



JAMES FREDERICK MCGUCKIN

License Number: ME109373

Profession Medical Doctor  
License Status DELINQUENT/  
Year Began Practicing 07/01/1987  
License Expiration 01/31/2025  
Date

## General Information

### Primary Practice Address

JAMES FREDERICK MCGUCKIN  
585 COUNTYLINE ROAD  
RADNOR, PA 19087

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [jmcguckin@devinst.com](mailto:jmcguckin@devinst.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	
NEW JERSEY	
CALIFORNIA	
TENNESSEE	
WASHINGTON	
MARYLAND	
INDIANA	
TEXAS	
DELAWARE	
LOUISIANA	
NORTH CAROLINA	
NEW YORK	

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

# Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
HAHNEMANN UNIVERSITY	MD	7/1/1983 - 6/1/1987	

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

## Professional and Postgraduate Training

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
UNIVERSITY HOSP OF CLEVELAND	INTERNSHIP	GS - SURGERY		CLEVELAND	OHIO	07/01/1987	06/01/1988
TEMPLE UNIVERSITY HOSPITAL	RESIDENCY	DIAGNOSTIC IMAGING		PHILADELPHIA	PENNSYLVANIA	07/01/1991	06/01/1995
UNIV. OF PA MED CENTER	FELLOWSHIP	OTHER	INTERVENTIONAL RADIOLOGY	PHILADELPHIA	PENNSYLVANIA	07/01/1995	06/01/1996

# Academic Appointments

## Graduate Medical Education

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

## 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 BOARD OF RADIOLOGY	RADIOLOGY - DIAGNOSTIC	01/01/1988
AMERICAN BOARD OF RADIOLOGY	DR - VASCULAR AND INTERVENTIONAL RADIOLO	01/01/1997

# Financial Responsibility

## Financial Responsibility

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.

# 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 been sanctioned by the Medicaid program.

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

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
WA HEALTH PROFESSIONS QUALITY ASSURANCE	10/06/2015	AGREED ORDER	NO
MARYLAND BOARD OF PHYSICIANS	03/01/2016	CONSENT ORDER	NO
DC MEDICAL BOARD OF HEALTH	03/30/2016	SETTLEMENT AGREEMENT	NO
TENNESSEE MEDICAL BOARD	05/17/2016	CONSENT ORDER	NO
MAINE BORD OF LICENSURE IN MEDICINE	05/10/2016	CONSENT AGREEMENT	NO
TEXAS MEDICAL BOARD	06/10/2016	AGREED ORDER	NO
NORTH CAROLINA MEDICAL BOARD	06/21/2016	CONSENT ORDER	NO
LOUISIANA STATE BOARD OF MEDICAL EXAMINERS	07/18/2016	CONSENT ORDER	NO
LOUISIANA STATE MEDICAL BOARD	07/18/2016	CONSENT ORDER	NO
VIRGINIA BOARD OF MEDICINE	10/14/2016	CONSENT ORDER	NO
ILLINOIS MEDICAL BOARD	02/29/2016	CONSENT ORDER	NO
NEW YORK DEPARTMENT OF HEALTH	01/18/2017	CONSENT ORDER	NO
PENNSYLVANIA STATE MEDICAL BOARD	12/06/2016	CONSENT ORDER	NO
CALIFORNIA MEDICAL BOARD	03/01/2017	LICENSE-MISC.	NO
INDIANA MEDICAL BOARD	03/21/2017	SETTLEMENT AGREEMENT	NO
MEDICAL LICENSING BOARD OF INDIANA	03/21/2017	PROBATION	NO
STATE OF NEW JERSEY MEDICAL BOARD	09/11/2017	LICENSE-MISC.	NO
GEORGIA COMPOSITE MEDICAL BOARD	12/07/2017	LICENSE-MISC.	NO

## 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 \$100,000.00 Within last 10 years.**

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. To check their web site, please click [here](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
	OUT OF STATE		01/17/2017	\$900,000.00	\$0.00

**Optional Information**

**Committees/Memberships**

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

**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**

This practitioner has not provided any professional web page information.

**Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

**Other Affiliations**

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