



RANDALL COLLINS MORGAN JR

License Number: ME86466

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1969
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

RANDALL COLLINS MORGAN JR
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 currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
DOCTORS SAME DAY SURGERY CENTER	SARASOTA	FLORIDA
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
DOCTORS HOSPITAL	SARASOTA	FLORIDA
LAKEWOOD RANCH MEDICAL CENTER	BRADENTON	FLORIDA
CAPE SURGERY CENTER	SARASOTA	FLORIDA

Email Address

Please contact at: `MORGANRCM363@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
INDIANA	MD
OHIO	MD
ILLINOIS	MD
CALIFORNIA	MD

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
HOWARD UNIVERSITY	MD		06/06/1969

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
GRINNELL COLLEGE	GRINNELL	IOWA	09/01/1961	06/06/1965	BACHELOR OF ARTS

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
PASSAVANT HOSPITAL (NORTHWESTERN)	INTERNSHIP	TY - TRANSITIONAL YEAR		CHICAGO	ILLINOIS	06/01/1969	07/31/1971
NORTHWESTERN UNIVERSITY	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		CHICAGO	ILLINOIS	07/01/1970	06/30/1974
RANCHO LOS AMIGOS HOSPITAL	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		DOWNEY	CALIFORNIA	01/01/1974	06/30/1974
CHILDREN'S HOSPITAL MEDICAL CENTER	FELLOWSHIP	ORS - PEDIATRIC ORTHOPAEDICS		CINCINNATI	OHIO	04/01/1985	07/31/1985

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
CLINICAL ASSOCIATE	NORTHWESTERN UNIVERSITY MEDICAL SCHOOL	CHICAGO	ILLINOIS
ASSISTANT PROFESSOR OF ORTHOPAEDICS	INDIANA UNIVERSITY SCHOOL OF MEDICINE	INDIANPOLIS	INDIANA

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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	09/19/1975

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:

AMERICAN MEDICAL ASSOCIATION

FLORIDA STATE ORTHOPEDIC SOCIETY

NATIONAL MEDICAL ASSOCIATION

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
SPECIAL COMMUNITY ACHIEVEMENT	NAACP

Publications

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

Title	Publication	Date
IT TAKES A VILLAGE TO RAISE A MEDICAL STUDENT	JOURNAL OF THE NMA VOL 89 NO 2 PP 82-84	02/01/1997
ETHICAL ISSUES IN MANAGED CARE	JOURNAL OF THE MNA VOL.88,NO 8 PP 479-480	08/01/1996
SLEEPING THROUGH A REVOLUTION: INAUGURAL ADDRESS	JOURNAL OF THE NMA VOL:88 NO 10 PP 625-628	10/01/1996
NMA SOCIAL CONSCIENCE OF ORGANIZED MEDICINE	ORTHOPAEDICS TODAY	10/01/1996
CHALLENGE TO THE NMA	JOURNAL OF THE NMA, VOL.88 NO. 11 PP 699-700	11/01/1996

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:

Affiliation
STAFF PRIV. CHILDREN'S MEMORIAL HOSP. CHICAGO, INDIANA
STAFF PRIV. METHODIST HOSPITAL; GARY, INDIANA
STAFF PRIV. ST VINCENT HOSPITAL; INDIANAPOLIS, INDIANA