## RICHARD ROBIN BLACK

## License Number: OS10476

Profession Osteopathic Physician

License Status CLEAR/Active
Year Began Practicing 07/01/1983
License Expiration 03/31/2026

Date

## **General Information**

## **Primary Practice Address**

RICHARD ROBIN BLACK 1525 WEST CYPRESS CREEK ROAD FT LAUDERDALE, FL 33309

#### 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
DESOTO MEMORIAL HOSPITAL	ARCADIA	FLORIDA
ADVENTIST HEALTH	HANFORD	CALIFORNIA
ADVENTIST REEDLEY	REEDLEY	CALIFORNIA
BERWICK HOSPITAL CENTER	BERWICK	PENNSYLVANIA
BUTLER MEMORIAL HOSPITAL	BUTLER	PENNSYLVANIA
CENTRAL MICHIGAN COMMUNITY HOSPITAL	MT PLEASANT	MICHIGAN
COMMUNITY HOSPITAL ANDERSON	ANDERSON	INDIANA
DOCTORS MEMORIAL HOSPITAL	PERRY	FLORIDA
DONALSONVILLE HOSPITAL	DONALSONVILLE	GEORGIA
EAST COOPER MEDICAL CENTER	MT PLEASANT	SOUTH CAROLINA
EL CENTRO REGIONAL MEDICAL CENTER	EL CENTRO	CALIFORNIA
HENRY COUNTY HOSPITAL	NEW CASTLE	INDIANA
HI-DESERT MEDICAL CENTER	JOSHUA TREE	CALIFORNIA
HILTON HEAD HOSPITAL	HILTON HEAD ISLAND	SOUTH CAROLINA
HIGHLANDS REGIONAL MEDICAL CENTER	SEBRING	FLORIDA
LIMA MEMORIAL HEALTH SYSTEM	LIMA	OHIO
LOCK HAVEN HOSPITAL	LOCK HAVEN	PENNSYLVANIA
MORTON GENERAL HOSPITAL	MORTON	WASHINGTON
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
NEW HORIZONS HEALTH SYSTEMS	OWENTON	KENTUCKY
NORTHEAST REGIONAL MEDICAL CENTER	KIRKSVILLE	MISSOURI
ROBINSON MEMORIAL HOSPITAL	RAVENNA	OHIO
SOUTH FULTON MEDICAL CENTER	EAST POINT	GEORGIA
SUNBURY COMMUNITY HOSPITAL	SUNBURY	PENNSYLVANIA

Institution Name	City	State
TAYLOR REGIONAL HOSPITAL	CAMPBELLSVILLE	KENTUCKY
TWIN LAKES REGIONAL MEDICAL CENTER	LEITCHFIELD	KENTUCKY
WASHINGTON ADVENTIST HOSPITAL	TAKOMA PARK	MARYLAND
WOOSTER COMMUNITY HOSPITAL	WOOSTER	OHIO

## **Email Address**

Please contact at: drrickblack@aol.com

### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	DO
INDIANA	DO
PENNSYLVANIA	DO
ILLINOIS	DO
MICHIGAN	DO
NEW MEXICO	DO
WASHINGTON	DO
MONTANA	DO
IDAHO	DO
MISSOURI	DO
KENTUCKY	DO
NEW YORK	DO
OKLAHOMA	DO
MARYLAND	DO
CALIFORNIA	DO
GEORGIA	DO
SOUTH CAROLINA	DO
NORTH CAROLINA	DO
WISCONSIN	DO

## 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
OHIO UNIVERSITY MAIN CAMPUS	DO	8/1/1978 - 6/12/1982	06/12/1982

### **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 DAYTON	DAYTON	OHIO	08/01/1973	04/30/1977	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
GRANDVIEW HOSPITAL	INTERNSHIP	OIR - OSTEOPATHIC INTERNSHIP/RESIDENCY	AOA APPROVED INTERNSHIP	DAYTON	OHIO	07/01/1982	06/30/1983
GRANDVIEW HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		DAYTON	OHIO	08/10/1983	08/09/1986
UNIVERSITY HOSPITAL	FELLOWSHIF	NM - NUCLEAR MEDICINE		CINCINNAT	OHO	07/01/1986	06/30/1988

## **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 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 NUCLEAR MEDICINE	NM - NUCLEAR MEDICINE	09/10/1988

## 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:

Society of Nuclear Medicine

American Society of Nuclear Cardiology

Academy of Molecular Imaging

#### **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**

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.