



STEVEN MARK PERMAN

License Number: CH3438

Profession Chiropractic Physician
License Status Clear/Active
Year Began Practicing 01/01/1980
License Expiration 03/31/2028
Date

General Information

Primary Practice Address

STEVEN MARK PERMAN
11435-I W. PALMETTO PARK RD.
SUITE "I"
BOCA RATON, FL 33428

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: drperman@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	
NEW YORK	DIETITIAN/NUTRITIONIST

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK CHIROPRACTIC COLLEGE	DC	9/1/1976 - 12/1/1979	12/01/1979

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
UNIVERSITY MIAMI SCHOOL AND MEDICINE	OTHER PROGRAM	OTHER		MIAMI	FLORIDA	01/01/1996	09/01/1996
NYCC/CSP PROGRAM	OTHER PROGRAM	OTHER		BROOKVILLE	NEW YORK	01/01/1984	01/01/1985
NYCC/DACBSP PROGRAM	OTHER PROGRAM	OTHER		SECAUCUS	NEW JERSEY	09/01/1991	07/01/1993

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 CHIROPRACTIC BOARD OF SPORTS PHYSICIANS (DACBSP)	SPORTS INJURIES & PHYSICAL FITNESS	
AMERICAN CLINICAL BOARD OF NUTRITION (DACBN)	NUTRITION	

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:

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.

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 an affiliation with the following committees:

AMERICAN CHIROPRACTIC ASSOCIATION DELEGATE SOUTH FLORIDA
AMERICAN CHIROPRACTIC ASSOCIATION POLITICAL ACTION CHAIRMAN
FLORIDA CHIROPRACTIC ASSOCIATION BOARD OF DIRECTORS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PRESIDENT 1997-98	ROTARY CLUB OF WEST BOCA SUNSET
2005 CHIROPRACTOR OF THE YEAR	FLORIDA CHIROPRACTIC ASSOCIATION
FL LEGISLATOR OF THE YEAR	FLORIDA LAW ENFORCEMENT PROPERTY RECOVERY UNIT

Publications

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

Title	Publication	Date
CONSERVATIVE MANAGEMENT OF RECURRENT ANTERIOR SHOULDER DIS	JOURNAL OF SPORTS CHIROPRACTIC AND REHABILITAION	07/01/1999

Professional Web Page

www.drsteveperman.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

SWEDISH

Other Affiliations

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

Affiliation
AMERICAN CHIROPRACTIC ASSOCIATION
FLORIDA CHIROPRACTIC ASSOCIATION