



CINDY LYNN PEKOFISKY D.C.

License Number: CH4186

Profession Chiropractic Physician
License Status CLEAR/Active
Year Began Practicing 03/01/1983
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

CINDY LYNN PEKOFISKY D.C.
1175 71ST STREET
MIAMI BEACH, FL 33141

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: chirowoman1@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	CHIROPRACTIC PHYSICIAN
NEW JERSEY	CHIROPRACTIC PHYSICIAN

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
SHERMAN COLLEGE OF STRAIGHT CHIROPRACTIC	DC	10/1/1979 - 9/25/1982	09/25/1982

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
VERTEBRAL SUBLUXATION COMPLEX	OTHER PROGRAM	FAMILY PRACTICE	PHILOSOPHY/ADJUSTING TECH./INS. REPORTING/FL LAWS....	PALM BEACH	FLORIDA	08/18/2006	08/20/2006
LYCEUM 2006	OTHER PROGRAM	FAMILY PRACTICE	PRINCIPLES OF PRACTICE/PHILOSOPHY/TECH./EXAM.	SPARTANBURG	SOUTH CAROLINA	05/25/2006	05/28/2006
LYCEUM 2007	OTHER PROGRAM	FAMILY PRACTICE	PHILOSOPHY/ADJUSTING TECH./EXAM./PRINCIPLES OF PRACTICE	SPARTANBURG	SOUTH CAROLINA	05/24/2007	05/27/2007
FCS VERTEBRAL SUBLUXATION COMPLEX	OTHER PROGRAM	FAMILY PRACTICE	GENERAL/MEDICAL ERRORS/FL LAWS AND RULES/DOCUM.....	PALM BEACH	FLORIDA	08/24/2007	08/26/2007
FCS- VERTEBRAL SUBLUXATION COMPLEX	OTHER PROGRAM	FAMILY PRACTICE	DOCUMENTATION/ETHICS/BOUNDARIES/RISK/MEDICAL ERRORS...	FORT LAUDERDALE	FLORIDA	03/15/2008	03/16/2008
FCS VERTEBRAL SUBLUXATION COMPLEX	OTHER PROGRAM	FAMILY PRACTICE	DOCUMENTATION-ETHICS-FL LAWS-MEDICAL ERRORS-REHAB-RESEARCH-R	FORT LAUDERDALE	UNITED STATES	03/26/2011	03/27/2011
THE MIAMI CHIROPRACTIC CONFERENCE	OTHER PROGRAM	FAMILY PRACTICE	FL LAWS -ETHICS-DOCUMENTATION-REHAB-RISK - COMMUNICATIONS	MIAMI	UNITED STATES	02/24/2012	02/26/2012
LYCEUM 2013- 40 YEARS	OTHER PROGRAM	FAMILY PRACTICE		SPARTANBURG	SOUTH CAROLINA	05/23/2013	05/24/2013
THE 2013 MIAMI CHIROPRACTIC CONFERENCE	OTHER PROGRAM	OTHER	ETHICS AND PROFESSIONAL CONDUCT FLORIDA LAWS AND RULES DOCUM	MIAMI	FLORIDA	03/08/2013	03/10/2013
LYCEUM 2012- TIME TO ALIGN	OTHER PROGRAM	OTHER	NEUROLOGY OF SUBLUXATION	SPARTANBURG	SOUTH CAROLINA	05/24/2012	05/26/2012
LYCEUM 2014- FUEL THE VISION ADJUSTING THE WORLD FOR A BETTER	OTHER PROGRAM	FP - FAMILY PRACTICE		SPARTANBURG	SOUTH CAROLINA	05/01/2014	05/03/2014
FLORIDA CHIROPRACTIC SOCIETY	OTHER PROGRAM	FP - FAMILY PRACTICE		WEST PALM BEACH	FLORIDA	08/15/2014	08/17/2014
FCA CONVENTION	OTHER PROGRAM	FP - FAMILY PRACTICE		ORLANDO	FLORIDA	08/27/2015	08/30/2015

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 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 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
BOARD OF TRUSTEES	SHERMAN COLLEGE

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 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 not provided any national, state, local, county, or professional affiliations.