



KEITH JAMAL ROBINSON

License Number: ME86367

Profession	Medical Doctor
License Status	Retired/
Year Began Practicing	07/01/2000
License Expiration Date	01/31/2023
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

KEITH JAMAL ROBINSON
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 has not indicated any staff privileges.

Institution Name	City	State
	POMPANO BEACH	FLORIDA

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	PHYSICIAN

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
INDIANA UNIVERSITY	MD		05/14/2000

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
FLORIDA STATE UNIVERSITY	TALLAHASSEE	FLORIDA	07/01/1993	05/15/2000	MASTERS 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
SHANDS	INTERNSHIP	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/2000	06/01/2001
SHANDS	RESIDENCY	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/2001	01/01/0001
UNIVERSITY OF CALIFORNIA- SAN DIEGO	FELLOWSHIP	IM - PULMONARY DISEASE	CRITICAL CARE MEDICINE	SAN DIEGO	CALIFORNIA	07/01/2003	06/30/2006

Academic Appointments

Graduate Medical Education

This practitioner has not 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 BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE AND CRITICAL CARE	

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	06/28/2021	OBLIGATIONS IMPOSED	NO
FLORIDA DEPARTMENT OF HEALTH	12/27/2022	OBLIGATIONS IMPOSED	NO
FLORIDA DEPARTMENT OF HEALTH	10/26/2023	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	6/28/2021	7/27/2021	8/4/2021	\$ 2,000.00	\$ 2,000.00
COSTS	6/28/2021	7/27/2021	8/4/2021	\$ 968.51	\$ 968.51
CE: LAWS AND RULES	6/28/2021	6/27/2022	6/28/2021	\$ 0.00	\$ 0.00
RESTRICTION	12/27/2022			\$ 0.00	\$ 0.00
COSTS	12/27/2022	1/26/2023		\$ 587.87	\$ 587.87
CE: LAWS, RULES AND ETHICS		12/26/2023		\$ 0.00	\$ 0.00
FINE	10/26/2023	11/25/2023		\$ 2,000.00	\$ 0.00
COSTS	10/26/2023	11/25/2023		\$ 942.46	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
CALIFORNIA	02/13/2020	VOLUNTARY-RELINQUISHED	NO

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:

COPD Foundation

American Lung Association of South Florida

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
US LACROSSE OFFICIAL	US LACROSSE

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 not provided any national, state, local, county, or professional affiliations.