



## KENNETH VANCE BRUMMEL-SMITH MD

License Number: ME89569

Profession	Medical Doctor
License Status	Retired/
Year Began Practicing	09/01/1971
License Expiration Date	01/31/2024
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

KENNETH VANCE BRUMMEL-SMITH MD  
723 MICHELE DR.  
MOUNT SHASTA, CA 96067

### 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
TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA

### Email Address

Please contact at: [ken.brummel-smith@med.fsu.edu](mailto:ken.brummel-smith@med.fsu.edu)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OREGON	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 not indicated whether he/she has submitted payment of the assessment.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTHERN CA	MD	7/1/1971 - 6/1/1975	01/01/1975

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
LOYOLA UNIVERSITY	LOS ANGELES	CALIFORNIA	09/01/1967	06/01/1971	BS - BACHELOR 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
GLENDALE ADVENTIST MEDICAL CENTER	RESIDENCY	FP - FAMILY MEDICINE				06/01/1975	06/01/1978
UNIVERSITY OF SOUTHERN CALIFORNIA	FELLOWSHIP	FP - FAMILY MEDICINE	MEDICAL EDUCATION	LOS ANGELES	CALIFORNIA	07/01/1978	06/01/1980

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
PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	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 FAMILY MEDICINE	FP - FAMILY MEDICINE	01/01/1984
AMERICAN BOARD OF FAMILY MEDICINE	FP - GERIATRIC MEDICINE	01/01/1990

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

Proceedinas & 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:  
INTEGRATIVE MEDICINE COMMITTEE TMH

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
ALPHA SIGMA NU	NATIONAL JESUIT HONOR SOCIETY
GRADUATE WITH HONORS	USC SCHOOL OF MEDICINE
MEMBER	GOLD HUMANISM HONOR SOCIETY
DENNIS JAHNIGEN TEACHING AWARD	AMERICAN GERIATRIC SOCIETY
HIPPOCRATIC AWARD	FSU COLLEGE OF MEDICINE
AOA NATIONAL MEDICAL HONOR SOCIETY	AOA
HEALTH AND AGING POLICY FELLOW	APSA

Publications

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

Title	Publication	Date
COMPREHENSIVE GERIATRIC ASSESSMENT	TEXTBOOK	01/01/2000
INTERVIEWING AND PATIENT CARE	TEXTBOOK	01/01/1997
REICHELS CARE OF THE ELDERLY	TEXTBOOK	01/04/2009

Professional Web Page

www.med.fsu.edu/geriatrics/

Languages Other Than English

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN GERIATRICS SOCIETY
ASSOC OF DIRECTORS OF GERIATRIC ACADEMIC PROGRAMS
CAPITAL MEDICAL SOCIETY
CERTIFIED MEDICAL DIRECTOR MEDICAL CANNABIS COURSE 7-15-16
FLORIDA COUNCIL ON AGING
FLORIDA GERIATRIC SOCIETY
FLORIDA MEDICAL DIRECTORS ASSOC
PHYSICIANS FOR A NATIONAL HEALTH PLAN