Florida HEALTH Department of Health

JOHN TIMOTHY MOOR

License Number: ME55341

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1983
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

JOHN TIMOTHY MOOR
2446 S. TAMIAMI TRAIL
SARASOTA, FL 34239

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
COLUMBIA DOCTORS HOSPITAL OF SARASOTA	SARASOTA	FLORIDA
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA

Email Address

Please contact at: **chouck@advancedsportsmedicine.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 is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MEDICAL COLLEGE OF OHIO AT TOL	MD	1/1/1980 - 1/1/1983	01/01/1983

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
ALTON OCHSNER MEDICAL	INTERNSHIP	ORS - ORTHOPAEDIC SURGERY		***	LOUISIANA	07/01/1983	06/30/1984
ALTON OCHSNER MEDICAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		***	LOUISIANA	07/01/1984	06/30/1988
UNIV IOWA HOSPITALS AND CENTER	FELLOWSHIP	OTHER	SPORTS MEDICINE/ARTHROSCOPY	***	IOWA	07/01/1988	06/30/1989
UNIV OF WESTERN ONTARIO	FELLOWSHIP	OTHER	ORTHOPEDIC SHOULDER SURGERY	LONDON/ONTARIO	CALIFORNIA	06/01/1990	08/30/1990
UNIVERSITY OF IOWA HOSPITALS AND CENTER	FELLOWSHIP	ORTHOPEDICS	ARTHROSCOPY			07/01/1988	06/30/1989

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 PRECEPTOR AND FACULTY MEMBER	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	FLORIDA
ADJUNCT CLINICAL FACULTY MEMBER - PA PROGRAM	BARRY UNIVERSITY		
CLINICAL PRECEPTOR AND FACULTY MEMBER	LECOM UNIVERSITY		
CLINICAL ASSISTANT PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	SARASOTA	FLORIDA
CLINICAL PRECEPTOR AND FACULTY MEMBER	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	SARASOTA	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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

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.

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:
KNEE AND HIP COMMITTEE FOR AANA
MEMBERSHIP COMMITTEE FOR AANA
MASTER ARTHROSCOPY INSTRUCTOR FOR AANA

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
BASEBALL	LITTLE LEAGUE
BASKETBALL	YMCA
CARDIVA MOONEY HIGH SCHOOL	ATHLETICS MEDICAL COVERAGE
NEIGHBORHOOD CHAMPION	BANK OF AMERICA
“AMERICA’S TOP ORTHOPEDISTS”	CONSUMERS’ RESEARCH COUNCIL OF AMERICA
“AMERICA’S TOP SURGEONS”	CONSUMERS’ RESEARCH COUNCIL OF AMERICA
CERTIFICATE OF RECOGNITION	SCHOOL BOARD OF SARASOTA COUNTY
ADJUNCT CLINICAL FACULTY MEMBER – PA PROGRAM	BARRY UNIVERSITY
CLINICAL PRECEPTOR AND FACULTY MEMBER	LECOM UNIVERSITY
FLORIDAS ORTHOPEDIC SURGEON OF THE CINCINNATI REDDS	CINCINNATI REDS BASEBALL
ORTHOPEDIC SURGEON	MARTINA NAVRATILOVA
CLINICAL INVESTIGATOR	LINVATEC
INTERNATIONAL VISITING INSTRUCTOR	NOVGOROD MEDICAL ALLIANCE OF RUSSIA
DISTINGUISHED PHYSICIAN	FLORIDA MEDICAL ASSOCIATION
ORTHOPEDIC SURGEON AND SPEAKER	SARASOTA MARATHON

Publications

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

Title	Publication	Date
RELIABILITY OF RADIOGRAPHIC ASSESSMENT OF ANATOM PATHOLOGY	SHOULDER ELBOW SURGERY	01/01/1995
ANALYSIS OF FAILED ARTHOSCOPIC DECOMPRESSIONS	SOUTH MED	01/01/1991

Professional Web Page

www.advancedsportsmedicine.com

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 ORTHOPEDIC SURGEONS
AMERICAN ORTHOPEDIC SOCIETY OF SPORTS MEDICINE
ARTHROSCOPY ASSOCIATION OF N AMERICA
FLORIDA MEDICAL ASSOCIATION
HAWKIN'S SHOULDER SOCIETY
SEMINOLE COUNTY MEDICAL SOCIETY