KENT WADE FOSTER

License Number: ME100760

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/01/2003
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

KENT WADE FOSTER 1450 6TH ST SE WINTER HAVEN, FL 33880-4505

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Institution Name	City	State
	WINTER HAVEN	FLORIDA
	LAKE WALES	FLORIDA

Email Address

Please contact at: k.wadefoster@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
THE UNIVERSITY OF ALABAMA	MD	6/1/1996 - 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
IDAHO STATE UNIVERSITY	POCATELLO	IDAHO	07/01/1992	05/01/1996	BS BIOLOGY
UNIVERSITY OF ALABAMA	BIRMINGHAM	ALABAMA	06/01/1996	05/01/2003	PH.D BIOCHEMISTRY

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
UNIVERSITY OF ALABAMA	INTERNSHIP	IM - INTERNAL MEDICINE		BIRMINGHAM	ALABAMA	06/01/2003	06/01/2004
UNIVERSITY OF ALABAMA	RESIDENCY	D - DERMATOLOGY		BIRMINGHAM	ALABAMA	07/01/2004	06/01/2007
MOY FINCHER MEDICAL GROUP/UCLA/WEST LA VETERANS HOSP	FELLOWSHIP	_	MOHS MICROGRAPHIC SURGERY	LOS ANGELES	CALIFORNIA	07/01/2007	06/30/2008

Academic Appointments

Graduate Medical Education

This practitioner has not 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 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 DERMATOLOGY	D - DERMATOLOGY	08/01/2007

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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

Title	Publication	Date
VARIATION IN 18S RRNA GENE SEQUENCES AMONG MEMBERS OF A SINGLE SPECIES OF MYXOZOA COLLECTED FROM MULTIPLE SITES	THE JOURNAL OF EUKARYOTIC MICROBIOLOGY; 44(1):14A	01/01/1997
SERUM PROLACTIN AND DEHYDROEPIANDROSTERON CONCENTRATIONS DURING THE SUMMER AND WINTER HAIR GROWTH CYCLES OF MINK (MUSTELA VISON)	•	01/01/1998

TRANSDUCTION OF ADENVIRIUS ETA-MINORTALUZED RATK KINDEY RICE CELLS: TRANSFORMATION OF A HOST WITH EPITHELIAL, FEATURES BY C-MYC AND THE ZINC FINGER PROTEIN GKLF. INCREASE OF GKLF MESSENGER RINA AND PROTEIN EXPRESSION DURING PROGRESSION OF BREAST CANCER INITIATION OF THE DYSPLASIA-CARCINOMA SEQUENCE BY KLF4 OF WITH EPITHELIAL PROTEINS OF MURINE BY KLF4 SYRIN INTERION OF THE DYSPLASIA-CARCINOMA SEQUENCE BY KLF4 COMPARATIVE PROTEOMIC PROFEINS OF MURINE SKIN IDENTIFICATION OF BACILLUS ANTHRACIS PROTEINS ASSOCIATED WITH GERMINATION AND EARLY OUTGROWTH BY PROTEOMIC PROFILING OF MURINE SKIN DENTIFICATION OF BACILLUS ANTHRACIS PROTEINS ASSOCIATED WITH GERMINATION AND EARLY OUTGROWTH BY PROTEOMIC PROFILING OF MURINE SKIN DENTIFICATION OF BACILLUS ANTHRACIS PROTEINS ASSOCIATED WITH GERMINATION AND EARLY OUTGROWTH BY PROTEOMIC PROFILING OF AUTHRACY SCHOOL OF BACILLUS ANTHRACIS PROTEINS ASSOCIATED WITH GERMINATION AND EARLY OUTGROWTH BY PROTEOMIC PROFILING OF AUTHRACY SCHOOL OF BACILLANCE OF CUTANEOUS FUNGAL MRECION IN THE UNITED STATES FROM 1999 TO 2002 SAFETY AND IMMUNOGENCITY OF ADENOYIRUS VECTORED MASAL AND EPICLITANEOUS BY-LLENDA VACCINE; 23(8):1029-36 OFFICIAL PROFILE PROFIL			
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Title	Publication	Date
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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.

GERMAN

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

The production has provided the remaining heater, recall, earny, and provided animations.
Affiliation
AMERICAN ACADEMY OF DERMATOLOGY
AMERICAN COLLEGE OF MOHS SURGERY
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