# EMMA VICTORIA WESTERMANN-CLARK

#### License Number: ME120465

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/2011
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

## **Primary Practice Address**

EMMA VICTORIA WESTERMANN-CLARK 601 5TH STREET SOUTH, BOX 7890 SAINT PETERSBURG, FL 33701

#### 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: tuckthemin@yahoo.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	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 FLORIDA	BACHELOR D	6/1/1996 - 5/6/2000	05/06/2000
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	MD	8/1/2000 - 8/30/2003	05/22/2010
HARVARD UNIVERSITY	MASTERS DE	8/31/2003 - 6/4/2009	06/04/2009
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	MD	7/1/2009 - 5/22/2010	05/22/2010

# **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
UNIVERSITY OF SOUTH	RESIDENCY	/ IM - INTERNAL		TAMPA	FLORIDA	06/28/2011	06/30/2014
FLORIDA		MEDICINE					

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## **Academic Appointments**

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

Title	Institution	City	State
COLLABORATIVE FACULTY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

# Financial Responsibility

# **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
PRIMARY IMMUNODEFICIENCY IN CHILDREN WITH AUTOIMMUNE CYTOPENIAS: RETROSPECTIVE 154- PATIENT COHORT	FRONTIERS IN IMMUNOLOGY	04/22/2021
THE NEW QUEST IN CTLA4-INSUFFICIENCY: HOW TO IMMUNE MODULATE EFFECTIVELY	THE JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY	02/01/2022
A NOVEL PATHOGENIC MISSENSE MUTATION IN FAS: A MULTI-GENERATIONAL CASE SERIES OF AUTOIMMUNE LYMPHOPROLIFERATIVE SYNDROME	FRONTIERS IN PEDIATRICS	03/18/2021

Title	Publication	Date
ASYMPTOMATIC INFANT WITH ATYPICAL SCID AND NOVEL HYPOMORPHIC RAG VARIANT IDENTIFIED BY NEWBORN SCREENING: A DIAGNOSTIC AND TREATMENT DILEMMA	FRONTIERS IN IMMUNOLOGY	09/29/2020
OUTCOMES AND TREATMENT STRATEGIES FOR AUTOIMMUNITY AND HYPERINFLAMMATION IN PATIENTS WITH RAG DEFICIENCY	JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY IN PRACTICE	03/12/2019
ECONOMIC CONSIDERATIONS IN THE TREATMENT OF SYSTEMIC ALLERGIC REACTIONS	J ASTHMA AND ALLERGY	06/20/2018
RAG DEFICIENCY WITH ALPS FEATURES SUCCESSFULLY TREATED WITH TCRαβ/CD19 CELL DEPLETED HAPLOIDENTICAL STEM CELL TRANSPLANT.	CLINICAL IMMUNOLOGY	11/17/2017
SPECIFIC IMMUNOGLOBULIN E AND IMMUNOGLOBULIN G4 TOWARD MAJOR ALLERGENS OF HOUSE-DUST MITE DURING ALLERGEN-SPECIFIC IMMUNOTHERAPY.	AM J RHINOL ALLERGY	05/01/2017
THE HIGH COST OF EPINEPHRINE AUTOINJECTORS AND POSSIBLE ALTERNATIVES	JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY IN PRACTICE	02/10/2017
CARDIOVASCULAR AND DIABETIC MEDICATIONS THAT CAUSE BRADYKININ-MEDIATED ANGIOEDEMA	JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY IN PRACTICE	05/01/2017
GLOBAL GENE PROFILING OF AGING LUNGS IN ATP8B1 MUTANT MICE	AGING	09/29/2016
DEBUNKING MYTHS ABOUT "ALLERGY" TO RADIOCONTRAST MEDIA IN AN ACADEMIC INSTITUTION	POSTGRADUATE MEDICINE	03/05/2015
NCREASING COST OF EPINEPHRINE AUTOINJECTORS	JOURNAL OF ALLERGY AND CLINICAL IMMUNOLOGY	09/01/2012
BARRIERS TO IMPLEMENTING KIDNEY PAIRED DONATION AND DESENSITIZATION PROTOCOLS: NATIONAL SURVEY OF US TRANSPLANT PROGRAMS.	PROGRESS IN TRANSPLANTATION	12/01/2010
DEVELOPING A METHODOLOGY FOR ESTABLISHING A STATEMENT OF WORK FOR A POLICY-RELEVANT TECHNICAL ANALYSIS	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY	01/01/2006
EVIDENCE-BASED PRACTICE CENTER NETWORK AND HEALTH TECHNOLOGY ASSESSMENT IN THE UNITED STATES: BRIDGING THE CULTURAL GAP	INT J TECHNOL ASSESS HEALTH CARE	
DISSEMINATION OF EVIDENCE-BASED PRACTICE CENTER REPORTS	ANNALS OF INTERNAL MEDICINE	06/21/2005
ANAPHYLAXIS: ACCESS TO EPINEPHRINE IN OUTPATIENT SETTING	IMMUNOLOGY AND ALLERGY CLINICS OF NORTH AMERICA	12/03/2021
RECOGNITION, TREATMENT AND PREVENTION OF SYSTEMIC ALLERGIC REACTIONS AND ANAPHYLAXIS	ALLERGENS AND ALLERGEN IMMUNOTHERAPY: SUBCUTANEOUS, SUBLINGUAL, AND ORAL 6TH EDITION	03/11/2020

# **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.