



## DENNIS STOLPNER

License Number: ME125294

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

## General Information

### Primary Practice Address

DENNIS STOLPNER  
6221 WILSHIRE BLVD.  
SUITE 504  
LOS ANGELES, CA 90048

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
LOS ANGELES DOWNTOWN MEDICAL CENTER, DOWNTOWN CAMPUS	LOS ANGELES	CALIFORNIA
MISSION COMMUNITY HOSPITAL	PANORAMA CITY	CALIFORNIA
SOUTHER CALIFORNIA HOSPITAL	CULVER CITY	CALIFORNIA
LOW ANGELES DOWNTOWN MEDICAL CENTER, INGLESIDE CAMPUS	ROSEMEAD	CALIFORNIA

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICAL DOCTOR
NEW YORK	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR

### 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
NEW YORK MEDICAL COLLEGE	MD	8/1/2005 - 5/26/2010	05/26/2010

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF CALIFORNIA	BERKELEY	CALIFORNIA	08/01/2000	05/31/2004	BA - BIOLOGY

## 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
DAVIS MEDICAL CENTER, UNIV. OF CA	INTERNSHIP	GS - SURGERY		SACRAMENTO	CALIFORNIA	06/01/2011	06/30/2012
LONG ISLAND COLLEGE HOSPITAL, SUNY	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		BROOKLYN	NEW YORK	06/01/2012	06/30/2013
LUTHERAN MEDICAL CENTER	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		BROOKLYN	NEW YORK	06/01/2013	08/10/2015

# 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

## 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 hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DRIVING UNDER THE INFLUENCE	11/27/2021	SACRAMENTO, CALIFORNIA	NO	NOT CORROBORATED	

## 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 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
NEW YORK STATE DEPARTMENT OF HEALTH	12/29/2016	CENSURE AND REPRIMAND	NO
MEDICAL BOARD OF CALIFORNIA	12/13/2016	DENIAL OF LICENSURE	YES
MEDICAL BOARD OF CALIFORNIA	07/05/2018	PROBATION OF LICENSE	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:

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Date Of Action	Related To Professional Competence	Related To Delivery of Services
02/26/2016	YES	YES

## 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:

Florida Medical Association  
American Medical Association

## Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
XIII JORNADA INTERNACIONAL MEDICOS VOLADORES RECONOCIMIENTO	INTERNACIONAL MEDICOS VOLADORES
NEW YORK MEDICAL RESERVE CORP HONORS	NEW YORK MEDICAL RESERVE CORP

## Publications

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

Title	Publication	Date
OVERDIAGNOSIS OF HEPARIN-INDUCED THROMBOCYTOPENIA (HIT)	JOURNAL OF THE AMERICAN COLLEGE OF SURGEONS	05/04/2011
ALCOHOL IS ASSOCIATED WITH A LOWER PNEUMONIA RATE AFR TRAUMA	JOURNAL OF SURGICAL RESEARCH	06/15/2011

## Professional Web Page

dennisstolpner.com

## 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.

RUSSIAN  
SPANISH

## Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN RED CROSS
FLORIDA MEDICAL ASSOCIATION