## EDWIN FREDERICK SLOTT

## License Number: ME120515

ProfessionMedical DoctorLicense StatusRetired/Year Began PracticingNot ProvidedLicense Expiration01/31/2024DateDate

## **General Information**

## **Primary Practice Address**

EDWIN FREDERICK SLOTT 946 LAW LANE MOUNT PLEASANT, SC 29464

## 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
VETERANS AFFAIRS MEDICAL CENTER	COLUMBIA	SOUTH CAROLINA

## **Email Address**

Please contact at: eslott1@att.net

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	

## 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 is exempt from paying assessment.

## **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
WINGATE COLLEGE	A.A.	8/1/1968 - 5/31/1970	05/30/1970
UNIVERSITY OF NORTH CAROLINA	B.A.	8/1/1968 - 5/31/1970	05/31/1970
UNIVERSITY OF NORH CAROLINA	M.A.	8/1/1972 - 8/31/1975	08/31/1975
UNIVERSITY OF GEORGIA	PH.D.	9/1/1975 - 12/31/1985	12/31/1985

## **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:

						Dates	
	Program		Other		State or	Attended	Dates
Program Name	Туре	Specialty Area	Specialty Area	City	Country	From	Attended To
MEDICAL COLLEGE OF	RESIDENCY	EM - EMERGENCY		AUGUSTA	GEORGIA	01/01/1992	12/31/1995
GEORGIA		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**

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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 EMERGENCY MEDICINE	EM - EMERGENCY MEDICINE	10/26/1997

## **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:

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 A	ction Under Appeal
FLORIDA DEPARTMENT OF HEALTH 06/01/2023		06/01/2023	OBLIGATION(S) SATISFIED		
Туре	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
SOUTH CAROLINA MEDICAL BOARD	02/05/2021	REPRIMAND	NO
NORTH CAROLINA MEDICAL BOARD	07/15/2022	REPRIMAND	NO
SC MEDICAL BOARD	05/12/2021	REINSTATED WITHOUT LIMITATIONS	NO

## 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: n/a

## **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization

N/A

## **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.