



PERCY LEE NELSON DPM

License Number: PO2542

Profession Podiatric Physician
License Status Clear/Active
Year Began Practicing 01/01/1996
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

PERCY LEE NELSON DPM
2627 NE 203 ST
SUITE 100A
AVENTURA, FL 33180

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
AVENTURA HOSPITAL AND MEDICAL CENTER	AVENTURA	FLORIDA
JACKSON HOSPITAL	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MAIMI	FLORIDA
NORTH SHORE MEDICAL CENTER	MAIMI	FLORIDA
KENDALL REGIONAL MEDICAL CENTER	HOLLYWOOD	FLORIDA
VILLA MARIA REHABILITATION HOSPITAL	MAIMI	FLORIDA
JACKSON SOUTH COMMUNITY HOSPITAL	MAIMI	FLORIDA

Email Address

Please contact at: drpnelson3@aol.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	1/1/1990 - 1/1/1994	01/01/1994

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
UNIV OF FLA PA SCHOOL	GAINESVILLE	FLORIDA	01/01/1983	01/01/1985	

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
AVENTURA HOSPITAL	RESIDENCY	GS - SURGERY	WOUND CARE	AVENTURA	FLORIDA	06/01/1994	07/01/1996
HYPERBARIC MEDICINE	FELLOWSHIP	UNDERSEA & HYPERBARIC MEDICINE	WOUND CARE	ATLANTIC	GEORGIA	09/20/1996	09/21/1996

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
CHAIR OF PODIATRIC SUB-SECTION AVENT HOSP MED CTR AVENTURA	BARRY UNIVERSITY	MIAMI	FLORIDA
CLINICAL FACULTY	BARRY UNIVERSITY	MIAMI	FLORIDA

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 an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than \$50,000 and in compliance with rule 64B18-14.0072(1)(c), Florida Administrative Code.

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:

WOUND CARE SPEC. COMMITTEE/AVENTURA HOSPITAL
MEDICAL EXC. COMMITTEE/AVENTURA HOSPITAL
SURGERY REVIEW COMMITTEE

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BOARD MEMBER	ALTERNATIVE PROGRAM FOR YOUTH
SMALL BUSINESS AWARD	MIAMI-DADE COUNTY

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.DRNELSONDPM.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.
SPANISH
CREOLE

Other Affiliations

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

Affiliation
CERT/HYPERBARIC MEDICINE
CERT/WOUND CARE