



## DARLENE LYNETTE JONES

License Number: OS9634

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

DARLENE LYNETTE JONES  
2815 S SEACREST BLVD  
BOYNTON BEACH, FL 33435

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	OSTEOPATHIC PHYSICIAN
TENNESSEE	OSTEOPATHIC PHYSICIAN
VIRGINIA	OSTEOPATHIC PHYSICIAN
ARIZONA	OSTEOPATHIC PHYSICIAN
MICHIGAN	OSTEOPATHIC PHYSICIAN
DISTRICT OF COLUMBIA	MEDICAL PHYSICIAN
MARYLAND	OSTEOPATHIC PHYSICIAN
VIRGINIA	OSTEOPATHIC MEDICINE
ARIZONA	OSTEOPATHIC MEDICINE
DISTRICT OF COLUMBIA	OSTEOPATHIC 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 has submitted payment of the assessment.

# Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
DES MOINES UNIVERSITY COM	DO	8/1/1989 - 6/1/1993	06/01/1993

## 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
DES MOINES UNIV	DES MOINES	UNITED STATES	08/01/1989	06/01/1993	D.O. OSTEOPATHIC MEDICINE

## 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
GRACE HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR	AOA APPROVED INTERNSHIP	DETROIT	MICHIGAN	07/01/1994	06/30/1995
UNIVERSITY OF ILLINOIS	RESIDENCY	AN - ANESTHESIOLOGY		CHICAGO	ILLINOIS	07/01/1994	06/30/1995
LOYOLA MEDICAL CENTER	RESIDENCY	PM - PHYSICAL MEDICINE AND REHABILITATIO		MAYWOOD	ILLINOIS	07/01/1995	06/30/1997
MEDICAL UNIVERSITY OF SOUTH CAROLINA	RESIDENCY	PM - PHYSICAL MEDICINE AND REHABILITATIO		CHARLESTON	SOUTH CAROLINA	07/01/1997	06/30/1998
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	NEUROLOGY	PAIN MANAGEMENT	TAMPA	FLORIDA	08/03/1998	08/02/1999
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	N - NEUROLOGY	PAIN MANAGEMENT	TAMPA	FLORIDA	01/08/2002	06/30/2002
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	N - NEUROLOGY	PAIN MANAGEMENT	TAMPA	FLORIDA	07/01/2002	06/30/2003
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	N - NEUROLOGY	HEADACHE MANAGEMENT	TAMPA	FLORIDA	07/01/2003	06/30/2004
UNIV SOUTH FLORIDA	FELLOWSHIP	IFP - INTERNAL MEDICINE/FAMILY PRACTICE	HOSPICE AND PALLIATIVE CARE	TAMPA	FLORIDA	08/03/2008	02/28/2009
UNIVERSITY OF ARIZONA	FELLOWSHIP	IFP - INTERNAL MEDICINE/FAMILY PRACTICE	INTEGRATIVE MEDICINE	TUCSON	ARIZONA	01/11/2010	12/12/2011

## 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

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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 OSTEOPATHIC BOARD OF REHABILITA	PM - PHYSICAL MEDICINE AND REHABILITATIO	

## Financial Responsibility

### Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

## 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
WROTE A CHECK THAT I DID NOT KNOW DID NOT CLEAR WORTHLESS CH	02/28/2000	HILLSBOROUGH COUNTY	NO	NOT CORROBORATED	

#### 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 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
MICHIGAN	03/12/2018	CONSENT AGREEMENT AND FINE	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 not indicated any committees on which they serve for any health entity with which they are affiliated.

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

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

<b>Community Service/Award/Honor</b>	<b>Organization</b>
DIOCESE OF ST PETERSBURG	LAY PASTORAL MINISTRY

### **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:

<b>Affiliation</b>
AMERICAN OSTEOPATHIC ACADEMY PMR
AMERICAN OSTEOPATHIC ASSOCIATION
AMERICAN OSTEOPATHIC COLLEGE PHYSICAL MEDICINE AND REHABILIT
INSTITUTE OF FUNCTIONAL MEDICINE