## **ELIZABETH ANN LAWRENCE**

### License Number: ME90411

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 07/01/2001
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

ELIZABETH ANN LAWRENCE 807 N. MYRTLE AVE CLEARWATER, FL 33755

### **Medicaid**

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: Elizabeth.Lawrence@Baycare.org

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	TRAINING REGISTRATION

### 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
UNIV OF SOUTH FLORIDA	MD		05/11/2001

## **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
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/1993	12/21/1996	B.S. IN MICROBIOLOGY/IMMUNOLOGY
UNIVERSITY OF SOUTH	TAMPA	FLORIDA	08/01/1997	05/01/2001	M.D. MEDICAL DOCTOR

# **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
UNIVERSITY OF SOUTH FLORIDA	INTERNSHIP	FP - FAMILY MEDICINE		CLEARWATER	FLORIDA	07/01/2001	06/30/2002
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	FP - FAMILY MEDICINE		CLEARWATER	FLORIDA	07/01/2002	06/30/2004

# **Academic Appointments**

### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

# **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE DIRECTOR OF FAMILY MEDICINE RESIDENCY PROGRAM	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	CLEARWATER	FLORIDA
CLINICAL ASSISSTANT PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	CLEARWATER	FLORIDA
AFFILIATE ASSISTANT PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	CLEARWATER	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	FAMILY MEDICINE	

# Financial Responsibility

# **Financial Responsibility**

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

# **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: CLINICAL COMPETENCY COMMITTEE RECRUITMENT AND SELECTIONS COMMITTEE

#### **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 OMEGA ALPHA
	AMERICAN MEDICAL ASSOCIATION
	AMERICAN ACADEMY OF FAMILY PHYSICIAN

### **Publications**

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

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Title	Р	Publication		Date
TALL CELL PAPILLARY THYROID CARC METASTATIC TO FEMUR	INOMA A	M J MED SCI, 322(2): 103-108		01/01/2001
GENETIC DISSECTION OF SKE PATHOS ON MURINE CHR	GENESIS: SLE1 J	CLIN INVEST., 101 (6): 1362-72		03/15/1998
COMMON FOOT PROBLEMS	F	P ESSENTIALS EDITION 307 AAFP HC	ME STUDY	12/01/2004
SMOKING CESSATION IN FAMILY MEDIC OF AN AREA HE	CINE - EFFECTS JO	OURNAL OF GRADUATE MEDICAL ED	UCATION	05/21/2010
SMOKING CESSATION COUNSELING IN MEDICINE	FAMILY JO	OURNAL OF PRIMARY CARE COMMUI	NITY HEALTH	01/01/2014
FACULTY DEVELOPMENT ACTIVITIES IN MEDICINE IN		ITERNATIONAL JOURNAL OF PSYCHI IEDICINE	ATRY IN	01/01/2013

## **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

STF PRIV: UNIV OF SOUTH FLORIDA, FAMILY PRACTICE, 7/04