Florida HEALTH Department of Health

ELIZABETH ANN OUELLETTE MD

License Number: ME42477

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1983
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

ELIZABETH ANN OUELLETTE MD
1905 CLINT MOORE DR
SUITE 105
BOCA RATON, FL 33496

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
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL AND CLINICS	MIAMI	FLORIDA
DOCTORS HOSPITAL	MIAMI	FLORIDA

Email Address

Please contact at: **eouellette@thehandplace.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
WASHINGTON	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
UNIVERSITY OF TEXAS SAN ANTONI	MD		06/01/1978

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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 MIAMI/JACKSON	FELLOWSHIP	ORS - ORTHOPAEDIC SURGERY		MIAMI	FLORIDA	01/01/1984	12/31/1984
UNIVERSITY OF WASHINGTON MEDICAL CENTER	INTERNSHIP	GS - SURGERY		***	WASHINGTON	07/01/1978	06/30/1979
UNIVERSITY OF WASHINGTON	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		***	WASHINGTON	07/01/1979	06/30/1983

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
PROFESSOR AND CHIEF	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	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 BOARD OF ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

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:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	04/24/2024	OBLIGATIONS IMPOSED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
FINE	7/17/2023	8/16/2023	7/25/2023	$ 5,000.00	$ 5,000.00
COSTS	7/17/2023	8/16/2023	7/25/2023	$ 5,835.18	$ 5,835.18
LECTURES	7/17/2023	1/16/2024	2/2/2024	$ 0.00	$ 0.00
CE: RISK MANAGEMENT CME	11/4/2023	7/16/2024	11/4/2023	$ 0.00	$ 0.00
CE: LAWS, RULES, AND ETHICS C	11/4/2023	7/16/2024	11/4/2023	$ 0.00	$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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
11/08/2019	BROWARD		07/14/2021	$175,000.00	$0.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
MEMBER INFECTION CONTROL COMMITTEE JMMC
MEMBER AMBULATORY OUTPATIENT COMMITTEE UMSM
MEMBER GOVENING BOARD SELECTED UM
EXECUTIVE COMMITTEE, UNIV OF MIAMI MANAGED CARE GROUP

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
UMSM 98 TEACHING AWARD	
MENTORING OF MEDICAL STUDENTS AND HIGH SCHOOL STUDENTS	
DIRECTOR	ORTHOPAEDICS RESIDENTS IN PATH COURSE UMSM
THESIS AND DISSERTATION ADVISING POST DOCTORAL STUDENTS	

Publications

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

Title	Publication	Date
COMPARTMENT SYNDROMES IN OBTUNDED PATIENTS	HAND CLINICS	01/01/1998
COMPARTMENT SYNDROMES OF THE HAND	J BONE JOINT SURGERY	01/01/1996
USE OF THE MINICONDYLAR PLATE IN MEATCARDAL PHALANGEAL FRA	CLNICAL ORTHOPAEDICS	01/10/1996

Professional Web Page

This practitioner has not provided any professional web page information.

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.
SPANISH

Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN BOARD OF BPEI
AMERICAN ORTHOPAEDIC ASSOCIATION
AMERICAN SOCIETY FOR SURGERY OF THE HAND
FLORIDA HAND SOCIETY