# CARRI-ANN MEGARGEL GIBSON MD

#### License Number: ME86867

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/14/1999
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

# **Primary Practice Address**

CARRI-ANN MEGARGEL GIBSON MD 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 NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
TAMPA (JAMES A. HALEY VA MEDICAL CENTER)	TAMPA	FLORIDA

#### **Email Address**

Please contact at: cgoadvisors@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
DISTRICT OF COLUMBIA	PSYCHIATRY

# 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
SUNY AT BUFFALO	MD		06/01/1999

#### **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	Program Type	Specialty Area	Other Specialty Area	City	<b>C</b> 10.10 C.	Dates Attended From	Dates Attended To
ERIE CO MC	RESIDENCY	IFP - INTERNAL MEDICINE/FAMILY PRACTICE		BUFFALO	NEW YORK	06/14/1999	06/21/1999
UNIV OF S FL	INTERNSHIP	P - PSYCHIATRY		TAMPA	FLORIDA	09/01/1999	06/01/2000
EASTERN VA MED SCH	RESIDENCY	P - PSYCHIATRY		NORFOLK	VIRGINIA	07/01/2000	08/31/2002
THE GEORGE WASHINGTON UNIVERSITY	RESIDENCY	P - PSYCHIATRY		WASHINGTON DC	UNITED STATES	09/01/2002	10/31/2003

# **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
CLINICAL ASSISTANT PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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 BOARD OF PSYCHIATRY AND NEUROLO	P - PSYCHIATRY	

# 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 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 ACADEMY OF PAIN MANAGEMENT
AMERICAN PSYCHIATRIC ASSOCIATION
American Academy of Preventive Medicine

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

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

Community Service/Award/Honor	Organization
DISTINGUISHED FELLOW	AMERICAN PSYCHIATRIC ASSOCIATION

#### **Publications**

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

Title	Publication	Date
TREATMENT OF PSYCHOGENIC POLYDIPSIA WITH PINDOLOL	JOURNAL OF CLINICAL PSYCHOPHARMACOLOGY	02/01/2006
POSTTRAUMATIC STRESS DISORDER AND CHRONIC PAIN- THE PATH TO	JRRD- VOL 49 NO 5 2012	06/01/2012
MARKING THE JOURNEY TO RECOVERY	VANGUARD	07/01/2011
LITHIUM TOXICITY: THE ILLUSION OF PTSD	ANN PSYCHIATRY MENT HEALTH	07/01/2017

# **Professional Web Page**

www.ptsd.va.gov/professional/continuing\_ed/presenters/gibson

# **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

ACADEMY OF INTEGRATED PAIN MANAGEMENT

AMERICAN BOARD OF PREVENTIVE MEDICINE

AMERICAN PSYCHIATRIC ASSOCIATION