



CHARLES G MAITLAND

License Number: ME43800

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1969
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

CHARLES G MAITLAND
1401 CENTERVILLE ROAD
SUITE 510
TALLAHASSEE, FL 32308

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA
FLORIDA STATE HOSPITAL	CHATAHOOCHEE	FLORIDA

Email Address

Please contact at: lynneannmaitland@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
SAINT LOUIS UNIVERSITY MAIN CA	MD	9/1/1965 - 6/1/1969	

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
BOSTON COLLEGE	CHESTNUT HILL	MASSACHUSETTS	01/01/1964	01/01/1965	BS BIOLOGY

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
LETTERMAN ARMY MEDICAL CENTER	RESIDENCY	N - NEUROLOGY		SAN FRANCISCO	CALIFORNIA	07/01/1971	06/30/1974
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	FELLOWSHIP	N - CHILD NEUROLOGY		SAN FRANCISCO	CALIFORNIA	07/01/1994	07/01/1975
UNIVERSITY OF CALIFORNIA SAN FRANCISCO	FELLOWSHIP	OTHER	NEURO-OPHTHALMOLOGY	SAN FRANCISCO	CALIFORNIA	07/01/1980	07/01/1981
UNIVERSITY OF CONNECTICUT	INTERNSHIP	IM - INTERNAL MEDICINE		FARMINGTON	CONNECTICUT	07/01/1969	06/30/1970
UNIVERSITY OF CONNECTICUT	RESIDENCY	IM - INTERNAL MEDICINE		FARMINGTON	CONNECTICUT	07/01/1970	06/30/1971

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
PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	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
	NEUROLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have 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, F. S., from a surplus lines insurer as defined under s. 626.914(2), 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 \$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:

CHAIR NEUROLOGY REHAB COMM/TALLAHASSEE MEMORIAL HOSPITAL

MEDICAL DIRECTOR/NEURO REHAB CTR-TALLAHASSEE MEM REG HOSP

FSU College of Medicine Admissions Review Board

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BEST DOCTORS IN AMERICA 94-95	PA REVIEW NEURO-OPHTHALMOLOGY SOCIETY
BEST DOCTORS IN AMERICA-98-99	
CUM LAUDE	BOSTON COLLEGE
BEST DOCTORS IN AMERICA 1996-1997	

Publications

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

Title	Publication	Date
MALIGNANT OPTIC GLIOMA PRESENTING RADIOLOGICALLY AS CYST	NEUROSURGERY	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
TRANSIENT HYDROCEPHALUS IN PREMATURE INFANTS	LANCET	03/01/1976
PROGRESSIVE RUBELLA PANEN-CEPHALITIS	ARCH NEUROL	01/01/1976
CHIASMAL APOPLEXY	JOURNAL NEUROSURG	01/01/1982
EVOKED POTENTIALS IN EVALUATION OF VISUAL FIELDS	NEUROLOGY	01/01/1982

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
SIGN LANGUAGE

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF NEURO-REHABILITATION
CERT/NEURO-OPHTHALMOLOGY
FAC APPT/AFFILIATE PROF, FLORIDA STATE UNIV, TALL, FL
FAC APPT/RESEARCH ASSOCIATE-COLL OF HUMAN SCI, FSU, FL
INTERNATIONAL NEURO-OPHTHALMOLOGY SOCIETY
NORTH AMERICAN NEURO-OPHTHALMOLOGY SOCIETY-FELLOW
SOUTHEASTERN NEURO-OPHTHALMOLOGY SOCIETY