



TODD MITCHELL NARSON

License Number: CH6376

Profession	Chiropractic Physician
License Status	CLEAR/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2026

## General Information

### Primary Practice Address

TODD MITCHELL NARSON  
\*\*\*\*\* \*\* CONFIDENTIAL \*\*\*\*\*  
\*\*\* CONFIDENTIAL \*\*\*\*\*  
\*\*\* CONFIDENTIAL \*\* , \*\* \*\*\*\*\*  
ATTN: \*\*\*\*\* CONFIDENTIAL \*\*\*\*\*

### 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: [miamibeachdoc@yahoo.com](mailto:miamibeachdoc@yahoo.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOGAN COLLEGE OF CHIROPRACTIC	DC	9/1/1987 - 12/1/1990	12/01/1990

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
CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN	OTHER PROGRAM	SPORTS INJURIES & PHYSICAL FITNESS		FORT LAUDERDALE	FLORIDA	01/01/1992	01/01/1993
DIPLOMATE OF THE AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSI	OTHER PROGRAM	SPORTS INJURIES & PHYSICAL FITNESS	SPORTS MEDICINE REHABILITATION AND RELATED TOPICS	ORLANDO	FLORIDA	01/01/1991	01/01/1993

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 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 CHIROPRACTIC BOARD OF SPORTS PHYSICIANS (DACBSP)	EM - SPORTS MEDICINE	

Financial Responsibility

Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 626.914(2), F.S., from the Joint Underwriting Association established under s.627.351(4), 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

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 an affiliation with the following committees:

FCA COUNCIL ON SPORTS INJURIES PHYSICAL FITNESS  
PROSPORT CHIROPRACTIC

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
1999 KUDO AWARD	FLORIDA CHIROPRACTIC ASSOCIATION
1999-2000 SPORTS CHIROPRACTOR OF THE YEAR	FCA SPORTS COUNCIL
1998 CERT OF APPRECIATION BY CITY OF MIAMI BEACH ON CDAC	COMMUNITY DEVELOPMENT ADVISORY BOARD
2002 CERTIFICATE OF APPRECIATION-MIAMI BEACH	MIAMI BEACH CITY COMMISSION-CITY OF MIAMI BEACH
2007 CERTIFICATE OF APPRECIATION	MIAMI-DADE COUNTY MAYOR AND BOARD OF COUNTY COMMISSIONERS

Publications

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

Title	Publication	Date
PROTOCOLS FOR PROPRIOCEPTIVE ACTIVE RETRAINING BOARDS	CHIROPRACTIC SPORTS MEDICINE	05/01/1995
EFFECTS OF JOINT INJURIES ON PROPRIOCEPTION	FCA COUNCIL ON SPORTS INJURIES JOURNAL	01/01/1992

### Professional Web Page

[www.NaturalSportsMedicine.com](http://www.NaturalSportsMedicine.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.

SPANISH

### Other Affiliations

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

Affiliation
AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS
COUNCIL ON SPORTS INJURIES, PHYSICAL FITNESS & REHAB
FLORIDA CHIROPRACTIC ASSOCIATION, PROSPORTS CHIROPRACTIC
PROSPORT CHIROPRACTIC
THE AMERICAN CHIROPRACTIC ASSOCIATION