



JACK L EPTER D.C.

License Number: CH4296

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

General Information

Primary Practice Address

JACK L EPTER D.C.
100 W INDIANTOWN RD
JUPITER, FL 33458-3530

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: eptherchiroheals@bellsouth.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	CHIROPRACTOR
NORTH CAROLINA	CHIROPRACTOR

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NEW YORK CHIROPRACTIC COLLEGE	DC	1/1/1980 - 4/1/1983	04/01/1983

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
WE CARE CHIROPRACTIC CLINIC	INTERNSHIP	CHIROPRACTIC INTERNSHIP/RESIDENCY		DRAVOSBURG	PENNSYLVANIA	02/22/1983	03/01/1983
DR ERHARDT X-RAY SEMINAR SERIES GRADUATE X-RAY	OTHER PROGRAM	DIAGNOSTIC IMAGING		NEW YORK	NEW YORK	08/01/1982	06/01/1983
NEW YORK CHIROPRACTIC COLLEGE	OTHER PROGRAM	SPORTS INJURIES & PHYSICAL FITNESS		NEW YORK	NEW YORK	01/01/0001	01/01/1984
DR STANLY KAPLAN IMPAIRMENT SEMINAR	OTHER PROGRAM	CHIROPRACTIC ORTHOPEDICS	IMPAIRMENT RATING	NEW YORK	NEW YORK	01/03/1984	01/04/1984
DR. PETER FERNANDEZ PERSONAL INJURIES SEMINAR	OTHER PROGRAM			ATLANTA	GEORGIA	01/01/1984	01/01/1986
LACC X-RAY SEMINAR SERIES DR. YOCHUM	OTHER PROGRAM			NEW YORK	NEW YORK	01/01/0001	01/01/1984
SOT DR. DEJARNETTE AND ASSOCIATE DOCTORS	OTHER PROGRAM				NEW YORK	01/01/1983	01/01/1986
APPLIED KINESIOLOGY DR. GEORGE GOODHEART	OTHER PROGRAM			NEW YORK	NEW YORK	01/01/0001	01/01/1985
PIERCE STILLWAGEN CHIROPRACTIC TECHNIQUE	OTHER PROGRAM			ORLANDO	FLORIDA	01/01/0001	12/01/1990
MRI OF JUPITER IMAGING OF THE SPINE	OTHER PROGRAM			JUPITER	FLORIDA	01/01/0001	04/10/1992
LEANDER TECHNIQUE PARKER CHIROPRACTIC COLLEGE	OTHER PROGRAM			MIAMI	FLORIDA	01/01/0001	11/01/1996
PARKER CHIROPRACTIC COLLEGE	OTHER PROGRAM			WEST PALM BEACH	FLORIDA	09/01/1993	02/01/1998
NEUROMECHANICAL INNOVATIONS	OTHER PROGRAM	TECHNIQUE		ATLANTA	UNITED STATES	02/16/2013	02/17/2013

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

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

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.
