## **ERNEST FRANCIS BLOCK**

## License Number: ME60765

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 09/01/1987
License Expiration 01/31/2027

Date

## General Information

## **Primary Practice Address**

ERNEST FRANCIS BLOCK 720 WEST OAK STREET SUITE 303 KISSIMMEE, FL 34741

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

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

Institution Name	City	State
	ORLANDO	FLORIDA
CENTRAL FLORIDA REGIONAL HOSPITAL	SANFORD	FLORIDA
OSCEOLA REGIONAL MEDICAL CENTER	KISSIMEE	FLORIDA

### **Email Address**

Please contact at: efjblock@gmail.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	MEDICAL

## 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 MIAMI	MD	9/1/1982 - 5/11/1986	05/11/1986

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF TENNESSEE	KNOXVILLE	TENNESSEE	01/01/2007	12/20/2007	MBA

## **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
ALBERT EINSTEIN MEDICAL CENTER	RESIDENCY	GS - SURGERY		PHILADELPHIA	PENNSYLVANIA	07/01/1986	06/30/1991
UNIVERSITY OF MIAMI/JACKSON	RESIDENCY	GS - SURGICAL CRITICAL CARE		MIAMI	FLORIDA	07/01/1991	06/30/1992
UNIVERSITY OF MIAMI/JACKSON	FELLOWSHIF	OTHER	TRAUMA SURGERY	MIAMI	FLORIDA	07/01/1992	06/30/1993

# **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 ASSOCIATE PROFESSOR OF SURGERY	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	GAINESVILLI	E FLORIDA
PROFESSOR OF SURGERY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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 SURGERY	GS - SURGICAL CRITICAL CARE	
AMERICAN BOARD OF SURGERY	GS - SURGERY	

# 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.

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: ETHICS 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
PAST CHAIR	FLORIDA COMMITTEE ON TRAUMA
PAST PRESIDENT	EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

Community Service/Award/Honor	Organization
PAST CHAIR	FLORIDA CHAPTER, AMERICAN COLLEGE OF SURGEONS
PRESIDENTIAL CITATION, SOCIETY OF CRITICAL CARE MEDICINE	
SOCIETY OF CRITICAL CARE MEDICINE, SURGERY SECTION COMMUNI	

#### **Publications**

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

•	0 1	1	,	
Title		Publication		Date
PRELOAD ASSESSMENT IN PATIENTS ABDOMEN	WITH AN OPEN	JOURNAL ON TRAUMA		01/01/1994
THE NATURAL HISTORY OF EXTREMIT REPAIR PERFORMED F	Y VENOUS	AMERICAN SURGERY		01/01/1999
POSITRON EMISSION TOMOGRAPHY IN OF OCCULT AD	N THE DIAGNOSIS	AMERICAN SURGERY		01/01/1998
MANAGEMENT OF BB WOUNDS TO TH	E HEART	JOURNAL ON TRAUMA		01/01/1996
NUTRITIONAL SUPPORT OF THE GUT:	HOW AND WHY	NEW HORIZONS		05/01/1994

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER 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.

**HEBREW** 

FRENCH

**SPANISH** 

### **Other Affiliations**

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