#### ANTON MAKI JR

#### License Number: ME112221

ProfessionMedical DoctorLicense StatusClear/ActiveYear Began Practicing07/01/1988License Expiration01/31/2026DateDate

# **General Information**

#### **Primary Practice Address**

ANTON MAKI JR 948 MEADOW LN KINGSPORT, TN 37663

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: amjr@msn.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	MEDICAL
GEORGIA	MEDICAL
KENTUCKY	MEDICAL
VIRGINIA	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
MEMORIAL UNIVERSITY OF NEWFOUNDLAND	MD	8/1/1976 - 5/1/1980	05/01/1980

#### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

			Dates Attended	Dates Attended	
School/University	/ City	State/Country	From	То	Degree Title
MCGILL UNIVERSITY	MONTREAL	QUEBEC	09/01/1970	06/01/1976	BS - BACHELOR OF SCIENCE
REGIS UNIVERSITY	DENVER	COLORADO	03/01/2007	04/30/2009	MBA ADMINISTRATION & MANAGEMENT OF 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
MONTREAL UNIVERSITY HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		MONTREAL, QUEBEC	CANADA	07/01/1980	06/01/1981
MONTREAL UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MONTREAL, QUEBEC	CANADA	07/01/1981	06/01/1983
MCCASTER UNIVERSITY	FELLOWSHIP	IM - INFECTIOUS DISEASE	AND MEDICAL MICROBIOLOGY	HAMILTON, ONTARIO	CANADA	07/01/1983	07/01/1986

### Academic Appointments

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	01/01/1984
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INFECTIOUS DISEASE	01/01/1986
AMERICAN BOARD OF PATHOLOGY	PTH - MEDICAL MICORBIOLOGY	

# 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. 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 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 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. GERMAN HUNGARIAN FRENCH

#### **Other Affiliations**

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