



JAMES JOSEPH NORCONK JR

License Number: ME59285

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1981  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

JAMES JOSEPH NORCONK JR  
SUITE 100  
1986 31ST AVE.  
VERO BEACH, FL 32960

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [jimnorconk@yahoo.com](mailto:jimnorconk@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	MD
CALIFORNIA	MD
COLORADO	MD
CONNECTICUT	MD
GEORGIA	MD
IOWA	MD
IDAHO	MD
ILLINOIS	MD
INDIANA	MD
KANSAS	MD
KENTUCKY	MD
MASSACHUSETTS	MD
MARYLAND	MD
MAINE	MD
MICHIGAN	MD
MINNESOTA	MD
MISSOURI	MD
MISSISSIPPI	MD
MONTANA	MD

State	Profession
NORTH CAROLINA	MD
NORTH DAKOTA	MD
NEBRASKA	MD
NEW HAMPSHIRE	MD
NEW JERSEY	MD
NEW MEXICO	MD
NEVADA	MD
NEW YORK	MD
OHIO	MD
OKLAHOMA	MD
PENNSYLVANIA	MD
RHODE ISLAND	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
UTAH	MD
VIRGINIA	MD
VERMONT	MD
WASHINGTON	MD
WISCONSIN	MD
WEST VIRGINIA	MD
WYOMING	MD
ARKANSAS	MD
OREGON	MD

### 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 MIAMI	MD	8/1/1977 - 5/1/1981	05/01/1981

## 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
NAVAL HOSPITAL SAN DIEGO	INTERNSHIP	IM - INTERNAL MEDICINE		SAN DIEGO	CALIFORNIA	07/01/1981	06/30/1982
NAVAL HOSPITAL SAN DIEGO	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		SAN DIEGO	CALIFORNIA	08/19/1983	08/18/1986
DUKE UNIVERSITY MEDICAL CENTER	FELLOWSHIP	DR - NEURORADIOLOGY	MRI BODY IMAGING	DURHAM	NORTH CAROLINA	03/05/1990	02/15/1991

## 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 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

## 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.**

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](#).**

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
03/12/2015	OUT OF STATE	D-101-CV-2017-0	11/27/2018	\$200,000.00	\$1,000,000.00

## 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 not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### 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 not provided any national, state, local, county, or professional affiliations.