



GEORGE LESLIE BONDAR DO

License Number: OS6144

Profession Osteopathic Physician
License Status Clear/Active
Year Began Practicing 01/01/1988
License Expiration 03/31/2026
Date

General Information

Primary Practice Address

GEORGE LESLIE BONDAR DO
9170 OAKHURST RD STE 1
SEMINOLE, FL 33776

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 MEASE BARDMOOR SURGERY CENTER	CLEARWATER	FLORIDA

Email Address

Please contact at: dondoor@aol.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	DO
	DO
	DO
	DO
	DO
ARKANSAS	DO
	DO

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
WEST VIRGINIA SCHOOL OF OSTEO	DO	8/1/1983 - 5/30/1987	05/30/1987

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended	Dates	Degree Title
			From	Attended To	
DUKE UNIVERSITY	DURHAM	NORTH CAROLINA	08/30/1982	08/30/1983	MBA ADMINISTRATION & MANAGEMENT OF HEALTH
UNIVERSITY OF PITTSBURGH	PITTSBURGH	PENNSYLVANIA	08/30/1989	09/01/1990	MPH MASTER OF PUBLIC HEALTH

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	Dates
						Attended From	Attended To
NORMANDY OSTEOPATHIC HOSPITALS	INTERNSHIP	TY - TRANSITIONAL YEAR		ST LOUIS	MISSOURI	07/01/1987	07/01/1988
CUYAHOGA FALLS GENERAL HOSPITAL	RESIDENCY	FP - FAMILY PRACTICE		CUYAHOGA FALLS	OHIO	07/10/1988	07/11/1989
UNIVERSITY OF PITTSBURGH	RESIDENCY	OCCUPATIONAL MEDICINE		PITTSBURGH	PENNSYLVANIA	08/30/1989	05/30/1992
DEACONESS MEDICAL CENTER	RESIDENCY	D - DERMATOLOGY		ST LOUIS	MISSOURI	09/05/1992	09/06/1995
STOUGH CLINIC	FELLOWSHIP	OTHER	DERMATOLOGIC & COSMETIC SURGERY	HOT SPRINGS	ARKANSAS	09/10/1995	09/11/1996
UNIVERSITY OF PITTSBURGH	RESIDENCY	OTHER	OCCUPATIONAL MEDICINE	PITTSBURGH	PENNSYLVANIA	08/30/1989	05/30/1992

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
DERMATOLOGY PRECEPTOR-FAMILY PRACTICE RESIDENCY-SPGENHOSP	LECOM	BRADENTON	ST.PETERSBURG 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 OSTEOPATHIC BOARD OF DERMATOLOG	D - DERMATOLOGY	11/18/1995
AMERICAN OSTEOPATHIC BOARD OF FAMILY PHY	FP - FAMILY PRACTICE	04/05/1990

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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 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
ADVISORY BOARD	CLINIC OF GUADALUPE/CLEARWATER, FL

Publications

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

Title	Publication	Date
CUTANEOUS HISTOPATHOLOGY OF CONRADI HUNERMAN	JOURNAL OF CUTANEOUS PATHOLOGY	02/01/1995
STUMP THE EXPERT-MYXOID LIPOARCOMA	JOURNAL OF DERMATOLOGIC SURGERY	05/01/1997
KNUDSEN NOMENCLATURE-HAIR RESTORATION	JOURNAL OF DERMATOLOGIC SURGERY	09/01/1997

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

HUNGARIAN

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN OSTEOPATHIC ASSOCIATION
AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY
SOCIETY OF US AIR FORCE RESERVE FLIGHT SURGEONS