



KEVIN H LAPOFF DPM

License Number: PO1948

Profession	Podiatric Physician
License Status	Clear/Active
Year Began Practicing	01/01/1988
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

KEVIN H LAPOFF DPM
6422 LAKE WORTH RD
LAKE WORTH, FL 33463-3008

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
JFK MEDICAL CENTER	ATLANTIS	FLORIDA
WELLINGTON REGIONAL MEDICAL CENTER	WEST PALM BEACH	FLORIDA
LAKE WORTH SURGICAL CENTER	LAKE WOTH	FLORIDA
SELECT SPECIALTY HOSPITAL	LAKE WORTH	FLORIDA

Email Address

Please contact at: drlapoff@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK COLLEGE OF PODIATRIC	DPM	9/1/1984 - 5/1/1988	05/18/1988

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	State or City Country	Dates Attended From	Dates Attended To
GOVERNEUR HOSP	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY		NEW YORK	07/01/1988	06/30/1989

Academic Appointments

Graduate Medical Education

This practitioner has 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 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 PODIATRIC SURGERY	GS - SURGERY	
AMERICAN BOARD OF PODIATRIC ORTHOPAEDICS	ORTHOPEDICS	

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.
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 \$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 an affiliation with the following committees:
RESIDENT TRAINING COMMITTEE JFK MEDICAL CENTER

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
JFK MEDICAL CENTER HERO AWARD	JFK MEDICAL CENTER ATLANTIS FLORIDA

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.lakeworth.podiatrists.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 BOARD OF PODIATRIC ORTHOPAEDICS AND PRIMARY PODIA
AMERICAN BOARD OF PODIATRIC SURGERY

Affiliation

AMERICAN COLLEGE OF FOOT AND ANKLE SURGEONS

AMERICAN PODIATRIC MEDICAL ASSOC. & AFFILIATE

AMERICAN PODIATRIC SURGERY AND COMPONENTS

AMERICAN PROFESSIONAL WOUND CARE ASSOCIATION