## LAWRENCE OGAGAOGHENE ADU MD

## License Number: ME84024

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1988
License Expiration 01/31/2026

Date

## General Information

## **Primary Practice Address**

LAWRENCE OGAGAOGHENE ADU MD 1103 SW 2ND AVENUE GAINESVILLE, FL 32601

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: lawrenceadu@hotmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICINE

#### 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVESITY OF BENIN	MD	8/1/1981 - 6/1/1987	06/01/1987

#### **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:

Program Name UNIVERSITY OF FLORIDA/SHANDS HOSPITAL	Program Type RESIDENCY	Specialty Area P - PSYCHIATRY	Other Specialty Area	City GAINESVILLE	Country	Dates Attended From 07/01/1998	Dates Attended To 06/30/2002
UNIVERSITY OF FLORIDA- SHANDS HOSPITAL	FELLOWSHIP	P - FORENSIC PSYCHIATRY				01/01/2002	01/01/2003

# **Academic Appointments**

#### **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
COURTESY ASSISTANT PROFESSOR IN DEPARTMENT OF	UNIVERSITY OF FLORIDA COLLEGE OF	GAINESVILLE	E FLORIDA
PSYCHIATRY	MEDICIN		

## **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 PSYCHIATRY AND NEUROLO	P - PSYCHIATRY	
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	P - FORENSIC PSYCHIATRY	

## Financial Responsibility

#### **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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: SECRETARY NORTH CENTRAL FLORIDA PSYCHIATRIC 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
RESIDENT TEACHER OF THE YEAR-UNIV. OF FLSOCIETY OF TEACH	
PSYCHIATRY RESIDENT AWARD 2002 PRESENTED BY PFIZER PHARM.	

#### **Publications**

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

Title	Publication	Date
TOPIRAMATE IN THE TREATMENT OF	POSTER PRESENTATION AT UNIVERSITY OF FLORIDA	04/01/2001
TRICHOTILOMANIA		

#### **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:

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Affiliation	
AMERICAN ACADEMY OF FORENSIC PSYCHIATRY	
AMERICAN BOARD OF ADDICTION MEDICINE	
AMERICAN PSYCHIATRY ASSOCIATION	
AMERICAN SOCIETY OF ADDICTION MEDICINE	
AMERICAN SOCIETY OF ADDICTION MEDICINE	