



LAWRENCE ADAM SCHIFFMAN

License Number: OS8835

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	01/01/2001
License Expiration Date	03/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes

General Information

Primary Practice Address

LAWRENCE ADAM SCHIFFMAN
3650 NW 82ND AVE
SUITE 306
DORAL, FL 33166

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
BAPTIST HOSPITAL OF MIAMI	MIAMI	FLORIDA
WESTCHESTER GENERAL HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	SOUTH MIAMI	FLORIDA
LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	DORAL	FLORIDA

Email Address

Please contact at: lawrence.schiffman@gmail.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
UNIV OF MED & DENTISTRY OF NJ	DO	8/1/1996 - 5/24/2000	05/24/2000

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
UNIVERSITY OF MIAMI	MIAMI	FLORIDA	08/24/1992	05/20/1996	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
KENNEDY HEALTH SYSTEM UMDNJ-SOM	INTERNSHIP	OIR - OSTEOPATHIC INTERNSHIP/RESIDENCY	AOA ROTATING INTERNSHIP	STRATFORD	NEW JERSEY	06/19/2000	06/25/2001
DERM DX CENTERS FOR DERMATOLOGY	FELLOWSHIP	D - DERMATOLOGY	TELEDERMATOLOGY	HAZLETON	PENNSYLVANIA	07/17/2001	06/01/2005
ST JOHNS EPISCOPAL HOSPITAL	RESIDENCY	D - DERMATOLOGY		FAR ROCKAWAY	NEW YORK	07/01/2006	07/01/2009
ST JOHNS EPISCOPAL HOSPITAL	RESIDENCY	FP - FAMILY PRACTICE		FAR ROCKAWAY	NEW YORK	07/01/2005	06/30/2006

Academic Appointments

Graduate Medical Education

This practitioner has 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 ASSOCIATION OF PHYSICIAN SPECIALISTS	D - DERMATOLOGY	
AMERICAN OSTEOPATHIC BOARD OF DERMATOLOG	D - DERMATOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

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.

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:

Medical Spa Association Board Member

AMERICAN OSTEOPATHIC COLLEGE OF DERMATOLOGY

AMERICAN ACADEMY OF DERMATOLOGY

AMERICAN ASSOCIATION OF PHYSICIAN SPECIALTIES

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PHYSICIAN RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION
JUDGE, MINOR DISCIPLINARY HEARING COUNCIL	UNIVERSITY OF MIAMI
PHI KAPPA PHI HONOR SOCIETY 1995-1998	
ALPHA EPSILON DELTA PRE-MEDICAL SOCIETY 1995	
GOLDEN KEY NATIONAL HONOR SOCIETY 1994	
ALPHA LAMBDA DELTA FRESHMAN HONOR SOCIETY 1993	

Publications

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

Title	Publication	Date
DIAGNOSIS AT A GLANCE: MYCOSIS FUNGOIDES	EMERGENCY MEDICINE	06/01/2003
DERMATOLOGIC LOOK ALIKES: TINEA CORPORIS VS GRANULOMA ANNU	CORTLAND FORUM	
UPDATE OF ERYTHEMA MULTIFORME AND RELATED DISORDERS	EMERGENCY MEDICINE	09/01/2003
MALIGNANT MELANOMA:LEARN TO RECOGNIZE A KILLER	EMERGENCY MEDICINE	07/01/2002
ERYTHEMA MULTIFORME AND RELATED DISORDERS	EMERGENCY MEDICINE	08/01/2003
GENITAL POROKERATOSIS	ARCHIVES OF DERMATOLOGY	06/01/2009
GENITAL POROKERATOSIS	ARCHIVES OF DERMATOLOGY	06/15/2009

Professional Web Page

www.miamiskindr.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN OSTEOPATHIC ASSOCIATION
AMERICAN TELEMEDICINE ASSOCIATION
FLORIDA MEDICINE SOCIETY
OTHE HLTH DEG:MAJOR IN MICROBIOLOGY AND MINOR IN CHEMISTRY
PA MEDICAL SOCIETY