



## NORMAN JOSEPH BRODSKY

License Number: ME53481

Profession Medical Doctor  
License Status RETIRED/  
Year Began Practicing 01/01/1972  
License Expiration 01/31/2023  
Date

## General Information

### Primary Practice Address

NORMAN JOSEPH BRODSKY  
3155 N MCMULLEN BOOTH ROAD  
CLEARWATER, FL 33761

### 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
MORTON PLANT HOSPITAL	CLEARWATER	FLORIDA
MEASE HOSPITAL - DUNEDIN	DUNEDIN	FLORIDA
HELEN ELLIS MEMORIAL HOSPITAL	TARPON SPRINGS	FLORIDA
MEASE HOSPITAL - COUNTRYSIDE	SAFETY HARBOR	FLORIDA
LARGO MEDICAL CENTER	LARGO	FLORIDA
SUN COAST HOSPITAL	LARGO	FLORIDA

### Email Address

Please contact at: [aubrae@premonc.com](mailto:aubrae@premonc.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL

### 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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MINNESOTA CENTRA	MD		01/01/1972

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
HENNEPIN COUNTY MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE		MINNEAPOLIS	MINNESOTA	06/01/1972	06/30/1973
ALBERT EINSTEIN MEDICAL CENTER	FELLOWSHIP	IM - RHEUMATOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1978	06/30/1980
HAHNEMANN MEDICAL COLLEGE	RESIDENCY	RO - RADIATION ONCOLOGY		PHILADELPHIA	PENNSYLVANIA	07/01/1985	06/30/1988
HENNEPIN COUNTY MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		MINNEAPOLIS	MINNESOTA	07/01/1973	06/30/1976
HENNEPIN COUNTY GENERAL HOSPITAL	RESIDENCY	OTHER	CHIEF RESIDENT	MINNEAPOLIS	MINNESOTA	01/01/1975	01/01/1976
HAHNEMANN MEDICAL COLLEGE	RESIDENCY	OTHER	CHIEF RESIDENT	PHILADELPHIA	PENNSYLVANIA	01/01/1987	01/01/1988

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
CLINICAL ASST PROF	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

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 COLLEGE OF RHEUMATOLOGY	IM - RHEUMATOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF RADIOLOGY	RO - RADIATION ONCOLOGY	

Financial Responsibility

## Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), 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 \$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 an affiliation with the following committees:

CANCER COMMITTEE MORTON PLANT MEASE HOSPITAL

ETHICS COMMITTEE HELEN ELLIS HOSPITAL

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ALPHA OMEGA ALPHA	HONOR MEDICAL SOCIETY

Publications

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

Title	Publication	Date
A CLINICAL PERSPECTIVE	ONCOLOGIC IMAGING	01/01/1997

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 SOCIETY FOR THERAPEUTIC RADIATION & ONCOLOGY
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF THERAPEUTIC RADIOLOGY
FLORIDA MEDICAL ASSOCIATION
MAIMONIDES SOCIETY
PINELLAS COUNTY MEDICAL SOCIETY