



## MARIE L WILLIAMS DPM

License Number: PO1450

Profession	Podiatric Physician
License Status	Clear/Active
Year Began Practicing	01/01/1982
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MARIE L WILLIAMS DPM  
2801 NE 213 ST  
SUITE 811  
AVENTURA, FL 33180

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
JACKSON NORTH MEDICAL CENTER	NORTH MIAMI BEACH	FLORIDA
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FLORIDA
MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	FLORIDA
KINDRED HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA

### Email Address

Please contact at: [mariew14@gmail.com](mailto:mariew14@gmail.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
OHIO COLLEGE OF PODIATRIC MEDI	DPM	1/1/1978 - 5/1/1982	05/01/1982

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
SOUTHEASTERN MEDICAL CENTER	RESIDENCY	OTHER	PODIATRIC FOOT & ANKLE SURGERY	NORTH MIAMI BEACH	FLORIDA	07/01/1982	06/30/1984

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City	State
ADJUNCT PROFESSOR	BARRY UNIVERSITY	MIAMI	FLORIDA
RESIDENCY DIRECTOR IN PODIATRIC MEDICINE AND SURGERY	BARRY UNIVERSITY	NORTH MIAMI BEACH	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 PODIATRIC SURGERY	FOOT AND ANKLE SURGERY	

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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:

MEDICAL EXECUTIVE COMMITTEE- PARKWAY  
CREDENTIALLING COMMITTEE- PARKWAY  
AVENTURA MEDICAL EXECUTIVE COMMITTEE

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
HIGH SCHOOL HALL OF FAME	
BASKETBALL HALL OF FAME 2014	NAISMITH BASKETBALL HALL OF FAME
PHILADELPHIA SPORTS HALL OF FAME	PHILADELPHIA SPORTS HALL OF FAME CLASS OF 2014

### Publications

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

Title	Publication	Date
CHAPTER ON OSTEOMYELITIS	FOOT AND ANKLE RADIOLOGY	
EXPERIENCE USING A FLOWABLE SOFT TISSUE SCAFFOLD IN CONJUNCT	THE JOURNAL OF DIABETIC FOOT COMPLICATIONS	05/01/2013

Title	Publication	Date
USE OF A HUMAN ACELLULAR DERMAL WOUND MATRIX JOURNAL OF WOUND CARE IN PATIENTS WIT		06/01/2015

### 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.

SPANISH

### Other Affiliations

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

Affiliation
AMERICAN PODIATRIC MEDICINE ASSOCIATION
DADE COUNTY PODIATRY ASSOCIATION
FAC APPT: ADJUNCT PROF - BARRY UNIV SCH OF PODIATRIC MED
FAC APPT: RESIDENCY DIRECTOR - PARKWAY REGIONAL MEDICAL CTR