



## JOSEPH LEVONNE CAMPS MD

License Number: ME57214

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1988  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

JOSEPH LEVONNE CAMPS MD  
3800 BOBBIN BROOK CIR  
TALLAHASSEE, FL 32312

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	TALLAHASSEE	FLORIDA
	TALLAHASSEE	FLORIDA
	TALLAHASSEE	FLORIDA
	PERRY	FLORIDA

### Email Address

Please contact at: josephcampsmd@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 is exempt from paying assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA	MD	7/1/1978 - 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
FLORIDA STATE UNIVERSITY	TALLAHASSEE	FLORIDA	07/01/1973	06/30/1978	BS - BACHELOR OF SCIENCE

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
UNIVERSITY OF NORTH CAROLINA HOSPITALS	INTERNSHIP	GS - SURGERY			NORTH CAROLINA	07/01/1982	06/30/1984
UNIVERSITY OF NORTH CAROLINA HOSPITALS	RESIDENCY	U - UROLOGY			NORTH CAROLINA	07/01/1984	06/30/1988
UNIVERSITY OF NORTH CAROLINA HOSPITALS	OTHER PROGRAM	U - UROLOGY		CHAPEL HILL	NORTH CAROLINA	07/01/1984	06/30/1985
UNIVERSITY OF TEXAS-M D ANDERSON C	FELLOWSHIP	U - UROLOGY		***	TEXAS	07/01/1988	06/30/1990

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 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 UROLOGY	U - UROLOGY	

Financial Responsibility

Financial Responsibility

Financial Exemption

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](#).

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
01/17/2018	LEON	2020-CA-199	07/13/2022	\$200,000.00	\$500,000.00

**Optional Information**

**Committees/Memberships**

This practitioner has an affiliation with the following committees:  
BOARD OF DIRECTORS-Centennial Bank  
BOARD OF DIRECTORS TALLAHASSEE MEMORIAL 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
BUSINESS ETHICS AWARD	COMBINED ROTARY CLUBS-TALLAHASSEE, WAKULLA,MONTIELLO
CIRCLE OF GOLD AWARD	FLORIDA STATE UNIVERSITY
CANCER FOUNDATIION AWARD	MD ANDERSON CANCER CENTER, TEXAS
NATHAN A WOMACK SCHOLARSHIP AWARD(OUTSTANDING SURG. CHIEF	NORTH CAROLINA DEPARTMENT OF SURGERY

**Publications**

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

Title	Publication	Date
CANCER BIOLOGY	SCIENTIFIC FOUNDATIONS OF UROLOGY	01/01/1989
FIBROBLAST-MEDIATED ACCELERATION OF HUMAN EPITHELIAL	NATIONAL ACADEMY OF SCIENCE	01/01/1990
MONOCLONAL PROSTATE SPECIFIC ANTIGEN IN UNTREATED PROSTATE	CANCER. CANCER	01/01/1991
SILDENAFIL CITRATE IMPROVES ERECTILE FUNCTION AND ....	JOURNAL OF UROLOGY	03/01/2007

Professional Web Page

Practitioners professional web page address:

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 UROLOGICAL ASSOCIATION
CAPITAL MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
FLORIDA UROLOGICAL SOCIETY
SOUTHEASTERN SECTION OF THE AUA