



## ERIC DOUGLAS WICKS

License Number: ME118027

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2012
License Expiration Date	01/31/2028

## General Information

### Primary Practice Address

ERIC DOUGLAS WICKS  
 LAKELAND REGIONAL HEALTH  
 3030 HARDEN BLVD  
 LAKELAND, FL 33803

### 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
LAKELAND REGIONAL MEDICAL CENTER	LAKELAND	FLORIDA

### Email Address

Please contact at: [eric.wicks@myLRH.org](mailto:eric.wicks@myLRH.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	PENNSYLVANIA ATHLETIC TRAINER LICENSE
NEW YORK	NEW YORK STATE ATHLETIC TRAINER REGISTRATION
FLORIDA	FLORIDA ATHLETIC TRAINER LICENSE
OHIO	OHIO ATHLETIC TRAINER LICENSE
OHIO	OHIO CHIROPRACTIC LICENSE
FLORIDA	FLORIDA CHIROPRACTIC LICENSE
FLORIDA	MEDICAL DOCTOR
NEW JERSEY	MEDICAL DOCTOR
PENNSYLVANIA	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
MERCYHURST COLLEGE	BACHELOR D	9/7/1994 - 5/21/1998	05/21/1998
LAKELAND COMMUNITY COLLEGE	NO DEGREE	6/19/1995 - 7/28/1995	
LAKELAND COMMUNITY COLLEGE	NO DEGREE	6/16/1997 - 7/25/1997	
MERCYHURST COLLEGE	NO DEGREE	9/9/1998 - 5/20/1999	
MERCYHURST COLLEGE	BACHELOR D	9/5/2002 - 5/21/2003	05/21/2003
NEW YORK CHIROPRACTIC COLLEGE	DC	5/7/2003 - 7/24/2006	07/24/2006
AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE	NO DEGREE	5/5/2008 - 12/20/2009	
NORTHEASTERN OHIO UNIVERSITIES COLLEGE OF MEDICINE	MD	7/26/2010 - 5/11/2012	05/19/2012

## Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
NEW YORK CHIROPRACTIC COLLEGE	SENECA FALLS	UNITED STATES	05/07/2003	07/24/2006	D.C. CHIROPRACTIC PHYSICIAN

## 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
THOMAS JEFFERSON UNIVERSITY HOSPITAL/ROTHMAN INSTITUTE	RESIDENCY	ORS - ORTHOPAEDIC SPORTS MEDICINE		PHILADELPHIA	PENNSYLVANIA	08/01/2017	07/31/2018

# 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 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

#### 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](#).**

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
PARTIAL OR NON-UNION AFTER TRIPLE ARTHRODESIS IN CHILDREN: DOES IT REALLY MATTER?	JOURNAL OF CHILDREN'S ORTHOPAEDICS	04/02/2016

### Professional Web Page

myLRH.org

### 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.