



## CARRIE BETH OLESTON

License Number: CH9314

Profession                      Chiropractic Physician  
License Status                RETIRED/  
Year Began Practicing      01/01/2004  
License Expiration          03/31/2024  
Date

## General Information

### Primary Practice Address

CARRIE BETH OLESTON  
14506 CORKWOOD DRIVE  
TAMPA, FL 33626

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### Email Address

Please contact at: [carrieoleston@gmail.com](mailto:carrieoleston@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	CHIROPRACTOR

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NORTHWESTERN COLLEGE OF CHIROPRACTIC	DC		11/21/2003

### Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended		Degree Title
			From	Attended To	
UNIVERSITY OF WISCONSIN	MADISON	WISCONSIN	09/03/1996	05/21/2000	BS - BACHELOR OF SCIENCE
NORTHWESTERN COLLEGE OF CHIROPRACTIC	BLOOMINGTON	MINNESOTA	09/06/2000	11/21/2003	D.C. CHIROPRACTIC PHYSICIAN

### Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

# Academic Appointments

## Graduate Medical Education

The practitioner did not provide this mandatory information.

## Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# Specialty Certification

## Specialty Certification

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	Date Certified
AMERICAN CHIROPRACTIC BOARD OF CHIROPRACT	ACUPUNCTURE	

# Financial Responsibility

## Financial Responsibility

FINANCIAL EXEMPTION

## Proceedings and Actions

## Proceedings & Actions

### Criminal Offenses

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.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

#### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### **Liability Claims Exceeding \$5,000.00 Within last 10 years.**

This profession is not required by F.S., to report bankruptcy and liability claims.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

### **Committees/Memberships**

This practitioner has an affiliation with the following committees:

FLORIDA CHIROPRACTIC ASSOCIATION

HILLSBOROUGH COUNTY CHIROPRACTIC ASSOCIATION

### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### **Professional Web Page**

www.olestonchiropractic.com

### **Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

ITALIAN

### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.