# JOHN F LOVEJOY JR

# License Number: ME12984

ProfessionMedical DoctorLicense StatusNull And Void/Year Began Practicing01/01/1973License Expiration01/31/2023DateDate

# **General Information**

# **Primary Practice Address**

JOHN F LOVEJOY 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
	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER - BEACHES	JACKSONVILLE	FLORIDA
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA

## **Email Address**

Please contact at: jfl264@me.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL DOCTOR
	MEDICAL DOCTOR

## 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 not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA	MD	1/1/1962 - 1/1/1966	01/01/1966

# **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	State or Country	Dates Attended From	Dates Attended To
MEDICAL COLLEGE OF GEORGIA HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		AUGUSTA	GEORGIA	07/01/1966	06/30/1967
GEORGIA BAPTIST-SCOTTISH RITE HOSPITALS	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		ATLANTA	GEORGIA	07/01/1967	06/30/1971

# 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 INSTRUCTOR OF ORTHOPAEDICS	UNIVERSITY OF FLORIDA COLLEGE OF MEDICI	N JACKSONVILLE	FLORIDA
PROFESSOR DEPARTMENT OF HEALTH SCIENC	E UNIVERSITY OF FLORIDA COLLEGE OF MEDICI	N JACKSONVILLE	FLORIDA

# **Specialty Certification**

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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	GS - SURGERY	

# **Financial Responsibility**

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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**

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**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: BOARD OF DIRECTORS/DUVAL COUNTY MEDICAL SOCIETY ASSISTANT CHIEF OF ORTHOPAEDICS/ST LUKE'S HOSPITAL TASK FORCE OF GUIDELINES/AMER ACADEMY OF ORTHOPAEDIC SURG EXECUTIVE BOARD/FLORIDA ORTHOPAEDIC SOCIETY CHAIRMAN-CRIPPLED CHILDREN'S COMMITTEE/MOROCCO TEMPLE BOARD MEMBER/JACKSONVILLE MARINE INSTITUTE

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

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

Community Service/Award/Honor	Organization
ORTHOPAEDIC RESIDENT'S AWARD - 1967 & 1970	GEORGIA ORTHOPAEDIC SOCIETY
HUMANITARIAN AWARD. 2015	AAOS

### **Publications**

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

Title	Publication	Date
ADOLESCENT TIBIA VARA ASSOCIATED WITH SLIPPED CAPITAL FEMO	JOURNAL OF BONE AND JOINT SURGERY	01/01/1970
WORKING CLASSIFICATION OF RICKETS	ACADEMY OF OTHROPAEDIC SURGERY	01/01/1970
POPLITEUS MUSCLE IN MAN	ANATOMICAL RECORD	01/01/1971
FUNCTIONS OF THE POPLITEUS MUSCLE IN MAN	JOURNAL OF BONE & JOINT SURGERY	01/01/1971
FAMILIA OSTEOPOROSIS WITH COXA VARA: A CASE REPORT	JOURNAL OF BONE & JOINT SURGERY	01/01/1971
ALDORF HIP CLAMP FOR OSTEOTOMIES IN CHILDRENTHIS PRACTITIONER HAS AUTHORED SEVERAL OT PUBLICATIONS	J. PEDIATRIC ORTHOPEDICS	
GROUP A STREP ANTIBODIES IN SUBJECTS WITH OR WITH OUT RA	CLINICL AND DIAGNOTIC LABORITORY IMMUNOLOGY	09/01/2003
EMERGENCY PHYSICIANS AS ANESTHETISTS	JBJS	02/01/2012

## **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
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS-DIPLOMATE
AMERICAN ORTHOPEDIC ASSOCIATION
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
FLORIDA ORTHOPAEDIC SOCIETY
NORTH FLORIDA ORTHOPAEDIC SOCIETY