#### MICHAEL BRANDON MORGAN

### License Number: ME59018

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1989
License Expiration 01/31/2026

Date

## General Information

#### **Primary Practice Address**

MICHAEL BRANDON MORGAN 2505 HARRISON AVE PANAMA CITY, FL 32405

#### Medicaid

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Not Provided

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ARKANSAS	MEDICAL DOCTOR
KENTUCKY	MEDICAL DOCTOR
NEVADA	MEDICAL DOCTOR
OHIO	DOCTOR OF MEDICINE
NORTH CAROLINA	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR
MINNESOTA	TELEMEDICINE REGISTRATION
MISSISSIPPI	MEDICAL DOCTOR
KANSAS	MEDICAL DOCTOR

#### 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
UNIVERSITY OF SOUTH FLORIDA	MD	9/1/1985 - 6/1/1989	06/01/1989

### **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
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	INTERNSHIP	IM - INTERNAL MEDICINE		TAMPA	FLORIDA	06/01/1989	06/01/1990
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	RESIDENCY	PTH - PATHOLOGY- ANATOMIC AND CLINICAL		TAMPA	FLORIDA	06/01/1990	06/01/1994
UNIVERSITY OF OKLAHOMA	FELLOWSHIF	D - DERMATOPATHOLOGY	,	OKLAHOMA CITY	A OKLAHOMA	06/01/1994	06/01/1995

# **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
ASSISTANT PROFESSOR OF PATHOLOGY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 - PATHOLOGY-ANATOMIC AND CLINICAL	
AMERICAN BOARD OF PATHOLOGY	D - DERMATOPATHOLOGY	

# Financial Responsibility

#### **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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.

The practitioner did not provide this mandatory information.

#### **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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

#### 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:

AMERIPATH OSPRICK QI COMMITTEE

JAHVA TISSUE COMMITTEE

JAHVA ADVISORY QIT COMMITTEE

JAHVA HOSPITAL SAFETY COMMITTEE

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
1999 CANCER RESEARCH GRANT OF \$350,000	VA MERIT REVIEW
1999 RESEARCH GRANT OF \$260,000	AMERICAN HEART ASSOCIATION
1999 CANCER RESEARCH GRANT OF \$680,000	NATIONAL INSTITUTES OF HEALTH
1994 OUTSTANDING RESIDENT RESEARCH AWARD OF \$1,000	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE

#### **Publications**

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

Title	Publication	Date
MDM2, P53, P21 WAF-1 IN THE POROKERATOSIS	AMERICAN JOURNAL OF DERMATOPATHOLOGY	11/01/1999
SOLITARY FIBROUS TUMOR	AMERICAN JOURNAL OF DERMATOPATHOLOGY	08/01/1999
PCR EVALUATION OF CAT SCRATCH DISEASE	LANCET	06/01/1995

### **Professional Web Page**

WWW.DERMPATHDIAGNOSTICS.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:

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Affiliation	
AMERICAN ASSOCIATION OF DERMATOLOGY	
AMERICAN SOCIETY OF DERMATOPATHOLOGY	
AMERICAN SOCIETY OF INVESTIGATIVE PATHOLOGY	
INTERNATIONAL ASSOCIATION OF PATHOLOGISTS	