### SCOT CHRISTIAN SCHULTZ

#### License Number: ME76162

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1998
License Expiration 01/31/2027

Date

# General Information

### **Primary Practice Address**

SCOT CHRISTIAN SCHULTZ 8340 COLLIER BLVD NAPLES, FL 34114

#### 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
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
LEE MEMORIAL HOSPITAL-HEALTHPARK	FT MYERS	FLORIDA
GULF COAST HOSPITAL	FT MYERS	FLORIDA
CAPE CORAL HOSPITAL	CAPE CORAL	FLORIDA

#### **Email Address**

Please contact at: canes99@yahoo.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# 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
WASHINGTON & LEE UNIVERSITY	BS	1/1/1981 - 1/1/1985	01/01/1985
UNIVERSITY OF MIAMI	MD	1/1/1985 - 1/1/1989	01/01/1989

# **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
GEORGETOWN UNIVERSITY HOSPITAL	INTERNSHIP	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	01/01/1989	01/01/1996
GEORGETOWN UNIVERSITY HOSPITAL	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	01/01/1989	01/01/1996
BOWMAN GRAY BAPTIST HOSPITAL	RESIDENCY	TS - THORACIC SURGERY		WINSTON- SALEM	NORTH CAROLINA	01/01/1996	01/01/1998

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

# **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 SURGERY	GS - SURGERY	
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	

# 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 an affiliation with the following committees: DIRECT INFARCT ANGIOPLASTY COMMITTEE-NAPLES COMMUNITY HOSP

#### **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 PLACE-REGIONAL COMPETITION FOR RESIDENT TRAUMA PAPER	AMERICAN COLLEGE OF SURGEONS
CHARLES HUFNAGEL RESEARCH AWARD	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
RAYMOND H. ALEXANDER, MD, PHYSICIAN IN TRAINING AWARD	EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA
YOUNG INVESTIGATORS' AWARD	FIFTH ANNUAL INTERNAT'L SYMPOSIUM ON BLOOD SUBSTITUTES
MARIE J. SIMONIAN AWARD-OUTSTANDING RESIDENT CLINICAL PRES	GEORGETOWN UNIVERSITY HOSPITAL

#### **Publications**

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

Title	Publication	Date
ANOTHER CHAPTER IN THE SEARCH FOR "ARTIFICIAL BLOOD"	JOURNAL OF LABORATORY CLINCAL MEDICINE 122(3):220-221	01/01/1993
RESUSITATION WITH DIASPIRIN CROSSLINKED HEMOGLOBIN (DCLHB)	SURGICAL FORUM 9:40-42	01/01/1993
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
PENETRATING COLON INJURY IDENTIFYING THE LOW RISK PATIENT	GYNECOL AND OBSTET	01/01/1993
A ROLE FOR ENDOTHELIN AND NITRIC OXIDE IN THE PRESSOR ORES	J LAB CLIN MED	01/10/1993
USE OF BASE DEFICIT TO COMPARE RESUSCITATION WITH LACTATED	JTRAUMA	01/01/1993

# **Professional Web Page**

www.floridasurgeons.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 not provided any national, state, local, county, or professional affiliations.