#### **GLENN DAVID ADAMS MD**

#### License Number: ME44375

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1981
License Expiration 01/31/2026

Date

## General Information

#### **Primary Practice Address**

GLENN DAVID ADAMS MD 3816 E FOREST LAKE DRIVE SARASOTA, FL 34232

#### 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
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
DOCTORS MEMORIAL HOSPITAL	SARASOTA	FLORIDA

#### **Email Address**

Please contact at: gncadams@comcast.net

#### **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 is exempt from paying assessment.

# **Education and Training**

#### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOYOLA UNIVERSITY OF CHICAGO	MD		07/26/1978

#### **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
SOUTHERN ILLINOIS SCHOOL OF MEDICINE	INTERNSHIP	IM - INTERNAL MEDICINE		SPRINGFIELD	ILLINOIS	07/01/1978	06/30/1979
SOUTHERN ILLINOIS SCHOOL OF MEDICINE	RESIDENCY	IM - INTERNAL MEDICINE		SPRINGFIELD	ILLINOIS	07/01/1979	06/30/1981
NORTHWESTERN UNIVERSITY SCHOOL OF MEDICINE	FELLOWSHIP	IM - PULMONARY DISEASE		CHICAGO	ILLINOIS	07/01/1982	06/30/1984

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

#### **Academic Appointments**

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

Title	Institution	City	State
ASST CLINICAL PROFESS	SOR OF MEDICINE ELORIDA STATE LINIVERSITY SCHOOL (	DE MEDICINE SARASOTA	FI ORIDA

# **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 INTERNAL MEDICINE	IM - PULMONARY DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	SLEEP MEDICINE	

# Financial Responsibility

#### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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 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
BETA BETA BETA	BIOLOGICAL SOCIETY
ALPHA SIGMA NU	JESUIT HONOR SOCIETY

#### **Publications**

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

Title	Publication	Date
THE ROLE OF FIBER-OPTIC BRONCHOSCOPY IN THE EVALUATION OF	AMERICAN REVIEW OF RESPIRATORY DISEASE	01/01/1995
THE IMPACT OF SUBSTANCE ABUSE ON THE RESPIRATORY SYSTEM	CHEST	01/01/1987
AMIODARONE INDUCED PNEUMONITIS: ASSESSMENT OF RISK FACTORS	CHEST	01/01/1988
HUMAN ADJUVANT DISEASE: A NEW CAUSE OF CHYLOUS PLEURAL	ARCHIVES OF INTERNAL MEDICINE	01/01/1989

### **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:

This practitioner has provided the following national, state, local, county, and professional annitations.
Affiliation
AMERICAN ACADEMY OF SLEEP MEDICINE
AMERICAN COLLEGE OF CHEST PHYSICIANS
AMERICAN COLLEGE OF PHYSICIANS
SARASOTA COUNTY MEDICAL SOCIETY
SPEC CERT/AMERICAN BOARD OF SLEEP MEDICINE