



WAYNE JAY ZILKER

License Number: CH6148

Profession	Chiropractic Physician
License Status	CLEAR/Inactive
Year Began Practicing	01/01/1990
License Expiration	03/31/2026
Date	

General Information

Primary Practice Address

WAYNE JAY ZILKER
PIAZZA DELLA LIBERTA 20
ROME, ZZ 00192

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

Email Address

Please contact at: dottwaynejohn@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	
NEW YORK	

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV. OF NEY YORK AT ALBANY		2/1/1979 - 12/1/1980	12/01/1980
UNIV. OF FLORIDA		1/1/1981 - 4/1/1983	04/01/1983

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
PALMER COLLEGE OF CHIROPRACTIC	OTHER PROGRAM	CHIROPRACTIC INTERNSHIP/RESIDENCY		SANTA CLARA	CALIFORNIA	07/01/1983	12/01/1987

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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 \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.
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
HANDS OF GOD	PUBLICATION- HARD COVER

Publications

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

Title	Publication	Date
CHIROPRACTIC MANIPULATION IN THE TREATMENT OF ACUTE BACK PAIN	PARTICIPANT- THE SPINE JOURNAL	04/01/2006

Professional Web Page

www.staticroma.com

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.
ITALIAN

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.