## **KEVIN GILLESPIE WYNNE**

## License Number: CH7382

Profession Chiropractic Physician

License Status Clear/Active
Year Began Practicing 07/01/1996
License Expiration 03/31/2026

Date

## **General Information**

#### **Primary Practice Address**

KEVIN GILLESPIE WYNNE NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

#### **Medicaid**

This practitioner DOES 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: Kevingwynne@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	CHIROPRACTIC

# **Education and Training**

### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE UNIVERSITY	DC	8/1/1992 - 9/1/1996	09/01/1996

#### **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
FLORIDA STATE UNIVERSITY	TALLLAHASSEE	UNITED STATES	01/01/1988	01/01/1992	BS - BACHELOR OF SCIENCE

## **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
FLORIDA CHIROPRACTIC MEDICINE	OTHER PROGRAM	CHIROPRACTIC INTERNSHIP/RESIDENCY		ORLANDO	UNITED STATES	06/01/1997	12/28/1997
CEU	OTHER PROGRAM	EM - SPORTS MEDICINE		ORLANDO	UNITED STATES	01/01/1998	07/01/2013
CEU	OTHER PROGRAM	PM - PHYSICAL MEDICINE AND REHABILITATIO		ORLANDO	UNITED STATES	01/01/1998	07/01/2013

## **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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI	08/14/2013	SEMINOLE COUNTY, FLORIDA		CORROBORATED	

#### **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: PRESIDENT CENTRAL FLORIDA CHIROPRACTIC SOCIETY

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

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

Community Service/Award/Honor	Organization
TEAM CHIROPRACTOR	ORLANDO ARENA FOOTBALL LEAGUE
CHARTER MEMBER NEW CHAPTER	KIWANIS SEMINOLE COUNTY
PRESIDENT OF CENTRAL FLORIDA CHIROPRACTIC SOCIETY	FLORIDA CHIROPRACTIC SOCIETY
HARVEST TIME FREE CHIROPRACTIC CLINIC	HARVET TIME INTERNATIONAL
FAMILY FUN DAY TO FEED THE HOMELESS CHILDREN-FOUNDER	PATHWAYS TO HOME
SHOE BOX FOR SOLDIERS-CHRISTMAS OVERSEAS	USO

#### **Publications**

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

Title	Publication	Date
POSTURAL CONERNS AND BACK PACK SAFTEY FOR	LAKE MARY LIFE	07/01/2013
CHILDREN		

#### **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 CHIROPRACTIC ASSOCIATION

FLORIDA CHIROPRACTIC ASSOCIATION

FLORIDA CHIROPRACTIC SOCIETY

INTERNATIONAL CHIROPRACTIC ASSOCIATION