

**DANIEL J PAVLIK SR****License Number: CH3567**

Profession                      Chiropractic Physician  
License Status                RETIRED/  
Year Began Practicing      01/01/1980  
License Expiration          03/31/2022  
Date

**General Information****Primary Practice Address**

DANIEL J PAVLIK SR  
2014 S ORANGE AVE  
SUITE 200  
ORLANDO, FL 32806

**Medicaid**

This practitioner does NOT 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: [drpavlik@pavlikchiropractic.com](mailto:drpavlik@pavlikchiropractic.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
PALMER COLLEGE OF CHIROPRACTIC	DC	6/1/1977 - 6/30/1980	06/30/1980
ROLLINS COLLEGE	MASTERS	1/1/1975 - 6/30/1977	06/30/1977
PALMER COLLEGE OF CHIROPRACTIC	DC	6/1/1977 - 6/30/1980	06/30/1980
ROLLINS COLLEGE	MASTERS	1/1/1975 - 6/30/1977	06/30/1977

**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	State or City	Country	Dates Attended From	Dates Attended To
ORTHOPEDICS	OTHER PROGRAM	ORTHOPEDICS	CHIROPRACTIC	***	FLORIDA	01/01/1981	06/30/1983

## 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
FRAUD	10/05/2004	FLORIDA	NO	NOT CORROBORATED	

### 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.**

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 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.pavlikchiropractic.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

**Other Affiliations**

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

Affiliation
FLORIDA CHIROPRACTIC ASSOCIATION