# JOHN GREEN MALONE

## License Number: ME62301

ProfessionMedLicense StatusClearYear Began Practicing01/0License Expiration Date01/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Medical Doctor Clear/Active 01/01/1989 01/31/2026 Yes

# **General Information**

#### **Primary Practice Address**

JOHN GREEN MALONE SAVANNAH NEUROLOGY SPECIALISTS 6602 WATERS AVE, BLDG C SAVANNAH, GA 31406

#### 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
WAKE FOREST BAPTIST	WINSTON-SALEM	NORTH CAROLINA

## **Email Address**

Please contact at: gatordoc89@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	MD
GEORGIA	MD
NORTH CAROLINA	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 indicated that he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
WAKE FOREST UNIVERSITY	M.D.	8/1/1985 - 5/1/1989	05/01/1989

## **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
SHANDS HOSPITAL AT UNIV OF FLORIDA	RESIDENCY	IM - INTERNAL MEDICINE		GAINESVILLE	FLORIDA	07/01/1989	06/30/1990
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	RESIDENCY	N - NEUROLOGY		GAINESVILLE	FLORIDA	07/01/1990	06/30/1993
MEDICAL COLLEGE OF GEORGIA	FELLOWSHIP	N - CLINICAL NEUROPHYSIOLOGY	,	AUGUSTA	GEORGIA	07/01/1993	06/30/1994

# Academic Appointments

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

## **Academic Appointments**

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

Title	Institution		City	State
ASSISTANT PROFESSOR	WAKE FOREST UNIVERSITY SCHO	OL OF MEDICINE	WINSTON-SALEM	NORTH CAROLINA

# 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 PSYCHIATRY AND NEUROLO	N - NEUROLOGY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	N - CLINICAL NEUROPHYSIOLOGY	
AMERICAN BOARD OF SLEEP MEDICINE	SLEEP MEDICINE	

# **Financial Responsibility**

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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 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
ALPHA EPSILON DELTA PREMEDICAL HONOR SOCIETY 1984	DAVIDSON COLLEGE
DIPLOMATE	AMERICAN BOARD OF SLEEP MEDICINE
NEUROLOGY RESIDENT TEACHER OF THE YEAR 1993	UNIVERSITY OF FLORIDA
CHIEF RESIDENT DEPT OF NEUROLOGY 1992-1993	UNIVERSITY OF FLORIDA

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

#### **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:

Affiliation
AMERICAN ACADEMY OF NEUROLOGY
AMERICAN EPILEPSY SOCIETY
NORTH CAROLINA MEDICAL SOCIETY
NORTH CAROLINA NEUROLOGICAL SOCIETY
SOUTH CAROLINA NEUROLOGICAL SOCIETY
STAFF PRIV WAKE FOREST BAPTIST HOSPITAL
THE AMERICAN ACADEMY OF SLEEP MEDICINE