



## JOHN JOSEPH JANICK MD

License Number: ME27204

Profession	Medical Doctor
License Status	Disc Relinquish/
Year Began Practicing	01/01/1976
License Expiration Date	01/31/2020
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

JOHN JOSEPH JANICK MD  
21234 OLEAN BLVD.  
UNIT 5  
PORT CHARLOTTE, FL 33952

### 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
CHARLOTTE REGIONAL MEDICAL CENTER	PUNTA GORDA	FLORIDA
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
ST. JOSEPH'S HOSPITAL	PORT CHARLOTTE	FLORIDA

### Email Address

Please contact at: [ddavison@janickmed.com](mailto:ddavison@janickmed.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MD

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CORNELL UNIVERSITY MEDICAL COL	MD	8/1/1967 - 6/1/1971	06/01/1971

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
THE NEW YORK HOSPITAL	INTERNSHIP			***	NEW YORK	01/01/1971	01/01/1973
THE NATIONAL INSTITUTE OF HEALTH JOINT ENDOCRINOLOGY	FELLOWSHIP	IM - ENDOCRINOLOGY, DIABETES AND METABOL		***	MARYLAND	01/01/1973	01/01/1976

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

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

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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:

**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:**

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	11/06/2019	VOLUNTARY SURRENDER	NO
FLORIDA DEPARTMENT OF HEALTH	10/21/2019	VOLUNTARY SURRENDER	NO

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

**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
NY STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT	05/10/2019	AGREED ORDER OF SURRENDER	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:**

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:

PRESIDENT/FLORIDA ENDOCRINE SOCIETY, INC  
MEDICAL CARE EVALUATION COMM/FAWCETT MEMORIAL HOSPITAL

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ADVISORY COUNCIL	OSTEOPOROSIS PREVENTION & EDUCATION
FLORIDA DIABETES PRACTICE GUIDE-LINES	AGENCY FOR HEALTH CARE ADMINISTRATION
BOARD OF DIRECTORS	AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS

Publications

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

Title	Publication	Date
ENERGY CONVERSION IN BULL SPERM FLAGELLS	JOURNAL OF GENERAL PHYSIOLOGY	01/01/1969
THE MEASUREMENT OF HUMAN SPERMATOZOAN MOTILITY	JOURNAL OF FERTILITY & STERILITY	01/01/1970
SEMINAL FLUID AND SPERMATOZOAN MOTILITY	JOURNAL OF FERTILITY AND STERILITY	01/01/1971
STUDIES OF THE ROLE OF SEX STEROIDS IN THE FEEDBACK CON...	JOURNAL OF CLINICAL ENDOCRINOLOGY AND METABOLISM	01/01/1979
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

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

Affiliation
AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS-PRESIDEN
CERTIFIED-AMER ACADEMY OF EXPERTS IN TARUMATIC STRESS
CERTIFIED-AMERICAN BOARD OF FORENSIC EXAMINERS
CERTIFIED-AMERICAN BOARD OF FORENSIC MEDICINE