# DAVID H SHAPIRO MD

### License Number: ME24748

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing Not Provided
License Expiration Date 01/31/2027
Authorized to Order
(Medical and Low-THC

# **General Information**

### **Primary Practice Address**

DAVID H SHAPIRO MD NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### **Medicaid**

Cannabis)

This practitioner DOES participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	CLEARWATER	FLORIDA

### **Email Address**

Please contact at: dsmd1965@gmail.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
TUFTS UNIVERSITY	MD	1/1/1961 - 1/1/1965	01/01/1965

### **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
BOSTON CITY HOSPITAL TUFTS	INTERNSHIP	GS - SURGERY		BOSTON	MASSACHUSETTS	06/01/1965	06/01/1966
BOSTON CITY HOSPITAL TUFTS	RESIDENCY	GS - SURGERY		BOSTON	MASSACHUSETTS	06/01/1966	06/01/1967
YALE NEW HAVEN HOSPITAL	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		NEW HAVEN	CONNECTICUT	06/01/1967	06/01/1968
YALE NEW HAVEN HOSPITAL	RESIDENCY	GS - SURGERY		NEW HAVEN	CONNECTICUT	06/01/1968	06/01/1971
YALE NEW HAVEN HOSPITAL	OTHER PROGRAM	GS - SURGERY		NEW HAVEN	CONNECTICUT	06/01/1968	06/01/1971

# **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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL PROFESSOR SURGERY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

# **Specialty Certification**

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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 SURGERY	GS - SURGERY	

# Financial Responsibility

### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **Proceedings and Actions**

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#### **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.

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: TRAUMA COMM AMERICAN COLLEGE OF SURGEONS EDUCATION COMMITTEE DEPT OF SURGERY USF

# **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
EXPERT WITNESS ADM HEALTH CARE	DOHFL
PAST PRESIDENT	MORTON PLANT STAFF
WHO'S WHO, SOUTH AND SOUTHWEST	

Community Service/Award/Honor	Organization
PAST PRESIDENT 86 88	FLORIDA CHAPTER AMERICAN COLLEGE OF SURGEONS
BEST DOCTORS IN AMERICA AWARD 97 98 05	BEST DOCTORS LIST
STUDENT EDUCATION AWARD 2000	DEPT OF SURGERY USF
PRESIDENT 97 98	TAMPA BAY SURGICAL SOCIRTY
2 TERMS GOVERNOR 86 89	AMERICAN COLLEGE OF SURGEONS
PRESIDENT 84 86	FL CHAPTER AMERICAN COLLEGE OF SURGEONS
PRESIDENT ELECT 82 84	FL CHAPTER AMERICAN COLLEGE OF SURGEONS
ASSOCIATE MEDICAL DIRECTOR	TAMPA BAY LIGHTNING
REGIONAL ALUMNI ADMISSIONS CHAIR	WILLIAMS COLLEGE
BOARD OF TRUSTEES 93 96	ST PAULS SCHOOL
BOARD OF TRUSTEES 93	MORTON PLANT HOSPITAL
BOARD OF TRUSTEES 91	HOSPICE CARE OF THE SUNCOAST FOUNDATION
GUBERNATORIAL APPOINTMENT 88 94	FL CANCER CONTROL RESEARCH ADVISORY BOARD
BOARD OF DIRECTORS 84	SUNCOAST INTERNATIONAL ADOPTIONS
BOARD OF DIRECTORS 82 84	FAMILY SERVICES PINELLAS COUNTY
BOARD OF DIRECTORS 84	AMERICAN CANCER SOCIETY PINELLAS COUNTY
GRIEVANCE COMMITTE 89	FLORIDA BAR 6TH JUDICIAL DISTRICT
VP AND PRES 73	REGIONAL PLANNING COMMISSION FL WEST COAST
BOARD OF DIRECTORS 86 92	FL PEER REVIEW ORGANIZATION
BOARD OF DIRECTORS	FL MEDICAL ASSURANCE INC REP HRS DISTRICT 5

# **Publications**

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

Title	Publication	Date
IN-HOUSE TRAUMA ATTENDINGS: IS THERE A DIFFERENDE?	JOURNAL OF SURGERY	04/01/2005
THE IMPACT OF BARIATRIC SURGERY ON THE VETERANS	OBESITY SURGERY	04/01/2003
WHO SHOULD BE DOING LAPAROSCOPIC BARIATRIC SURGERY?	OBESITY SURGERY	02/01/2003
THE PREVALENCE OF NON-ALCOHOLIC STEATOHEPATITIS AND	OBESITY SURGERY	01/01/2004
DISTAL ILEUM IN TYPE 4 HIATUS HERNIA	SURGICAL ROUNDS	12/01/2005
MALE BREAST CANCER	J CLINICAL PATHOLOGY	01/01/2002

# **Professional Web Page**

www.hdtreatment.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.

FRENCH

# **Other Affiliations**

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

Affiliation	
AMERICAN MEDICAL ASSOCIATION	
FELLOW AMERICAN COLLEGE OF SURGEONS	
FLORIDA MEDICAL ASSOCIATION	
FLORIDA SURGICAL SOCIETY	
PINELLAS MEDICAL ASSOCIATION	

# Affiliation

TAMPA BAY SURGICAL SOCIETY