



## SCOTT KURECKI DPM

License Number: PO1946

Profession Podiatric Physician  
License Status Clear/Active  
Year Began Practicing 01/01/1988  
License Expiration 03/31/2028  
Date

## General Information

### Primary Practice Address

SCOTT KURECKI DPM  
12757 12757 TAMAMI TRL S  
NORTH PORT, FL 34287

### 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
ENGLEWOOD COUMMUNITY HOSPITAL	ENGLEWOOD	FLORIDA
BAYFRONT MEDICAL CENTER	PORT CHARLOTTE	FLORIDA
COLUMBIA SURGERY CENTER AT ST. ANDREWS, INC.	VENICE	FLORIDA

### Email Address

Please contact at: [drkurecki@comcast.net](mailto:drkurecki@comcast.net)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
DR WILLIAM SCHOLL COLLEGE OF P	DPM	8/1/1984 - 5/1/1988	05/01/1988

## 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
BUCKNER FOOT CLINIC	INTERNSHIP	OTHER	PODIATRIC MEDICINE & SURGERY	DALLAS	TEXAS	06/01/1988	06/30/1989

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### 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 obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 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.

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

Community Service/Award/Honor	Organization
FOOT SCREENINGS	AMERICAN DIABETIC ASSOCIATION
BUSINESS PARTNER	NORTH PORT ELEMENTARY SCHOOL
FOOT SCREENINGS	NORTH PORT BUSINESS EXPO

### 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

[www.NorthPortFootDr.com](http://www.NorthPortFootDr.com)

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN PODIATRIC MEDICAL ASSOCIATION
CERT:ABMSP/PODIATRIC SURGERY
CERT:ABMSP/PROMARY CARE IN PODIATRIC MEDICNE
FLORIDA PODIATRIC MEDICAL ASSOCIATION

**Affiliation**

STAFF PRV/ENGLEWOOD WOUND CARE CENTER, ENGLEWOOD, FLORIDA

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