



STEVEN JOSEPH AUGUSTINE

License Number: CH5206

| | |
|-------------------------|------------------------|
| Profession | Chiropractic Physician |
| License Status | CLEAR/Active |
| Year Began Practicing | 01/01/1986 |
| License Expiration Date | 03/31/2026 |

General Information

Primary Practice Address

STEVEN JOSEPH AUGUSTINE
4547 GUNN HIGHWAY
TAMPA, FL 33624

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

Email Address

Please contact at: steveaug@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|------------|--------------|
| NEW JERSEY | CHIROPRACTOR |
| NEW JERSEY | PHARMACIST |
| NEW YORK | CHIROPRACTOR |
| TEXAS | PHARMACIST |

Education and Training

Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|-------------------------------|--------------|---------------------|-----------------|
| NEW YORK CHIROPRACTIC COLLEGE | DC | 1/1/1983 - 4/1/1986 | 04/01/1986 |

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 |
|-----------------------|---------------|---------------|---------------------|-------------------|--------------------------|
| RUTGERS UNIVERSITY | NEW BRUNSWICK | NEW JERSEY | 09/01/1971 | 05/01/1976 | BS - BACHELOR OF SCIENCE |
| UNIVERSITY OF HOUSTON | HOUSTON | TEXAS | 08/01/1978 | 12/01/1980 | MS PHARMACOLOGY |

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 |
|---|--------------|----------------|----------------------|----------|------------------|---------------------|-------------------|
| DIPLOMATE - COUNCIL ON NEUROLOGY | FELLOWSHIP | NEUROLOGY | | ST LOUIS | UNITED STATES | 09/01/1991 | 05/08/1994 |
| INTERNATIONAL ACADEMY OF CLINICAL ACUPUNCTURE | FELLOWSHIP | OTHER | ACUPUNCTURE | ORLANDO | UNITED STATES | 09/10/1996 | 09/14/1997 |

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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.

This profession is not required by F.S., to report bankruptcy and liability claims.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

| Incident Date | County | Judicial Case | Settlement Date | Amount | Policy Amount |
|---------------|--------|---------------|-----------------|-------------|---------------|
| 01/02/2013 | | | 03/23/2017 | \$50,000.00 | \$0.00 |

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
NEW YORK

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 ASSOCIATION OF SPINE PHYSICIANS |
| FLORIDA CHIROPRACTIC ASSOCIATION |
| HILLSBOROUGH COUNTY CHIROPRACTIC SOCIETY |
| INTERNATIONAL ACADEMY OF MEDICAL ACUPUNCTURE-FELLOW |