



JOHN SAVIDAKIS JR.

License Number: PO2430

Profession	Podiatric Physician
License Status	Clear/Active
Year Began Practicing	01/01/1993
License Expiration	03/31/2026
Date	

General Information

Primary Practice Address

JOHN SAVIDAKIS JR.
2701 PARK DRIVE
SUITE #6
CLEARWATER, FL 33763

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: drsavidakis@gmail.com

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
BARRY UNIVERSITY	DPM	9/1/1989 - 5/1/1993	05/01/1993

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF CT	STORRS	CONNECTICUT	08/01/1983	06/01/1987	B.S. MEDICAL TECHNOLOGY

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
BARRY UNIVERSITY CEDARS MEDICAL CENTER	INTERNSHIP	PIR - PODIATRIC INTERNSHIP/RESIDENCY		MIAMI SHORES	FLORIDA	07/01/1993	06/30/1994
VETERAN CONNETICUT HEALTH CARE SYSTEM	RESIDENCY	PIR - PODIATRIC INTERNSHIP/RESIDENCY	PODIATRIC SURGERY	WEST HAVEN	CONNECTICUT	07/01/1994	06/30/1997

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 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 PODIATRIC MEDICAL ASSOCIATION	OTHER	

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 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

www.drjohnpodiatry.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.

GREEK

Other Affiliations

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

Affiliation

AMERICAN BOARD OF MULTIPLE SPECIALTIES IN PODIATRY

AMERICAN PODIATRIC MEDICAL ASSOCIATION

CERT AMERICAN BOARD OF WOUND MANAGEMENT

FLORIDA PODIATRIC MEDICAL ASSOCIATION