



KEVIN LESLIE HOFFMAN D.C.

License Number: CH8594

|                       |                        |
|-----------------------|------------------------|
| Profession            | Chiropractic Physician |
| License Status        | CLEAR/Active           |
| Year Began Practicing | 10/01/1998             |
| License Expiration    | 03/31/2026             |
| Date                  |                        |

## General Information

### Primary Practice Address

KEVIN LESLIE HOFFMAN D.C.  
5219 W GALA LANE  
DUNNELLON, FL 34433

### Medicaid

This practitioner does NOT 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: [ufhoff@hotmail.com](mailto:ufhoff@hotmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State      | Profession   |
|------------|--------------|
| NEW JERSEY | CHIROPRACTOR |
|            | CHIROPRACTOR |

## Education and Training

Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|------------------|--------------|---------------------|-----------------|
| LIFE UNIVERSITY  | DC           | 6/1/1994 - 6/1/1998 | 06/13/1998      |

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       | 09/01/1983          | 08/09/1986        | BS - BACHELOR OF SCIENCE |

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 |
|-----------------|--------------|----------------------|----------------------|-----------|------------------|---------------------|-------------------|
| LIFE UNIVERSITY | FELLOWSHIP   | CHIROPRACTIC         |                      | MARRIETTA | GEORGIA          | 01/01/1995          | 06/01/1998        |
|                 |              | INTERNSHIP/RESIDENCY |                      |           |                  |                     |                   |

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

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

FINANCIAL EXEMPTION

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 \$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 an affiliation with the following committees:  
FCA  
ACA

**Professional or Community Service Awards**

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

| Community Service/Award/Honor            | Organization                      |
|--|-----------------------------------|
| MEMBER                                   | CITRUS COUNTY CHAMBER OF COMMERCE |
| MEMBER                                   | BUSINESS MASTERS                  |
| ELDER YOUTH LEADER                       | REFLECTIONS CHURCH                |
| CRYSTAL RIVER HIGH SCHOOL TEAM PHYSICIAN | CRYSTAL RIVER HIGH SCHOOL         |

**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**

www.dochoff.com

**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.