



MARK JOSEPH SWIERZEWSKI

License Number: ME71165

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

MARK JOSEPH SWIERZEWSKI
1600 LAKELAND HILLS BLVD
LAKELAND, FL 33805

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
MEMORIAL HOSPITAL OF TAMPA	TAMPA	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA
THE TAMPA GENERAL HOSPITAL	TAMPA	FLORIDA
TOWN & COUNTRY HOSPITAL	TAMPA	FLORIDA
UNIVERSITY COMMUNITY HOSPITAL AT CARROLLW	TAMPA	FLORIDA

Email Address

Please contact at: Markswierzewski@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	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
TUFTS UNIVERSITY			01/01/1988

Other Health Related Degrees

This practitioner has completed the following other 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
BROOK ARMY HOSPITAL	OTHER PROGRAM	OTHER	BURN UNIT	SAN ANTONIO	TEXAS	01/01/1988	01/01/0001
STRONG MEMORIAL HOSPITAL	INTERNSHIP	GS - SURGERY		ROCHESTER	NEW YORK	01/01/1989	01/01/1990
STRONG MEMORIAL HOSPITAL	RESIDENCY	GS - SURGERY		ROCHESTER	NEW YORK	01/01/1990	01/01/0001
LAHEY CLINIC MEDICAL CENTER	RESIDENCY	U - UROLOGY		BURLINGTON	MASSACHUSETTS	01/01/1992	01/01/1993
EASTERN VIRGINIA MEDICAL SCHOOL	FELLOWSHIP	OTHER	ADULT AND PEDIATRIC GENITOURINARY RECONSTRUCTION	NORFOLK	VIRGINIA	01/01/1994	01/01/1996
EASTERN VIRGINIA MEDICAL SCHOOL	RESIDENCY	OTHER	FLAP DISSECTION	NORFOLK	VIRGINIA	07/12/1994	07/16/1994
EASTERN VIRGINIA MEDICAL SCHOOL	OTHER PROGRAM	OTHER	MICROSURGICAL	NORFOLK	VIRGINIA	07/18/1994	07/22/1994
SOUTHWEST IMPOTENCE CENTER	OTHER PROGRAM	OTHER	IMPOTENCE & PROSTHETIC UROLOGY	VAN BUREN	ARKANSAS	01/01/0001	01/01/0001

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 BOARD OF UROLOGY	U - UROLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), 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 \$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
FIRST PRIZE CLINICAL PAPER 1991	AMERICAN COLLEGE OF SURGEONS/COMMITTEE ON TRAUMA

Publications

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

Title	Publication	Date
A RATIONAL SCREENING AND TREATMENT STRATEGY BASED ON THE	AMERICAN JOURNAL OF SURGERY	01/01/1991
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
DEATHS FROM MOTOR VEHICLE CRASHES: PATTERNS OF INJURY IN	JOURNAL OF TRAUMA	01/01/1994
RADICAL NEPHRECTOMY IN PATIENTS WITH VENOUS, VENA CAVA AND	AMERICAN JOURNAL OF SURGERY	01/01/1994

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 UROLOGICAL ASSOCIATION
DIPLOMATE/NATIONAL BOARD OF MEDICAL EXAMINERS 07/01/89
FLORIDA MEDICAL ASSOCIATION
HILLSBOROUGH COUNTY MEDICAL ASSOCIATION