



## SUSAN LEESA ZITO

### License Number: OS9016

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	01/01/2003
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

SUSAN LEESA ZITO  
13425 S. BELCHER RD.  
LARGO, FL 33771

### 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
LARGO MEDICAL CENTER	LARGO	FLORIDA
MORTON PLANT HOSPITAL	CLEARWATER	FLORIDA

### Email Address

Please contact at: [jzito1@tampabay.rr.com](mailto:jzito1@tampabay.rr.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
DES MOINES UNIVERSITY	DO	8/10/1998 - 5/31/2002	05/31/2002

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
UNIV OF SOUTH FLORIDA COLLEGE OF PUBLIC HEALTH	TAMPA	FLORIDA	05/12/1997	08/07/1998	MPH MASTER OF PUBLIC HEALTH

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
SUNCOAST HOSPITAL NOVA SOUTHEASTERN UNIVERSITY	INTERNSHIP	IM - INTERNAL MEDICINE	AOA APPROVED INTERNSHIP	LARGO	FLORIDA	06/24/2002	06/23/2003
SUN COAST HOSPITAL NOVA SOUTHEASTERN UNIVERSITY	RESIDENCY	IM - INTERNAL MEDICINE	AOA APPROVED RESIDENCY	LARGO	FLORIDA	07/01/2003	06/30/2005
NOVA SOUTHEASTERN SUNCOAST HOSPITAL VA BAY PINES MED CENTER	FELLOWSHIP	IM - RHEUMATOLOGY	AOA APPROVED FELLOWSHIP	LARGO	FLORIDA	07/01/2005	06/30/2007

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
ASSISTANT CLINICAL PROFESSOR	NOVA SOUTHEASTERN UNIVERSITY	FT LAUDERDALE	FLORIDA
RHEUMATOLOGY FACULTY ATTENDING SUNCOAST HOSPITAL	NOVA SOUTHEASTERN UNIVERSITY	LARGO	FLORIDA

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 OSTEOPATHIC BOARD OF INTERNAL M	IM - INTERNAL MEDICINE	
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IM - RHEUMATOLOGY	
AMERICAN COLLEGE OF RHEUMATOLOGY	IM - RHEUMATOLOGY	

# 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.

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 College of Osteopathic Internists  
American Osteopathic Association  
American Medical Association  
INTERNATIONAL SOCIETY FOR CLINICAL DENSITOMETRY  
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION  
PINELLAS COUNTY OSTEOPATHIC MEDICAL ASSOCIATION  
FELLOW AMERICAN COLLEGE OF RHEUMATOLOGY  
FELLOW AMERICAN BOARD OF HOSPITALIST PHYSICIANS  
MEMBER FLORIDA SOCIETY OF RHEUMATOLOGY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
DOROTHY DIENER MEMORIAL SCHOLARSHIP	DES MOINES UNIVERSITY
BUSINESS LEADERSHIP AWARD	NJ BOARD OF CHOSEN FREEHOLDERS
CAMBRIDGE WHOS WHO IN MEDICINE	CAMBRIDGE
CLINICAL IM INSTRUCTOR OF THE YEAR	SUNCOAST HOSPITAL NOVA SOUTHEASTERN UNIV
RESIDENT INSTRUCTOR OF THE YEAR AND CO-CHIEF IM RESIDENCY	SUNCOAST HOSPITAL NOVA SOUTHEASTERN UNIV
NATIONAL PATIENTS CHOICE TOP 5 PERCENT PHYSICIANS AWARD 2008	NATIONAL MDX MEDICAL
NATIONAL WOMEN IN HEALTHCARE AND MEDICINE AWARD 2009	ABI

Publications

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

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
PROFESSIONAL MEMBER VASCULITIS SOCIETY OF AMERICA
PROFESSIONAL MEMBER ARTHRITIS FOUNDATION
PROFESSIONAL MEMBER GREATER FLORIDA CHAPTER LUPUS FOUNDATION
PROFESSIONAL MEMBER LUPUS FOUNDATION OF AMERICA
PROFESSIONAL MEMBER SJOGRENS FOUNDATION OF AMERICA