# ELLEN MARIE RANEY

# License Number: ME59721

ProfessionMedical DoctorLicense StatusVol Relinquish/Year Began Practicing07/01/1986License Expiration01/31/2022DateDate

# **General Information**

# **Primary Practice Address**

ELLEN MARIE RANEY NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

## Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

# **Email Address**

Please contact at: eraney@shrinenet.org

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
GUAM	MD
HAWAII	MD
OREGON	MD
ALASKA	MD
WASHINGTON	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 not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
TULANE UNIVERSITY OF LOUISIANA	MD	8/1/1982 - 6/1/1986	06/01/1986

# **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
TULANE UNIVERSITY	INTERNSHIP	OTHER		NEW ORLEANS		07/01/1986	07/01/1987
TULANE UNIVERSITY	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		NEW ORLEANS	LOUISIANA	07/01/1987	07/01/1991
SHRINERS HOSPITAL FOR CHILDREN, FLORIDA	FELLOWSHIP	ORS - PEDIATRIC ORTHOPAEDICS		TAMPA	FLORIDA	07/01/1991	07/01/1992

# 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
CLINICAL PROFESSOR	UNIVERSITY OF HAWAII JOHN A BURNS SCHOOL	HONOLULU	HAWAII
AFFILIATE PROFESSOR	OREGON HEALTH SCIENCES UNIVERSITY SCHOOL	PORTLAND	OREGON

# 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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

# **Financial Responsibility**

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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 an affiliation with the following committees: INFECTION PREVENTION COMMITTEE SHRINERS HOSPITAL PERFORMANCE IMPROVEMENT - SHRINERS HOSPITAL MEDICAL EXECUTIVE COMMITTEE VICE PRESIDENT OF MEDICAL STAFF-SHRINERS 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
OPERATION RAINBOW-ORTHOPAEDIC CLINICS	NICARAGUA
BOGGY CREEK GANG CAMP FOR CHILDREN W/CHRONIC ILLNESS	SPINA BIFIDA CAMP

#### **Publications**

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

Title	Publication	Date
ORTHOTIC TREATMENT OF GENU VARM	JOURNAL OF PEDIATRIC ORTHOPAEDICS	01/01/1998
ILIZAROV TREATMENT OF CONGENTIAL PSEUDARTHROSIS OF THE TIB	JOURNAL OF PEDATRIC ORTHOPAEDICS	01/01/1997
TIBIA VALGA FOLLOWING PROXIMAL METAPHYSEAL FRACTURES IN	JOURNAL OF PEDIATRIC ORTHOPAEDICS	01/01/1995

## **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:

AffiliationAMER. ACAD. OF ORTHO SURGEONS, AMER. ACAD. OF PEDIATRICSAMERICAN MEDICAL ASSOCIATIONPEDIATRIC ORTHOPAEDIC SOC. OF N. AMERICARUTH JACKSON ORTHOPAEDIC SOC.SCOLIOSIS RESEARCH SOCIETYSTAFF PRIV/KAPIOLANI WOMEN AND CHILDREN'S MED CTR/HONOLULU

STAFF PRIV/SHRINERS HOSPITAL FOR CHILDREN/HONOLULU, HI