# MARK ALLEN YOUNG

# License Number: ME57098

ProfessionMediaLicense StatusClearYear Began Practicing01/01License Expiration Date01/31Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 01/01/1991 01/31/2026 Yes

# **General Information**

## **Primary Practice Address**

MARK ALLEN YOUNG 5430 CAMPBELL BLVD SUITE 205 WHITE MARSH, MD 21162

## 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
SINAI-NORTHWEST HOSPITAL (LIFEBRIDGE HEALTH)	BALTIMORE	MARYLAND
GREATER BALTIMORE MEDICAL CENTER	BALTIMORE	MARYLAND
WTC	BALTIMORE	MARYLAND
VIERA VETERANS ADMIN. CLINIC	VIERA	FLORIDA

## **Email Address**

Please contact at: markyoung123@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MARYLAND	MEDICAL PHYSCIAN
PENNSYLVANIA	PHYSICIAN
MARYLAND	PHYSICIAN

PENNSYLVANIA

#### 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
THE CHICAGO MEDICAL SCHOOL	MD		06/01/1987

# **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended y From	Dates Attended To	Degree Title
UNIVERSITY OF CALIFORNIA-LOS ANGELES	LOS	CALIFORNIA	06/01/1998	09/01/1998	
ACUPUNCTURE	ANGELES				

# **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
LOUIS A WEISS/UNIVERSITY OF CHICAGO	INTERNSHIP	IM - INTERNAL MEDICINE		CHICAGO	ILLINOIS	06/23/1987	06/22/1988
ALBERT EINSTEIN/MONTEFIORE MEDICAL CENTER	RESIDENCY	PM - PHYSICAL MEDICINE AND REHABILITATIO		BRONX	NEW YORK	07/01/1988	07/01/1991

# Academic Appointments

# **Graduate Medical Education**

This practitioner has not 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 PROFESSOR (ADJUNCT) : PM&	R TEMPLE UNIVERSITY SCHOOL OF MEDICINE	PHILADELPHIA	PENNSYLVANIA
FACULTY	JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDIC	BALTIMORE	MARYLAND
ASSOCIATE PROFESSOR-ADJUNCT	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	NEW YORK	NEW YORK

# **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 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**

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#### **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 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
GOLDEN GONIOMETER AWARD	JOHNS HOPKINS/SINAI HOSPITAL
MARYLAND COVID HEROES AWARD	THE CHESED FUND OF BALTIMORE

#### **Publications**

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

Title	Publication	Date
SPINAL REHABILITATION	STARS:SPINE	10/01/1995
CONSERVATIVE CARE OF THE SPINE	STARS:PM&R	10/01/1995
HISTORY OF PHYSICAL MEDICINE & REHAB & ETHICAL DIMENSIONS	AMA-JOURNAL OF ETHICS	06/01/2015
WHAT IS PHYSIATRY?	PM&R SECRETS EDITIONS 1,2,3,4	07/01/2024

# **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 PHYSICAL MEDICINE & REHABILITATION AMERICAN COLLEGE OF PHYSICIANS STAFF PRIV/MARYLAND REHABILITATION CENTER/BALTIMORE,MD

STAFF PRIV/NORTHWEST HOSPITAL/BALTIMORE,MD

STAFF PRIV/SINAI HOSPITAL OF BALTIMORE/BALTIMORE,MD