



ARTHUR REEVES CROWLEY MD

License Number: ME111619

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	07/01/1981
License Expiration	01/31/2026
Date	

General Information

Primary Practice Address

ARTHUR REEVES CROWLEY MD
1401 W SEMINOLE BLVD
SANFORD, FL 32771

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
UPMC HAMOT	ERIE	PENNSYLVANIA

Email Address

Please contact at: arcow@att.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	MEDICAL
NEW YORK	MEDICAL
PENNSYLVANIA	MEDICAL
NORTH CAROLINA	MEDICAL
INDIANA	MEDICAL
MAINE	MEDICAL

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	9/1/1977 - 5/1/1981	05/01/1981

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
RUTGERS UNIVERSITY NEWTON COLLEGE OF ARTS AND SCIENCE	NEWARK	NEW JERSEY	09/01/1973	06/01/1977	BACHELOR OF ARTS

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
MONMOTH MEDICAL CENTER	INTERNSHIP	GS - SURGERY		LONG BRANCH	NEW JERSEY	07/01/1981	06/01/1982
MONMOTH MEDICAL CENTER	RESIDENCY	GS - SURGERY		LONG BRANCH	NEW JERSEY	07/01/1982	06/01/1983
LONG ISLAND JEWISH MEDICAL CENTER	RESIDENCY	U - UROLOGY		NEW HYDE PARK	NEW YORK	07/01/1983	06/01/1987
NEW YORK AND PRESBYTERIAN HOSPITAL, CORNELL	FELLOWSHIP	U - UROLOGY		NEW YORK	NEW YORK	07/01/1987	06/01/1988

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 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 UROLOGY	U - UROLOGY	02/01/1990

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:

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

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action			Under Appeal
FLORIDA DEPARTMENT OF HEALTH	10/24/2023	OBLIGATIONS IMPOSED			NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
COSTS	10/24/2023	11/23/2023		\$ 1,039.91	\$ 0.00
CE: LAWS, RULES, AND ETHICS C	11/16/2024	10/23/2024	11/16/2024	\$ 0.00	\$ 0.00
FINE	10/24/2023	11/23/2023		\$ 500.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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](#).
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
10/07/2019	OUT OF STATE		07/05/2018	\$350,000.00	\$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.
