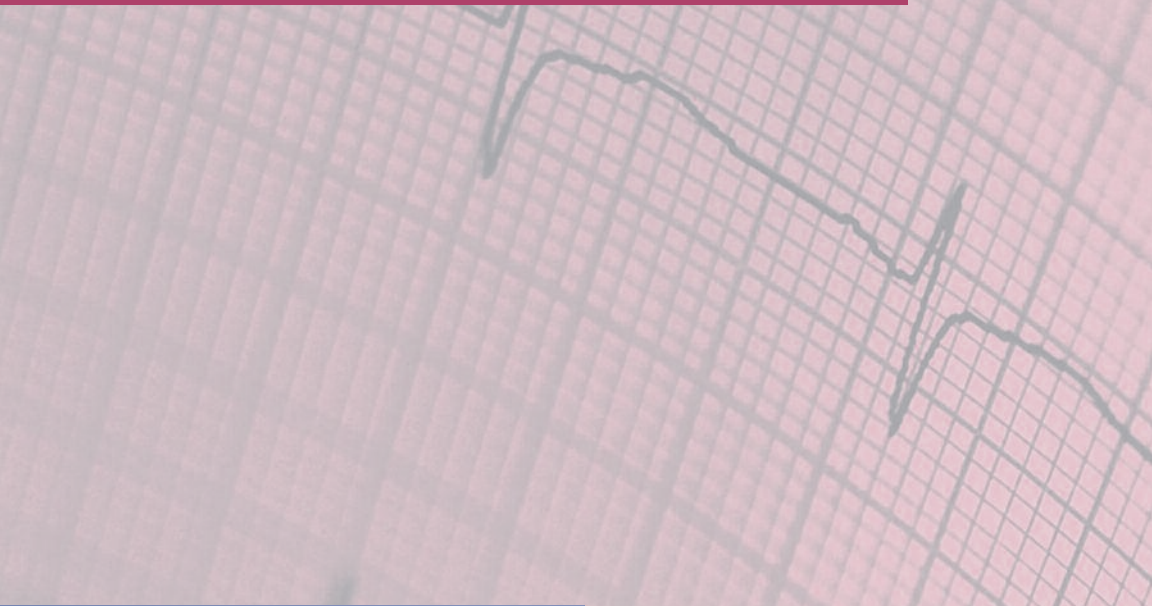


A GUIDE TO THE FLORIDA PRACTITIONER PROFILE



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 Practice Registered Nurses licensed in Florida.

Are profiles available for other professions?

No; however, licensure verification is available for all health care professionals currently or previously licensed in Florida. This information can be found by clicking on the "License Verification" button at www.fl.healthsource.com.

How can I find a profile?

Similar to licensure verification, profiles can be accessed by clicking on the "License Verification" button at www.fl.healthsource.com. If the health professional is licensed in one of the profiled professions, a "Practitioner Profile" tab will be available on the licensure verification screen.

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, including other health-related degrees, professional and post graduate training specialty
- 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.

Is all of the information in the profile verified by the Department of Health?

No. This guide shows what information is verified, as well as the source of the information and whether it is optional or mandatory.

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
Secondary Address(es)	The address of a secondary practice.	Self-Reported	Mandatory	Not verified by DOH
Medicaid	Indicates whether or not the practitioner participates in the Medicaid program.	Self-Reported	Optional	Not verified by DOH
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 DOH 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.
E-Mail Address	The practitioner's e-mail address.	Self-Reported	Optional	Not verified by DOH
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.
Year Began Practicing	The year the practitioner received a license in this or any other jurisdiction.	Self-Reported	Mandatory	Not verified by DOH

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 department at the time of initial licensure.
Other Health Related Degrees	Provides information about other health related degrees received by the practitioner.	Self-Reported	Mandatory	Information is not verified by DOH.
Professional and Postgraduate Training	Provides information about professional and postgraduate training attended by the practitioner.	Self-Reported	Mandatory	Information required for licensure is verified by DOH 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.
Academic Appointments	Description	Reported By	Reporting Requirement	Verification
	Provides information about faculty appointments the practitioner received within the past 10 years.	Self-Reported	Mandatory	Not verified by DOH
Specialty Certification	Description	Reported By	Reporting Requirement	Verification
	Provides information on specialty certifications received by the practitioner.	Self-Reported	Mandatory	Not verified by DOH

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
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.
	Indicates whether or not the practitioner has been sanctioned or terminated for cause from participation in the Medicaid program	Self reported by the practitioner, reported by DOH as well as directly from the source.	Mandatory	Information is verified by DOH through the Agency for Health care Administration.
Medicaid Sanctions and Terminations	Indicates whether or not the practitioner has been sanctioned or terminated for cause from participation in the Medicaid program	Self reported by the practitioner, reported by DOH as well as directly from the source.	Mandatory	Information is verified by DOH through the Agency for Health care Administration.
Final Disciplinary Actions (Within last 10 years).	Indicates final actions taken by the last ten years.	Self-reported by the practitioner and reported by DOH	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 DOH	Self-Reported	Mandatory	Information is verified by DOH through the National Practitioner Data Bank.
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.
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.

Proceedings and Actions (cont'd.)	Description	Reported By	Reporting Requirement	Verification
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.
Liability Claims Exceeding \$100,000 (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 the 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 through the National Practitioner Data Bank.
Liability Claims Exceeding \$5,000 (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 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 DOH through the National Practitioner Data Bank.
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 DOH is reported for M.D.s, and Osteopathic and Podiatric physicians.	Not verified by DOH

Optional Information	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
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
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
Professional Web Page	A link to the practitioner's professional website.	Self-Reported	Optional	Not verified by DOH
Languages Other Than English	Languages, other than 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
Other Affiliations	A list of any national, state, local, county, or professional affiliations.	Self-Reported	Optional	Not verified by DOH

CONTACT INFORMATION

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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

A Profiling Specialist is available to assist you Monday through Friday, from 8:00 a.m. until 5:00 p.m., excluding state holidays.



www.FLHealthSource.gov

