# DONALD P MORRIS

# License Number: CH3724

ProfessionChiropractic PhysicianLicense StatusClear/ActiveYear Began Practicing01/01/1981License Expiration03/31/2026DateDate

# **General Information**

# **Primary Practice Address**

DONALD P MORRIS 10201 HAMMOCKS BLVD. STE 152 MIAMI, FL 33196

## 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: donmia@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State

CHIROPRACTOR CHIROPRACTOR

Profession

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOS ANGELES COLLEGE OF CHIROPR	DC		

# **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

			Dates Attended	Dates Attended	
School/University	City	State/Country	From	То	Degree Title
LOS ANGELES COLLEGE OF CHIROPRACTIC	LOS ANGELES	CALIFORNIA	09/01/1977	12/15/1980	BS HUMAN BIOLOGY

# **Professional and Postgraduate Training**

This practitioner has not completed any graduate medical education.

# 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**

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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 CHIROPRACTIC ORTHOPEDICS (DABCO) OR (FACO)	CHIROPRACTIC ORTHOPEDICS	

# **Financial Responsibility**

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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.

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 an affiliation with the following committees: past - ad hoc rule development committee Fla Board Chiro Med past - Chiropractic Examiner for Florida

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
COMMUNICATOR - SERVICE AWARD	RED CROSS
PAST CHAIRMAN	ARPSC AMATEUR RADIO PUBLIC SERVICE CORPS
MEMBER	CORAL GABLES RADIO AMATEUR COMMUNICATIONS EMERGENCY SERVICE
MIAMI-DADE SKYWARN COORDINATOR	NATIONAL WEATHER SERVICE
2006 NOAA ENVIRONMENTAL HERO AWARD FOR OUTSTANDING VOLUNTEER	NOAA
2005 EXEMPLARY SERVICE - MIAMI-DADE SKYWARN COORDINATOR	MIAMI NWS FORECAST OFFICE
SERVICE AWARD	MIAMI-DADE MEDICAL RESERVE CORE

#### **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**

This practitioner has not provided any professional web page information.

#### 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