



## JOEL D STEIN

### License Number: OS4707

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	01/01/1984
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

JOEL D STEIN  
4109 N FEDERAL HIGHWAY  
FT LAUDERDALE, FL 33308

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
HOLY CROSS HOSPITAL, INC.	FORT LAUDERDALE	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
PALMETTO GENERAL HOSPITAL	HIALEAH	FLORIDA
LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	FLORIDA

### Email Address

Please contact at: [ommdoc@aol.com](mailto:ommdoc@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	DO
COLORADO	DO

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
KIRKSVILLE COLLEGE OF OSTEOPAT			

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
HUMANA S BROWARD	INTERNSHIP	OTHER	ROTATING	HOLLYWOOD	FLORIDA	06/01/1983	06/01/1984
KCOM	FELLOWSHIP	OTHER	ANATOMY OMM	KIRKSVILLE	MISSOURI	06/01/1982	06/01/1983

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
ASSOCIATE CLINICAL PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	FLORIDA
PROFESSOR EMERITUS	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA
RESIDENCY DIRECTOR LARKIN HOSPITAL	NOVA SOUTHEASTERN UNIVERSITY	SOUTH MIAMI	FLORIDA
PROGRAM DIRECTOR SPORTS MEDICINE FELLOWSHIP LARKIN HOSPITAL	NOVA SOUTHEASTERN UNIVERSITY	SOUTH MIAMI	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 OSTEOPATHIC BOARD OF FAMILY PHY	FP - FAMILY PRACTICE	
AMERICAN OSTEOPATHIC BOARD OF FAMILY PHY	FP - SPORTS MEDICINE	
AMER OSTEOPATHIC BOARD OF SPECIAL PROFIC IN OSTE	NEUROMUSCULOSKELETAL MEDICINE	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000, from an authorized insurer as defined under s.624.09 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

# 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 \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

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:  
STATE OF FLORIDA CHRONIC PAIN COMMISSION  
STATE OF FL OSTEOPOROSIS COUNCIL  
FOMA DIRECTOR LARGE  
RESIDENCY PROGRAM DIRECTOR FP NMM SPORTS MED LARKIN HOSPITAL

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BUREAU OF EXPERTS	AMERICAN ACADEMY OF OSTEOPATHY

Community Service/Award/Honor	Organization
FELLOW	AMERICAN ACADEMY OF OSTEOPATHY
FELLOW	AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE
	FOMA DIRECTOR LARGE TRUSTEE
	BCOMA PAST PRESIDENT
FELLOW	AMERICAN COLLEGE OF OSTEOPATHIC FAMILY PHYSICIANS

### 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

www.ommdoc.com

### 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF OSTEOPATHY
AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE
AMERICAN OSTEOPATHIC ASSOCIATION
BROWARD COUNTY OSTEOPATHIC MEDICAL ASSOCIATION
CRANIAL ACADEMY
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
FLORRIDA ACADEMY OF OSTEOPATHY