



ROGER SHELLEY GORMAN M.D.

License Number: ME50540

Profession	Medical Doctor
License Status	Obligations/Active
Year Began Practicing	07/01/1987
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

ROGER SHELLEY GORMAN M.D.
19202 BLACK MANGROVE CT
19202 BLACK MANGROVE COURT
BOCA RATON, FL 33498

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
DELRAY MEDICAL CENTER	DELRAY BEACH	FLORIDA
WEST BOCA MEDICAL CENTER	BOCA RATON	FLORIDA

Email Address

Please contact at: jedtedregina@gmail.com

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 has submitted payment of the assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD AUTONOMA DE SANTO	MD		01/01/1982

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
RARITAN BAY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		***	NEW JERSEY	07/01/1983	06/30/1984
ST LUKES-ROOSEVELT	RESIDENCY	AN - ANESTHESIOLOGY		NEW YORK	NEW YORK	07/01/1984	06/30/1986
ST LUKES-ROOSEVELT	FELLOWSHIP	AN - ANESTHESIOLOGY		NEW YORK	NEW YORK	07/01/1986	06/30/1987

Academic Appointments

Graduate Medical Education

This practitioner has 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	

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:

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	09/18/2019	OBLIGATION(S) SATISFIED	NO
FLORIDA DEPARTMENT OF HEALTH	08/25/2022	PROBATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00
FIRST APPEARANCE	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
LAST APPEARANCE	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
MONITOR	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
MONITOR APPEARANCE	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
CHANGE OF SUPERVISOR	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
RECORDS REVIEW	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
RETURN TO PRACTICE	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
COSTS	8/25/2022	2/24/2023	2/15/2023	\$ 6,836.68	\$ 6,836.68
DIRECT SUPERVISION	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
SUPERVISOR'S REPORT	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
TOLLING	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
CURRICULUM VITAE	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
ALTERNATE MONITOR	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	9/2/2022		10/4/2023	\$ 0.00	\$ 0.00
PRE-APPROVAL OF SUPERVISOR/MON	8/25/2022		10/18/2023	\$ 0.00	\$ 0.00
FL CARES EVALUATION	8/25/2022	5/24/2023	8/1/2023	\$ 0.00	\$ 0.00
FINE	8/25/2022	2/24/2023	2/15/2023	\$ 10,000.00	\$ 10,000.00
ACKNOWLEDGEMENT LETTER	8/25/2022		10/4/2023	\$ 0.00	\$ 0.00
CE: "RISK MANAGEMENT"	3/31/2023	8/24/2023	3/31/2023	\$ 0.00	\$ 0.00
CE: ANESTHESIOLOGY		8/24/2023		\$ 0.00	\$ 0.00
CE: MANAGING HYPOTENSION DURI		7/31/2024		\$ 0.00	\$ 0.00
CE: RECORDS COURSE		8/24/2023		\$ 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](#).

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
08/09/2013	DADE		02/26/2016	\$700,000.00	\$1,000,000.00
01/21/2016	BROWARD	CACE 17-001561	09/29/2020	\$1,000,000.00	\$0.00
01/12/2016	PALM BEACH		11/02/2020	\$8,500,000.00	\$8,500,000.00

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 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

Other Affiliations

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

Affiliation
A.M.S.A
INTERNATIONAL ANESTHESIA RESEARCH SOCIETY