## NEDRA CLEM JACKSON MD

## License Number: ME77275

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

Medical Doctor VOL RELINQ/ 01/01/1990 01/31/2025 Yes

# **General Information**

#### **Primary Practice Address**

NEDRA CLEM JACKSON MD 9005 OVERLOOK BLVD, SUITE 128 BRENTWOOD, TN 37027

#### Medicaid

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

## **Email Address**

Please contact at: ncjackson0325@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MISSISSIPPI	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
LOUISIANA	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 is exempt from paying assessment.

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH CAROLINA -	MD	9/1/1983 - 5/1/1987	05/15/1987

## **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:

						Dates	
	Program		Other Specialty	/	State or	Attended	Dates
Program Name	Туре	Specialty Area	Area	City	Country	From	Attended To
RICHLAND MEMORIAL	<b>RESIDENC</b>	Y FP - FAMILY		COLUMBIA	SOUTH	07/01/1987	06/01/1990
HOSPITAL		MEDICINE			CAROLINA		

# 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 FAMILY MEDICINE	FP - FAMILY MEDICINE	

# **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
CONVICTED OF FILING FALSE PUBLIC RECORD	07/01/2009	LOUISIANA	NO	NOT CORROBORATED	
APPLICANT EXECUTED A CONSENT ORDER PLACING TERMS AND CONDITI	07/22/2010	MISSISSIPPI	NO	NOT CORROBORATED	

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
CONVICTED OF FILING FALSE PUBLIC RECORD		HHS OFFICE OF INSPECTOR GENERAL	NO	NOT 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 \$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: HOUSTON MEDICAL FORUM ANNUAL SCHOLARSHIP BRUNCH

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

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

Community Service/Award/Honor

Υ

Publications

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

Organization

#### Professional Web Page

This practitioner has not provided any professional web page information.

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 FAMILY PHYSICIANS

TEXAS ACADEMY OF FAMILY PHYSICIANS