



## DOUGLAS MATTHEW BURKS MD

License Number: ME45186

Profession	Medical Doctor
License Status	PROBATION/Active
Year Began Practicing	01/01/1980
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

DOUGLAS MATTHEW BURKS MD  
CUSTOM CARE MEDICAL CTR  
1931 W DR MARTIN LUTHER KING JR BLVD  
TAMPA, FL 33607

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
		FLORIDA

### Email Address

Please contact at: [prospector54@gmail.com](mailto:prospector54@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR

### 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
LOUISIANA STATE UNIVERSITY	M.D.	8/25/1976 - 5/25/1980	05/20/1980

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
NORTHWESTERN STATE UNIVERSITY OF LOUISIANA	NATCHITOCHE	LOUISIANA	08/29/1972	05/25/1976	BS - BACHELOR OF SCIENCE

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
MEDICAL UNIVERSITY OF SOUTH CAROLINA MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		***	SOUTH CAROLINA	07/01/1980	06/30/1981
UNIVERSITY OF ALABAMA HOSPITAL	RESIDENCY	AN - ANESTHESIOLOGY		***	ALABAMA	07/01/1981	06/30/1983

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 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 ANESTHESIOLOGY	AN - ANESTHESIOLOGY	04/18/1986

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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

Taken By	Date Of Action	Description of Disciplinary Action			Under Appeal
FLORIDA DEPARTMENT OF HEALTH	08/24/2017	PROBATION			NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
INDIRECT SUPERVISION	8/24/2017			\$ 0.00	\$ 0.00
RESPONDENT REPORT	8/24/2017			\$ 0.00	\$ 0.00
MONITOR REPORTS	8/24/2017			\$ 0.00	\$ 0.00
RECORDS REVIEW	8/24/2017			\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	8/24/2017			\$ 0.00	\$ 0.00
MONITOR APPEARANCE	8/24/2017			\$ 0.00	\$ 0.00
CURRICULUM VITAE	8/24/2017			\$ 0.00	\$ 0.00
FINE	8/24/2017	9/23/2017	10/2/2017	\$ 1,000.00	\$ 1,000.00
FIRST APPEARANCE	8/24/2017			\$ 0.00	\$ 0.00
CURRICULUM VITAE	8/24/2017			\$ 0.00	\$ 0.00
ALTERNATE MONITOR	8/24/2017			\$ 0.00	\$ 0.00
TOLLING	8/24/2017			\$ 0.00	\$ 0.00
RETURN TO PRACTICE	8/24/2017			\$ 0.00	\$ 0.00
MONITOR	8/24/2017			\$ 0.00	\$ 0.00
MISCELLANEOUS	8/24/2017			\$ 0.00	\$ 0.00
LAST APPEARANCE	8/24/2017			\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	8/24/2017			\$ 0.00	\$ 0.00
MODIFICATION ORDER- APPROVED	12/18/2018			\$ 0.00	\$ 0.00
SUBSEQUENT ORDER	12/18/2018			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 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 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:

Affiliation
AMERICAN ACADEMY OF PAIN MANAGEMENT