# FRANK S FARKAS

# License Number: CH3275

ProfessionChiropractic PhysicianLicense StatusClear/ActiveYear Began Practicing01/01/1979License Expiration03/31/2026DateClear

# **General Information**

## **Primary Practice Address**

FRANK S FARKAS 3200 4TH STREET NORTH ST PETERSBURG, FL 33704-2127

## Medicaid

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

Email Address Please contact at: farkasclinic1@yahoo.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
PALMER COLLEGE OF CHIROPRACTIC	DC	1/1/1977 - 9/28/1979	09/28/1979
PALMER COLLEGE OF CHIROPRACTIC	DC	1/1/1977 - 9/28/1999	09/28/1999

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	v State/Country	Dates Attended From	Dates Attended To	Degree Title
ECKERD COLLEGE	***	***	01/01/0001	01/31/1993	BA - HEALTH MANAGEMENT

## **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
DABCR	FELLOWSHIP	OTHER	CHIROPRACTIC ORTHOPEDIC	ORLANDO	FLORIDA	01/01/1982	12/31/1984
CCSP	FELLOWSHIP	OTHER	CHIROPRACTIC SPORTS MEDICINE	ORLANDO	FLORIDA	01/01/1985	12/31/1987
DABCN	FELLOWSHIP	OTHER	CHIROPRACTIC NEUROLOGICAL	ORLANDO	FLORIDA	01/01/1987	12/31/1988

# 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 does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **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 professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s. 627.351(4), 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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

#### 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.

This profession is not required by F.S., to report bankruptcy and liability claims.

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

Community Service/Award/Honor	Organization
"KUDOS" AWARD	FLORIDA CHIROPRACTIC ASSOCIATION 1995
SERVICE AWARD	1999 BROOKWOOD "ANNIE" COMMUNITY
SMALL BUSINESS PERSON OF THE YEAR	ST. PETERSBURG CHAMBER OF COMMERCE 1988
CHIROPRACTIC OF THE YEAR	MARKSON MANAGEMENT SERVICES 1994
OUTSTANDING YOUNG MEN OF AMERICA 1983, 1986	
FICC	INTERNATIONAL CHIROPRACTIC COLLEGE

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.farkasclinic.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 CHIROPRACTIC ASSOCIATION

FLORIDA CHIROPRACTIC ASSOCIATION

PINELLAS COUNTY CHIROPRACTIC SOCIETY