



STEPHEN JOHN NELSON M.D.

License Number: ME54490

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing 01/01/1985  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

STEPHEN JOHN NELSON M.D.  
DISTRICT 10 MEDICAL EXAMINER  
1021 JIM KEENE BLVD.  
WINTER HAVEN, FL 33880-8010

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

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

Institution Name	City	State
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA

### Email Address

Please contact at: [sjnelsonmd@gmail.com](mailto:sjnelsonmd@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
AMERICAN UNIV. OF THE CARRIBEA	MD	1/1/1982 - 1/1/1985	01/01/1985
SUNY AT BUFFALO	MA	1/1/1979 - 1/1/1982	01/01/1982

## 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
SUNY BUFFALO SCHOOL OF MEDICINE	BUFFALO	NEW YORK	01/01/1979	01/01/1982	MS - PATHOLOGY

## 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
ALBERT EINSTEIN COLLEGE OF MEDICINE	RESIDENCY	PTH - PATHOLOGY	ANATOMIC PATHOLOGY	BRONX	NEW YORK	07/01/1985	06/30/1986
ALBERT EINSTEIN COLLEGE OF MEDICINE	RESIDENCY	PTH - PATHOLOGY	ANATOMIC PATHOLOGY	BRONX	NEW YORK	07/01/1986	06/30/1987
ALBERT EINSTEIN COLLEGE OF MEDICINE	FELLOWSHIP	PTH - NEUROPATHOLOGY		BRONX	NEW YORK	07/01/1987	06/30/1989
UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	FELLOWSHIP	PTH - FORENSIC PATHOLOGY	BROWARD COUNTY MEDICAL EXAMINER	MIAMI	FLORIDA	07/01/1989	06/30/1990

## 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
ASSOCIATE CLINICAL PROFESSOR	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 BOARD OF PATHOLOGY	PTH - NEUROPATHOLOGY	
AMERICAN BOARD OF PATHOLOGY	PTH - FORENSIC PATHOLOGY	
AMERICAN BOARD OF PATHOLOGY	PATHOLOGY-ANATOMIC	

## 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:  
AHCA ORGAN TISSUE PROCUREMENT TRANSPLANTATION ADVISORY  
LIFELINK OF FLORIDA MEDICAL ADVISORY BOARD  
CHAIRMAN FLORIDA MEDICAL EXAMINERS COMMISSION (FDLE)

## Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ALUMNI PROFESSIONAL ACHIEVEMENT AWARD	AUC

## Publications

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

Title	Publication	Date
MORTALITY SURVEILLANCE 2004-5 FLA HURRICANE-RELATED DEATHS	AMERICAN JOURNAL OF FORENSIC MEDICINE AND PATHOLOGY	07/01/2008
EPIDEMIC PRECURSOR MARKED INCREASE IN COCAINE DEATHS IN FLA	JOURNAL OF ADDICTIVE DISEASES	08/01/2007
HURRICANE KATRINA MORTALITY ? FLORIDA AND ALABAMA	MMWR	03/10/2006
FATAL DIPHENHYDRAMINE INTOXICATION IN INFANTS	JOURNAL OF FORENSIC SCIENCES	03/01/2003
SUDDEN DEATH DUE TO LARYNGEAL PAPILOMATOSIS	ASCP FORENSIC PATHOLOGY CHECK SAMPLE	06/01/1998

## 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 ACADEMY OF FORENSIC SCIENCES
AMERICAN ASSOCIATION OF NEUROPATHOLOGISTS
COLLEGE OF AMERICAN PATHOLOGISTS - FELLOW
FLORIDA ASSOCIATION OF MEDICAL EXAMINERS - PAST PRESIDENT
FLORIDA MEDICAL ASSOCIATION - FORMER HOUSE DELEGATE
NATIONAL ASSOCIATION OF MEDICAL EXAMINERS