## ROLLAND COLLIER DICKSON

#### License Number: ME60263

ProfessionMedical DoctorLicense StatusCLEAR/ActiveYear Began Practicing01/01/1986License Expiration01/31/2027DateDate

# **General Information**

## **Primary Practice Address**

ROLLAND COLLIER DICKSON MAYO CLINIC 4500 SAN PABLO ROAD JAX, FL 32224

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

## **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
MAYO CLINIC	PHOENIX	ARIZONA

## **Email Address**

Please contact at: rcdickson3@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	MEDICAL DOCTOR
NEW HAMPSHIRE	MEDICAL DOCTOR
CONNECTICUT	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
DENISON UNIV GRANVILLE OH	BS	1/1/1977 - 1/1/1981	01/01/1981
MEDICAL COLLEGE OF OHIO AT TOL	MD	1/1/1981 - 1/1/1986	01/01/1986

## **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
MAYO CLINIC ROCHESTER	RESIDENCY	IM - INTERNAL MEDICINE		ROCHESTER	MINNESOTA	07/01/1986	06/30/1989
UNIVERSITY OF COLORADO HEALTH SCIENCE CENTER	FELLOWSHIP	OTHER	GASTROENTEROLOGY/HEPATOLOGY	DENVER	COLORADO	07/01/1989	06/30/1990
MAYO CLINIC	FELLOWSHIP	OTHER	GASTROENTEROLOGY AND HEPATOLOGY	ROCHESTER	MINNESOTA	07/01/1990	08/12/1992
KINGS COLLEGE LIVER UNIT	FELLOWSHIP	OTHER	GASTROENTEROLOGY/HEPATOLOGY	LONDON	UNITED KINGDOM	08/12/1992	11/28/1992

# 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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PROFESSOR OF MEDICINE	DARTMOUTH MEDICAL SCHOOL	LEBANON	NEW HAMPSHIRE

# **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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN COLLEGE OF GASTROENTEROLOGY	IM - GASTROENTEROLOGY	

# 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 \$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: ANNUAL MEETING COMMITTEE AASLD

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

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

Community Service/Award/Honor

OUTSTANDING FELLOW RESEARCH AWARD

Organization

GLAXO

**Publications** 

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

Title	Publication	Date
PHARMAKINETICS OF HEPATITIS B IMMUNE GLOBULIN IN PATIENTS	HEPATOLOGY	01/01/1994
BREATH HOLD FLOW-COMPENSATED 2D T1-WEIGHED MAGNETIZATION	RADIOLOGY	01/01/1994
HEPATITIS C VIRAL RNA IN BODY FLUIDS AFTER LIVER TRANSPLAN	GASTROENTEROLOGY	01/01/1995
HBV LIVER TRANSPLANT PATIENTS ACHIEVE QUALITY OF LIFE	GASTROENTEROLOGY	01/01/1995
TRANSMISSION OF HEPATITIS B CORE ANTIGEN	GASTROENTEROLOGY	01/01/1996
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## PUBLICATIONS

#### **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. SPANISH

#### **Other Affiliations**

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

#### Affiliation

AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES