### PATRICIA LEIGH RYDER MD

## License Number: ME112939

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 07/01/1978
License Expiration 01/31/2026

Date

## General Information

## **Primary Practice Address**

PATRICIA LEIGH RYDER MD NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

#### **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: pryder1@outlook.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	MEDICINE
CALIFORNIA	MEDICINE
FLORIDA	

## 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 is exempt from paying assessment.

## **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOUISIANA STATE MEDICAL SCHOOL	MD	9/1/1974 - 5/1/1978	

## **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 LOUISIANA AT MONROE	MONROE	LOUISIANA	09/01/1970	05/01/1974	B.S. MEDICINE
TULANE UNIVERSITY SOM	NEW ORLEANS	LOUISIANA	01/01/1992	12/01/1992	MPH MASTER OF PUBLIC HEALTH

## **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 MEDICAL CENTER	INTERNSHIP			LAFAYETTE	LOUISIANA	07/01/1978	10/01/1978
ST. LUKE'S EPISCOPAL HOSPITAL	RESIDENCY	PTH - PATHOLOGY		HOUSTON	TEXAS	11/01/1978	06/01/1979
CHARITY HOSPITAL OF LOUISIANA	RESIDENCY	PD - PEDIATRICS		NEW ORLEANS	LOUISIANA	07/01/1979	06/01/1980
LOS ANGELES COUNTY / USC MEDICAL CENTER	RESIDENCY	PD - PEDIATRICS		LOS ANGELES	CALIFORNIA	07/01/1980	06/01/1981
CHARITY HOSPITAL OF LOUISIANA	RESIDENCY	PD - PEDIATRICS		NEW ORLEANS	LOUISIANA	01/01/1982	12/01/1982
TULANE UNIVERSITY SOM	RESIDENCY	GPM - PREVENTIVE MEDICINE		NEW ORLEANS	LOUISIANA	01/01/1992	12/01/1993

## **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 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** 

**Proceedings and Actions** 

Financial Exemption

### **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 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 an	v national.	state.	local.	. county, or	professional affiliation	ons.