



WALLACE CORDELL WADE

License Number: CH4075

Profession Chiropractic Physician
License Status Vol Relinquish/
Year Began Practicing 01/01/1982
License Expiration 03/31/2024
Date

General Information

Primary Practice Address

WALLACE CORDELL WADE
14502 N. DALE MABRY HIGHWAY
SUITE 200
TAMPA, FL 33618

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: drwcwade@verizon.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	CHIROPRACTIC

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NATIONAL COLLEGE OF CHIROPRACT	DC	1/1/1978 - 12/31/1981	12/31/1981
THE NATIONAL COLLEGE OF CHIROP	B.SC.		04/17/1980

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
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	01/01/1968	06/30/1969	BA - HEALTH SCIENCE

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
THE NATIONAL COLLEGE OF CHIROPRACTIC	INTERNSHIP	CHIROPRACTIC INTERNSHIP/RESIDENCY	MERIDIAN THERAPY/ACUPUNCTURE CERTIFICATION	LOMBARD	ILLINOIS	01/01/1980	12/31/1981
THE NATIONAL COLLEGE OF CHIROPRACTIC	INTERNSHIP	CHIROPRACTIC INTERNSHIP/RESIDENCY	PHYSIOTHERAPY CERTIFICATION	LOMBARD	ILLINOIS	01/01/1980	12/31/1981
THE NATIONAL COLLEGE OF CHIROPRACTIC	INTERNSHIP	CHIROPRACTIC INTERNSHIP/RESIDENCY	X-RAY AND SPINOGRAPHY CERTIFICATION	LOMBARD	ILLINOIS	01/01/1980	12/31/1981
PARKER COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	OTHER	CHIROPRACTIC INDEPENDENT MEDICAL EXAMINER	IRVING	TEXAS	01/01/1988	01/31/1988
THE NATIONAL COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	OTHER	IMPAIRMENT RATING & THE LAW/EVAL. OF PERMANENT IMPAIRMENT	LOMBARD	ILLINOIS	01/01/1989	01/31/1989
FLORIDA CHIROPRACTIC ASSOCIATION	OTHER PROGRAM	OTHER	WORKERS COMPENSATION CERTIFICATION COURSE	ORLANDO	FLORIDA	01/01/1995	01/31/1995
LOS ANGELES COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	OTHER	WHIPLASH; THE MASTERS PROGRAM	WHITTIER	CALIFORNIA	01/01/1996	01/31/1996
LOS ANGELES COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	OTHER	REHABILITATION & MANIPULATION; APPROACH TO THE LOCOMOTOR SYS	WHITTIER	CALIFORNIA	01/01/1999	01/02/1999
PARKER COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	OTHER	EXTREMITY ADJUSTING	IRVING	TEXAS	01/01/1989	12/31/1989

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 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:

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 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
SPECIALTY CERTIFICATION:ACUPUNCTURE	MERIDIAN THERAPY

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
HILLSBOROUGH COUNTY CHIROPRACTIC SOCIETY