GODWIN STANLEY OKOYE

License Number: ME107980

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	08/20/2008
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant	
Pain)	
Authorized to Order (Medical and Low-THC Cannabis)	Yes

General Information

Primary Practice Address

GODWIN STANLEY OKOYE 1039 E BRANDON BLVD BRANDON, FL 33511

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
TLC OUTPATIENT AND LASER SURGERY CENTER	TAMPA	FLORIDA

Email Address

Please contact at: giokoye@stjudeeyeclinic.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL PHYSICIAN AND SURGEON
NEW YORK	PHYSICIAN

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
UNIVERSITY OF MEDICINE AND DENTISTRY OF	MD	8/1/1989 - 5/1/1997	05/01/1997

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

			Dates Attended	Dates	
School/University	City	State/Countr	y From	Attended To	Degree Title
JOINT MD-PHD UMDNJ-RWJ MEDICAL SCHOOL- RUTGERS UNIV GRADUATE	NEW BRUNSWICH	UNITED K STATES	08/01/1991	10/01/1994	PH.D. NEUROSCIENCE

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
HOWARD UNIV. HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		WASHINGTON	DISTRICT OF COLUMBIA	06/01/1997	06/01/1998
HOWARD UNIV. HOSP	RESIDENCY	OPH - OPHTHALMOLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1998	06/01/2001
WILMER EYE INSTITUTE - JOHNS HOPKINS SCHOOL OF MEDICINE	FELLOWSHIP	OPH - OPHTHALMOLOGY	GENE THERAPY RESEARCH	BALTIMORE	MARYLAND	08/01/2001	04/21/2003
PARK AVE LASER SAFESIGHT	FELLOWSHIP	OPH - OPHTHALMOLOGY	CORNEA REFRACTIVE SURGERY	MANHATTAN	UNITED STATES	06/23/2014	10/23/2014

Academic Appointments

Graduate Medical Education

This practitioner has not 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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 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 \$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 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NIH POST-DOCTORAL FELLOWSHIP AWARD; NIH TRAVEL RES AWARD	WILMER EYE INSTITUTE, JOHNS HOPKINS MEDICAL INSTITUTIONS
RESEARCH SCHOLAR AWARD IN NEUROLOGICAL DISEASE	ROBERT WOOD JOHNSON FOUNDATION

Publications

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

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Title		Publication		Date
MIGRATION OF A7 IMMOR GRAFTED INTO ADULT R/		JOURNAL OF COMPARATIVE NEUROLOC	θY	11/27/1995
DIFFERENT EFFECTS OF DIFFERENT VASCULAR BI VESSELS ARE MOST SEN	EDS IN THE EYE; NEW	FASEB JOURNAL		11/19/2005
SHORT-TERM IMMUNOSU SURVIVAL OF INTRACERE IMMORTALIZED GLIAL CE		JOURNAL OF EXPERIMENTAL NEUROLO	GY	08/01/1994
INCREASED EXPRESSION RETINAL FUNCTION AND S RHODOPSIN MUTATION O	SLOWS CELL DEATH FROM	JOURNAL OF NEUROSCIENCE		07/23/2003
ANGIOPOIETIN-1 INHIBITS NEOVASCULARIZATION A BLOOD-RETINAL BARRIEF	ND BREAKDOWN OF THE	GENE THERAPY		11/10/2004

Professional Web Page

www.stjudemedicalaesthetics.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

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation

AMA