# **GREGORY CHARLES PRIEST**

# License Number: CH4353

Profession Chiropractic Physician

License Status Clear/Active
Year Began Practicing 06/09/1983
License Expiration 03/31/2026

Date

# **General Information**

# **Primary Practice Address**

GREGORY CHARLES PRIEST NUHS WHOLE HEALTH CENTER - SPC CARUTH HEALTH EDUCATION CENTER PINELLAS PARK, FL 33781

### **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**

Not Provided

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE CHIROPRACTIC COLLEGE	DC	1/1/1980 - 3/1/1983	03/01/1983

#### **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:

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Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country		Dates Attended To
NATIONAL UNIV OF HEAL SCIENCES, CHIROPRACT ORTHOPEDICS		CHIROPRACTIC ORTHOPEDICS	CHIROPRACTIC ORTHOPEDICS	ORLANDO	FLORIDA	09/01/1995	10/02/1999

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
NATIONAL UNIVERSITY OF HEALTH SCIENCES, ASSOCIATE PROFESSOR	OTHER	PINELLAS PARK	FLORIDA

# **Specialty Certification**

### **Specialty Certification**

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

### **Financial Responsibility**

FINANCIAL EXEMPTION Pr

**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:

Editorial Review Board, J Acad Chiro Orthopedists

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

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

Community Service/Award/Honor	Organization
PAST MEMBER BOARD OF DIRECTORS	ACADEMY OF CHIROPRACTIC ORTHOPEDISTS
PAST MEMBER BOARD OF DIRECTORS 1991-1992	FLORIDA CHIROPRACTIC ASSOCIATION
FLORIDA BAR GRIEVANCE CMTE, 18TH JUDICIAL CIRCUIT 1991-1994	FLORIDA BAR GRIEVANCE COMMITTEE, 18TH JUDICIAL CIRCUIT

#### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
MRI AND NUC MED	ACADEMY OF CHIROPRACTIC ORTHOPEDISTS	01/01/2004
EDITORIAL REVIEW-OSTEOCHONDRITIS DISSECANS	JOURNAL OF THE ACADEMY OF CHIROPRACTIC ORTHOPEDISTS	01/01/2009

#### **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:

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Affiliation	
ACADEMY OF CHIROPRACTIC ORTHOPEDISTS	
AMERICAN CHIROPRACTIC ASSOCIATION	
FLORIDA CHIROPRACTIC PHYSICIANS ASSOCIATION	