### **ERIC BROCK SNIDER**

# License Number: CH8267

Profession Chiropractic Physician

License Status Clear/Active
Year Began Practicing 01/01/2000
License Expiration 03/31/2026

Date

# **General Information**

# **Primary Practice Address**

ERIC BROCK SNIDER 7797 NORTH UNIVERSITY DRIVE SUITE #101 TAMARAC, FL 33321

### **Medicaid**

This practitioner DOES participate in the Medicaid program.

### **Staff Privileges**

This practitioner has not indicated any staff privileges. Chiropractic physicians typically do not hold staff privileges.

### **Email Address**

Please contact at: drbsnider@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	CHIROPRACTOR

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIFE UNIVERSITY	DC	10/1/1995 - 12/11/1999	12/11/1999

### **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	08/01/1990	08/12/1995	BS - BACHELOR OF SCIENCE

# **Professional and Postgraduate Training**

This practitioner has not completed any graduate medical education.

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **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 obtained and will maintain an unexpired, irrevocable letter of credit, established pursuant to Chapter 675, F.S., in an amount not less than \$100,000 per claim, with a minimum aggregate availability of credit of not less than \$300,000. This letter of credit is payable to me as beneficiary upon presentation of a final judgement indicating liability and awarding damages to be paid by me or upon a settlement agreement signed by all parties to such agreement when such final judgement or settlement is a result of a claim arising out of the rendering of , or the failure to render, chiropractic care and services, pursuant to rule 64B2-17.009(2), F.A.C.

# **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
SIMPLE BATTERY	07/01/1998	COBB 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 \*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 \$5,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

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 not provided any professional or community service activities, honors, or awards.

#### **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**

universityhealthcenter.net

### **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 not provided any national, state, local, county, or professional affiliations.