



SEAN OLOF BRYANT

License Number: ME144834

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

General Information

Primary Practice Address

SEAN OLOF BRYANT
1746 COLE BLVD
STE 150
GOLDEN, CO 80401

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
BANNER BAYWOOD MEDICAL CENTER		
BANNER DESERT MEDICAL CENTER & CARDON CHILDREN'S MEDICAL CEN		
BANNER PAYSON MEDICAL CENTER		
BANNER UNIVERSITY MEDICAL CENTER		
BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL		
CASTLE ROCK ADVENTIST HOSPITAL		
CHI ST. VINCENT INFIRMARY		
CHI ST. VINCENT NORTH		
CHILDREN'S HOSPITAL COLORADO		
COLORADO CANYONS HOSPITAL & MEDICAL CENTER		
LITTLETON ADVENTIST HOSPITAL		
MAPLE GROVE HOSPITAL		
NORTH MEMORIAL HEALTH		
NORTH SUBURBAN MEDICAL CENTER		
PARKER ADVENTIST HOSPITAL		
PLATTE VALLEY MEDICAL CENTER		
PRESBYTERIAN ST. LUKES MEDICAL CENTER		
RANGELY DISTRICT HOSPITAL		
ROSE MEDICAL CENTER		
SPALDING REHABILITATION HOSPITAL		
ST. ANTHONY'S MEMORIAL HOSPITAL (IL)		
ST. CATHERINE HOSPITAL (KS)		
ST. FRANCIS HOSPITAL (IL)		

Institution Name	City	State
ST. JOHN'S HOSPITAL (IL)		
ST. JOSEPH HOSPITAL (CO)		
ST. MARY'S HOSPITAL (IL)		
STERLING REGIONAL MEDICAL CENTER		
VAIL HEALTH		
WEISBROD MEMORIAL COUNTY HOSPITAL		

Email Address

Please contact at: sbryant@divrad.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TENNESSEE	MEDICAL DOCTOR
ALASKA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
MONTANA	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
COLORADO	MEDICAL DOCTOR
CONNECTICUT	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
MASSACHUSETTS	MEDICAL DOCTOR
MINNESOTA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
NEW YORK	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
UNIVERSITY OF FLORIDA		8/1/1991 - 5/25/1996	05/25/1996

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

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 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/14/2023			08/14/2023	\$950,000.00	\$0.00

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 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.