



## JAMES T HOWELL MD

License Number: ME15147

Profession	Medical Doctor
License Status	Retired/
Year Began Practicing	07/01/1967
License Expiration Date	01/31/2026

## General Information

### Primary Practice Address

JAMES T HOWELL MD  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [jamesthowell@yahoo.com](mailto:jamesthowell@yahoo.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

### 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
NEW YORK MEDICAL COLLEGE	MD	6/1/1962 - 6/1/1966	06/01/1966

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
HARVARD UNIVERSITY	BOSTON	MASSACHUSETTS	09/01/1971	06/01/1972	MPH MASTER OF PUBLIC HEALTH

## 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
STATEN ISLAND HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		NEW YORK	NEW YORK	07/01/1966	06/30/1967
FLORIDA DEPT OF HEALTH AND REHAB SERVICES	RESIDENCY	GPM - PREVENTIVE MEDICINE	PUBLIC HEALTH	WEST PALM BEACH	FLORIDA	09/01/1969	08/31/1971

## Academic Appointments

### Graduate Medical Education

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

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT DEAN FOR PROFESSIONAL RELATIONS	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	FLORIDA
PROFESSOR OF PUBLIC HEALTH	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	FLORIDA
CHAIR DEPT OF RURAL AND UNDERSERVED MEDICINE	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	FLORIDA

## 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 PREVENTIVE MEDICINE	GPM - PREVENTIVE MEDICINE	

## 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.

### 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](#).**

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:

NUMEROUS NOVA SOUTHEASTERN UNIVERSITY COMMITTEES  
FLORIDA TOBACCO EDUCATION AND USE PREVENTION ADVISORY CO  
BOARD OF DIRECTORS FLORIDA INSTITUTE FOR HEALTH INNOVATION  
VICE CHAIR PALM BEACH COUNTY HEALTH FACILITIES AUTHORITY

### Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NUMEROUS	MULTIPLE

### Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
HETEROSEXUALLY TRANSMITTED HIV INFECTION AMONG PREGNANT WO	NEW ENGLAND JOURNAL OF MEDICINE	01/01/1992

Title	Publication	Date
PRACTITIONER PROFILING	FLORIDA BAR JOURNAL	01/01/1998
TRANSMISSION OF HIV IN A DENTAL PRACTICE	ANNALS OF INTERNAL MEDICINE	01/01/1992

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
PALM BEACH COUNTY MEDICAL SOCIETY