#### MICHAEL JAMES MCCLURE

### License Number: ME91765

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1993
License Expiration 01/31/2027

Date

### General Information

#### **Primary Practice Address**

MICHAEL JAMES MCCLURE 7367 QUARTER HORSE ROAD SARASOTA, FL 34241

#### Medicaid

This practitioner does NOT participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Not Provided

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	MD-INACTIVE
GEORGIA	MD-INACTIVE
UTAH	MD-INACTIVE
ALABAMA	MD-INACTIVE
WASHINGTON	MD-INACTIVE
NEBRASKA	MD LOCUM TENENS-INACTIVE
NEBRASKA	MD LOCUM TENENS-INACTIVE
KENTUCKY	MD-INACTIVE
OREGON	MD-INACTIVE

### 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 UTAH	MD		05/22/1983

#### **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
EISENHOWER ARMY MEDICAL CENTER	RESIDENCY	P - PSYCHIATRY	,	FORT GORDON	GEORGIA	07/01/1993	06/30/1997

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

Title	Institution	City	State
ADJUNCT FACULTY	LECOM UNIVERSITY	SARASOTA	FLORIDA

# **Specialty Certification**

#### **Specialty Certification**

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# Financial Responsibility

#### **Financial Responsibility**

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), F.S.

# **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 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:

Community Service/Award/Honor	Organization
NATIONAL SCIENCE FOUNDATION FELLOW	NSF GRADUATE RESEARCH FELLOWSHIPS PROGRAM
AMERICAN PSYCHOANALYTIC ASSOCIATION FELLOW	AMERICAN PSYCHOANALYTIC ASSOCIATION

#### **Publications**

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

Title	Publication	Date
"CHARACTERIZATION OF A NEW MODEL OF GM2 GANGLIOSIDOSIS IN THE KORAT CAT."	JOURNAL OF CLINICAL INVESTIGATION	08/01/1985
GENETIC ENZYME DEFICIENCIES AND THE BLOOD-BRAIN BARRIER."	PLENUM PRESS	01/01/1989
FORMATION AND CHARACTERIZATION OF CHIMERIC HUMAN-FELINE BETA HEXOSEAMINIDASE	SOMERSET UNIVERSITY PRESS	05/01/1989
RETROVIRALLY-MEDIATED GENE REPLACEMENT THERAPY IN GM2 GANGLIOSIDOSIS.	SOMERSET UNIVERSITY PRESS	06/01/1989

Title	Publication	Date
STUDENTS AND PATIENTS CAN SERVE AS TEACHERS, TOO	AMERICAN MEDICAL NEWS	03/01/1993
TO ERR IS HUMAN	WESTERN JOURNAL OF MEDICINE	01/01/1994
A CASE OF WILDERVANCK'S SYNDROME PRESENTING AS TRANSIENT HEMIPARESTHESIA	MILITARY MEDICINE	05/01/1995

### **Professional Web Page**

https://suncoastpsychiatric.net/

### **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.