GABRIEL SANTAMARINA

License Number: PO3804

Profession Podiatric Physician
License Status DELINQUENT/
Year Began Practicing 01/01/2014
License Expiration 03/31/2024

Date

General Information

Primary Practice Address

GABRIEL SANTAMARINA 3070 LOOPDALE LANE KISSIMMEE, FL 34741-7659

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
GRADY HOSPITAL		

Email Address

Please contact at: Credentialing@MFAHealth.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	PODIATRY
GEORGIA	PODIATRIST

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BARRY UNIVERSITY	DPM	8/1/2010 - 5/1/2014	05/01/2014

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
MERCY HOSPITAL/BUSPM		PIR - PODIATRIC INTERNSHIP/RESIDENCY		MIAM	I FLORIDA	07/01/2014	06/30/2017

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
DIRECTOR OF PODIATRY	EMORY UNIVERSITY SCHOOL OF MEDICINE	ATLANTA	GEORGIA

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 PODIATRIC SURGERY	FOOT AND ANKLE SURGERY	

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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 \$5,000.00 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: Associate, American College of Foot and Ankle Surgeons

Podiatrist, Grady Limb Salvage Committee

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
HONORARY MEMBER	PI DELTA NATIONAL PODIATRIC HONOR SOCIETY

Publications

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

Title	Publication	Date
TIBIA-CALCANEUS FUSION FOR TREATMENT OF	POSTER PRESENTATION. ACFAS ANNUAL	05/01/2016
CHARCOT JOINT DISEASE	CONFERENCE.	

Professional Web Page

www.ModernFootAnkle.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. $\ensuremath{\mathsf{SPANISH}}$

Other Affiliations

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

Affiliation

ASSOCIATE, AMERICAN ASSOCATION OF PODIATRIC SPORTS MEDICINE

ASSOCIATE, AMERICAN COLLEGE OF FOOT AND ANKLE SURGERY