#### RYAN MEDINA OAKLEY

#### License Number: PO4074

ProfessionPodiatric PhysicianLicense StatusCLEAR/ActiveYear Began PracticingNot ProvidedLicense Expiration03/31/2026DateDate

## **General Information**

#### **Primary Practice Address**

RYAN MEDINA OAKLEY 10260 SW 56TH STREET SUITE 101 MIAMI, FL 33165

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: DrRyanOakley@gmail.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

## **Education and Training**

#### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BARRY UNIVERSITY	DPM	8/1/2013 - 4/29/2017	04/29/2017

#### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

School/University	City State/Count	Dates Attended ry From	Dates Attended To	Degree Title
FLORIDA INTERNATIONAL UNIVERSITY	MIAMI FLORIDA	05/01/2008	12/10/2011	BS - BACHELOR OF SCIENCE

#### **Professional and Postgraduate Training**

This practitioner has not completed any graduate medical education.

## 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

## **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: ACFAS FPMA MDCPMA ABPM

#### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

#### **Publications**

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

Title	Publication	Date
SURGICAL WOUND DEHISCENCE DUE TO GOUT: A	PODIATRY INSTITUTE	06/01/2018
CASE PRESENTATION		

#### **Professional Web Page**

www.doctorpodiatry.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 PORTUGUESE

#### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.