Department of Health

CLIVE OBRIAN MCINTOSH

License Number: TT10100

Data As Of 11/5/2025

Profession	Certified Respiratory Therapist
License	TT10100
License Status	DELINQUENT/
License Expiration Date	5/31/2025
License Original Issue Date	08/21/1998
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 10/31/2025 5:11:10 PM Emergency Suspension Order filed 10/31/2025.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
MCINTOSH, CLIVE	10100	CERTIFIED RESPIRATORY THERAPIST	FT LAUDERDALE	BROWARD	FL	202447028	ESO ISSUED	10/31/2025
MCINTOSH, CLIVE	10100	CERTIFIED RESPIRATORY THERAPIST	FT LAUDERDALE	BROWARD	FL	202447028	ESO ISSUED	10/31/2025

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
MCINTOSH, CLIVE OBRIAN	10100	CERT RESPIRATOR	FT LAUDERDALE	FL	201528010	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
MCINTOSH, CLIVE OBRIAN	10100	CERT. RESPIRATORY THERAPIST	FT LAUDERDALE	FL	201528010	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.