## CRAIG NOLTIN CZYZ

## License Number: OS10225

ProfessionOsteopathic PhysicianLicense StatusCLEAR/ActiveYear Began Practicing10/03/2007License Expiration03/31/2026DateDate

# **General Information**

## **Primary Practice Address**

CRAIG NOLTIN CZYZ 238 ORLANDO BLVD PORT CHARLOTTE, FL 33954

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
BAYFRONT MEDICAL CENTER	PORT CHARLOTTE	FLORIDA

#### **Email Address**

Please contact at: dsp4000@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ОНЮ	OCULOFACIAL PLASTIC SURGERY
PENNSYLVANIA	OCULOFACIAL PLASTIC SURGERY

#### 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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDI	DO	8/1/1999 - 5/1/2003	05/01/2003

#### **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
WAKE FOREST UNIVERSITY	WAKE FOREST	NORTH CAROLINA	08/01/1993	05/01/1996	BS BIOLOGY

## **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
FRANDFORD HOSPITAL JEFFERSON HEALTH SYSTEM	INTERNSHIP	OTHER	AOA AND ACGME APPROVED INTERNSHIP	PHILADELPHIA	PENNSYLVANIA	06/19/2003	06/18/2004
OHIOHEALTH SYSTEM DOCTOR'S HOSPITAL	RESIDENCY	OPH - OPHTHALMOLOGY		COLUMBUS	OHIO	07/01/2004	06/30/200
AMERICAN ACADEMY OF COSMETIC SURGERY	FELLOWSHIP	PLASTIC SURGERY WITHIN THE HEAD AND NECK	FACIAL COSMETIC SURGERY	COLUMBUS	OHIO	07/01/2011	07/01/2012

# 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
ASSOCIATE PROFESSOR OF OPHTHALMOLOGY	OHIO UNIVERSITY COLLEGE OF OSTEOPATHIC MEDICINE	COLUMBUS	OHIO

# 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
AMER OSTEO BRDS OF OPHTHAL & OTOLARY-HEA	OPH - OPHTHALMOLOGY	

# 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 Society of Ophthalmic Plastic & Reconstructive Surg American Osteopathic Association

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

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

Community Service/Award/Honor	Organization
CHEIF RESIDENT 2006-2007	OHIOHEALTH SYSTEM DEPT OF OPHTHALMOLOGY
SELECTED BY OOS TO ATTEND AAO CONGRESSIONAL ADVOCACY FORUM	OHIO OPHTHALMOLOGY SOCIETY
AAO 2005 ANNUAL MEETING - BEST POSTER WITHIN SUBJECT AREA	AMERICAN ACADEMY OF OPHTHALMOLOGY

## **Publications**

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

Title	Publication	Date
THE INTERNATIONAL CLASSIFICATION OF RETINOBLASTOMA	OPHTHALMOLOGY	12/01/2006
THE NATURAL HISTORY OF MACULAR PSEUDOHOLES	AMERICAN JOURNAL OF OPHTHALMOLOGY	03/01/1998
EFFECT OF CHRONIC ETHANOL CONSUMPTION ON RESPIRATORY AND	ARCH OF BIOCHEM AND BIOPHYS	02/01/1998

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