Florida HEALTH Department of Health

CEDRIC DEWAYNE SHORTER

License Number: ME117022

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/2005
License Expiration Date	01/31/2027

General Information

Primary Practice Address

CEDRIC DEWAYNE SHORTER
620 10TH STREET NORTH
SUITE 1D
SAINT PETERSBURG, FL 33705

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
INDIANA UNIVERSITY HEALTH-IU/METHODIST/RILEY/SAXONY	INDIANAPOLIS	INDIANA
ST. VINCENT HOSPITAL INDIANAPOLIS	INDIANAPOLIS	INDIANA
COMMUNITY HOSPITAL EAST & NORT	INDIANAPOLIS	INDIANA
ST. FRANCIS HEALTH & HOSPITAL	INDIANAPOLIS	INDIANA
WISHARD HEALTH SERVICES	INDIANAPOLIS	INDIANA
RICHARD ROUDEBUSH VA MEDICAL CENTER	INDIANAPOLIS	INDIANA

Email Address

Please contact at: **cedric.shorter@baycare.org**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR

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
NORTHWESTERN STATE UNIVERSITY	BACHELOR D	8/1/1993 - 5/16/1997	05/16/1997
LOUISIANA COLLEGE	NO DEGREE	6/1/1996 - 7/31/1996	
LOUISIANA STATE UNIVERSITY	BACHELOR D	8/1/1998 - 5/19/2000	05/19/2000
LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE IN SHREVEPORT	MD	8/1/2001 - 5/28/2005	05/28/2005

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
LOUISIANA STATE UNIVERSITY MEDICAL CENTER-SHREVEPORT	INTERNSHIP	NEUROSURGERY		SHREVEPORT	LOUISIANA	07/01/2005	06/30/2006
LOUISIANA STATE UNIVERSITY MEDICAL CENTER-SHREVEPORT	RESIDENCY	NEUROSURGERY		SHREVEPORT	LOUISIANA	07/01/2006	06/30/2012
GOODMAN CAMPBELL BRAIN AND SPINE	FELLOWSHIP	OTHER	SKULL BASE/CEREBROVASULAR SURGERY	INDIANAPOLIS	INDIANA	07/01/2012	06/30/2013

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

I have hospital staff privileges and I have 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, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

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.

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.

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
06/06/2014			10/24/2017	$300,000.00	$0.00
06/07/2014	PINELLAS		02/01/2018	$300,000.00	$250,000.00
02/24/2014		2016CA006955	02/04/2019	$250,000.00	$250,000.00
05/09/2016	HILLSBOROUGH		07/31/2019	$250,000.00	$250,000.00
01/11/2019		2021-24-001423	01/08/2026	$215,000.00	$250,000.00

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

www.nsatb.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.