### JAMES D. LEIBER

### License Number: OS9810

Profession Osteopathic Physician

License Status Clear/Active
Year Began Practicing 01/01/2001
License Expiration Date 03/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

## **Primary Practice Address**

JAMES D. LEIBER 5630 MARQUESAS CIRCLE SARASOTA, FL 34233

### Medicaid

This practitioner does NOT participate in the Medicaid program.

# **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: jamesl@regentampabay.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	OSTEOPATHIC

### 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 COLLEGE OF OSTEOPATHIC MEDICINE	DO	8/1/1995 - 6/1/1999	06/01/1999

# **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
BOSTON UNIVERSITY	BOSTON	MASSACHUSETTS	08/01/1988	05/01/1992	BA PSYCHOLOGY
BOSTON UNIVERSITY	BOSTON (ECONOMICS DEGREE)	MASSACHUSETTS	08/01/1988	05/01/1992	BACHELOR OF ARTS

# **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
DAVID GRANT MEDICAL CENTER	INTERNSHIP	FP - FAMILY PRACTICE	AOA APPROVED INTERNSHIP	TRAVIS AFB	CALIFORNIA	06/01/1999	06/01/2000
DAVID GRANT MEDICAL CENTER	RESIDENCY	FP - FAMILY PRACTICE		TRAVIS AFB	CALIFORNIA	06/01/2000	06/01/2002
UCLA-HELM'S MEDICAL INSTITUTE	OTHER PROGRAM	OTHER	MEDICAL ACUPUNCTURE	BERKELEY	CALIFORNIA	04/01/2004	12/01/2004
UNIVERSITY OF NORTH CAROLINA, DEPT OF FAMILY MEDICINE	FELLOWSHIP	FP - FAMILY PRACTICE	FACULTY DEVELOPMENT/RESEARCH	CHAPEL HILL	NORTH CAROLINA	08/01/2004	06/01/2005
AMERICAN OSTEOPATHIC ASSOCIATION	FELLOWSHIP	OTHER	NEUROMUSCULOSKELETAL MEDICINE	INDIANAPOLIS	INDIANA	06/01/2004	11/01/2006
MUSCULOSKELETAL SONOGRAPHY- ARDMS	OTHER PROGRAM	RADIOLOGY	REGISTERED IN MUSCULOSKELETAL SONOGRAPHY-RMSK	ROCKVILLE	MARYLAND	09/01/2010	09/01/2012

# **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
ACCOCIATE OF INICAL DROP OF EAMINED AND OCTEODATHIC DRINGID.	I ECOM PRADENTONI	DDADENTON	EL ODIDA

ASSOCIATE CLINICAL PROF OF FAM MED AND OSTEOPATHIC PRINCIPL LECOM BRADENTON BRADENTON 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 PRACTICE	07/01/2002	
AMER OSTEO BRD OF SPECIAL PROFIC IN OSTE	NEUROMUSCULOSKELETAL MEDICINE		

# Financial Responsibility

# **Financial Responsibility**

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

# **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:

American Osteopathic Association

MANATEE COUNTY MEDICAL SOCIETY

FLORIDA MEDICAL ASSOCIATION

AMERICAN INSITUTE OF ULTRASOUND MEDICINE

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

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

Community Service/Award/Honor	Organization
EMERGING LEADER AWARD	AMERICAN OSTEOPATHIC FOUNDATION
RESIDENT STUDENT TEACHER AWARD-SOCIETY OF TEACHERS OF FM	DAVID GRANT MEDICAL CENTER
WB SAUNDERS AWARD	DES MOINES UNIVERSITY

#### **Publications**

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

Title	Publication	Date
ALLOPATHIC FAMILY MED RESIDENTS CAN LEARN OSTEO MANIPULATION	FAMILY MEDICINE	11/01/2005
PNEUMOMEDIASTINUM & SUBCUTANEOUS EMPHYSEMOL IN A SYN	PHYSICIAN & SPORTS MEDICINE	08/01/2005
LUMBAR EXAMINATION	THE SPORTS MEDICINE RESOURCE MANUAL ELSEVIER	02/01/2008
PILOT CLINICAL STUDY OF OMT IN PREGNANT PTS WITH I BP	INTERNATIONAL JOURNAL OF OSTEOPATHIC MEDICINE	12/01/2008

## **Professional Web Page**

www.regentampabay.com

### **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

OTH HLTH DEG: BOSTON UNIV, BA ECONOMICS