# JENNIFER ANN CROZIER

# License Number: ME110753

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/26/2010
License Expiration 01/31/2026

Date

# General Information

# **Primary Practice Address**

JENNIFER ANN CROZIER 161 HAMPTON POINT DRIVE SAINT AUGUSTINE, FL 32092

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State	
	JACKSONVILLE	FLORIDA	

# **Email Address**

Not Provided

## **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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
MEDICAL COLLEGE OF GEORGIA	MD	8/1/2006 - 5/1/2010	05/01/2010

# **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
THE UNIVERSITY OF GEORGIA	ATHENS	GEORGIA	08/01/2002	05/01/2006	BS BIOLOGY

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program	Program		Other Specialty		State or	Dates Attended	Dates
Name	Type	Specialty Area	Area	City	Country	From	Attended To
MAYO	RESIDENCY	/ IM - INTERNAL		JACKSONVILLE	FLORIDA	06/01/2010	06/30/2013
CLINIC		MEDICINE					

# **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

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I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and Actions**

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#### **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 an affiliation with the following committees: American Society of Clinical Oncology

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
2022 DR. GEORGE TROTTER FOUNDERS AWARD FOR PHYSICIAN SERVICE	WECARE

#### **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.