### MICHAEL E BERKLAND

### License Number: OS7344

Data As Of 5/14/2025

Profession Osteopathic Physician

License OS7344

License Status NULL AND VOID/

License Expiration Date 3/31/2010 License Original Issue Date 12/16/1996

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595. No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

#### **Emergency Actions**

No Emergency Actions Found

### **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHY	PENSACOLA	FL	200704030	RESTRICTED FROM PRACTICE
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHY	PENSACOLA	FL	200901631	SUSPENSION
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHY	PENSACOLA	FL	200410079	SUSPENSION SATISFIED
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHY	PENSACOLA	FL	200410079	SUSPENSION SATISFIED
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHY	PENSACOLA	FL	200410079	SUSPENSION SATISFIED

### **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHYSICIAN	PENSACOLA	FL	200901631	AC FILED
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHYSICIAN	PENSACOLA	FL	200410079	AC FILED
BERKLAND, MICHAEL E	7344	OSTEOPATHIC PHYSICIAN	PENSACOLA	FL	200704030	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:

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.