



ERNST NICOLITZ MD

License Number: ME31869

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1978
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

ERNST NICOLITZ MD
7051 SOUTHPOINT PARKWAY #300
JACKSONVILLE, FL 32216

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
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA

Email Address

Please contact at: dhall053@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
	MEDICAL DOCTOR

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 indicated that he/she has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF NEW MEXICO MAIN	MD		01/01/1974

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
NEW MEXICO UNIVERSITY	LAS CRUCES	NEW MEXICO	01/01/0001	01/01/1969	BS CHEMISTRY

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 OF ALABAMA, COMBINED PROGRAM IN OPHTHALMOLOGY	RESIDENCY	OPH - OPHTHALMOLOGY		BIRMINGHAM	ALABAMA	07/01/1974	06/30/1977
JEFFERSON MEDICAL COLLEGE/WILL'S EYE HOSPITAL	FELLOWSHIP	OPH - OPHTHALMOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1977	06/30/1978

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 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 OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	

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 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 \$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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
04/23/2013		16-2014-CA-0034	08/12/2021	\$200,000.00	\$1,000,000.00

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
WHO'S WHO IN THE SOUTHWEST	
HONOR AWARD 1993	AMERICAN ACADEMY OF OPHTHALMOLOGY
DIPLOMATE, 1975	NATIONAL BOARD OF MEDICAL EXAMINERS
PHYSICIANS RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION

Publications

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

Title	Publication	Date
ORBITAL MASS OS COMPLICATIONS OF CONTACT LENS WEAR	ARCHIVES OF OPHTHALMOLOGY	01/01/1978
CORN CRIB RESECTION FOR SENILE ECROPION	OPHTHALMIC SURGERY	01/01/1980
KAPOS'I'S SARCROMA OF THE CONJUNCTIVE	ANNALS OF OPHTHALMOLOGY	01/01/1981
KIMURAS DISEASE OF THE ORBIT	ARCHIVES OF OPHTHALMOLOGY	01/01/1988
PEDIATRIC OCULOPLASTIC MALADIES	OPHTHALMIC PRACITCE	01/01/1989
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 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.

DUTCH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF FACIAL PLASTIC & RECONSTRUCTIVE SURGER
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOC. OPHTHALMIC PLASTIC & RECONSTRUCTIVE SURGERY
AMERICAN SOCIETY OF CATARACT & REFRACTIVE SURGERY
FLORIDA MEDICAL ASSOCIATION
FLORIDA SOCIETY OF OPHTHALMOLOGY