



DENNIS JAMES O'LEARY

License Number: OS4384

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	01/01/1982
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

DENNIS JAMES O'LEARY
1380 NE MIAMI GARDENS DR
SUITE 100
NORTH MIAMI BEACH, FL 33179

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
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA

Email Address

Please contact at: doleary@drdoleary.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	DO
	DO
	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
PHILA. COLLEGE OF OSTEOP MEDIC	DO	1/1/1973 - 1/1/1977	01/01/1977

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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE	PHILADELPHIA	PENNSYLVANIA	01/01/1973	01/01/1977	D.O. OSTEOPATHIC MEDICINE

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
CLEVELAND CLINIC FN	FELLOWSHIP	IM - PULMONARY DISEASE	CRITICAL CARE	CLEVELAND	OHIO	07/01/1980	06/30/1982
METROPOLITAN HOSPITAL	INTERNSHIP	OTHER		PHILADELPHIA	PENNSYLVANIA	07/01/1977	07/01/1978
CHICAGO COLLEGE OF OSTEOPATHIC MEDICINE, MIDWESTERN UNIV	RESIDENCY	IM - INTERNAL MEDICINE		CHICAGO	ILLINOIS	07/01/1978	07/01/1980

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL ASSISTANT PROFESSOR	COLLEGE OF OSTEOPATHIC MEDICINE NOVA SOUTHEASTERN	DAVIE	FLORIDA

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 OSTEOPATHIC BOARD OF INTERNAL M	IM - INTERNAL MEDICINE	
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IM - CRITICAL CARE MEDICINE	
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IM - PULMONARY DISEASE	

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](#).

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
12/28/2005		08-31747 CA 09	12/16/2015	\$151,650.00	\$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.drdoleary.com

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.

FRENCH
SPANISH

Other Affiliations

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

Affiliation
AMERICAN COLLEGE CHEST PHYSICIANS/FELLOW
AMERICAN OSTEOPATHIC BOARD OF INTERNAL MEDICINE
BOARD CERT/AMERICAN BOARD OF QUALITY ASSURA & UTILIZATION