



## BRETT RICHARD MARTIN

License Number: CH11023

Profession                      Chiropractic Physician  
License Status                Clear/Active  
Year Began Practicing      01/01/2009  
License Expiration         03/31/2028  
Date

## General Information

### Primary Practice Address

BRETT RICHARD MARTIN  
6630 78TH AVE N  
PINELLAS PARK, FL 33781

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [bmartin@nuhs.edu](mailto:bmartin@nuhs.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State    | Profession             |
|----------|------------------------|
| ILLINOIS | CHIROPRACTIC PHYSICIAN |

## Education and Training

### Education and Training

| Institution Name                       | Degree Title | Dates of Attendance    | Graduation Date |
|--|--------------|------------------------|-----------------|
| NATIONAL UNIVERSITY OF HEALTH SCIENCES | DC           | 9/3/2006 - 12/17/2009  | 12/17/2009      |
| NORTHERN ILLINOIS UNIVERSITY           | BACHELOR D   | 8/22/2003 - 5/13/2006  | 05/13/2006      |
| NATIONAL UNIVERSITY OF HEALTH SCIENCES | MS           | 10/1/2006 - 12/15/2011 |                 |

### Other Health Related Degrees

The practitioner did not provide this mandatory information.

### Professional and Postgraduate Training

The practitioner did not provide this mandatory information.

## 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   |
|------------|-------------|---------------|---------|
| INSTRUCTOR | OTHER       | PINELLAS PARK | FLORIDA |

## Specialty Certification

### Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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.

#### 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.

This profession is not required by F.S., to report bankruptcy and liability claims.

**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:  
FLORIDA CHIROPRACTIC ASSOCIATION

### 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       |
|--|-----------------------------|------------|
| THE EFFECTS OF ORAL CONTRACEPTIVE INDUCED NUTRIENT DEPLETION | THE ORIGINAL INTERNIST      | 06/17/2011 |
| AN EVALUATION OF THE EFFECTS OF EDTA CHELATION THERAPY FOR T | THE ORIGINAL INTERNIST      | 12/19/2011 |
| EFFECTS OF STATIN DRUGS ON ATHEROSCLEROSIS AND CARDIOVASCULA | THE ORIGINAL INTERNIST      | 09/10/2012 |
| THE TREATMENT OF PRIMARY HYPERTENSION USING PLUM BLOSSOM NEE | JOURNAL OF CHINESE MEDICINE | 02/22/2013 |
| THE DR JEKYLL AND MR HYDE ASPECTS OF COOKING HERBS AND SPI   | THE ORIGINAL INTERNIST      | 06/22/2013 |
| WESTERN AND CHINESE ETIOLOGIES AND EVALUATION OF THE TREATME | THE AMERICAN ACUPUNCTURIST  | 10/15/2013 |

### 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.