#### **GEORGE STABEN RUST**

#### License Number: ME46256

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1985
License Expiration Date 01/31/2028

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

### **General Information**

#### **Primary Practice Address**

GEORGE STABEN RUST 1115 W. CALL ST FSU COLLEGE OF MEDICINE TALLAHASSEE, FL 32306

#### **Medicaid**

This practitioner DOES participate in the Medicaid program.

#### **Staff Privileges**

This practitioner has not indicated any staff privileges.

#### **Email Address**

Please contact at: george.rust@med.fsu.edu

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

#### 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
LOYOLA UNIVERSITY STRITCH	MD	8/1/1977 - 6/1/1981	06/01/1981

### **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

	Dates Attended Dates				
School/University	City	State/Country	From	Attended To	Degree Title
UNIVERSITY OF ILLINOIS SCHOOL OF	CHICAGO	ILLINOIS	07/01/1984	06/30/1989	MPH MASTER OF
PUBLIC HEALTH					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
LOYOLA UNIVERSITY	INTERNSHIP	MPD - INTERNAL MEDICINE/PEDIATRICS		MAYWOOD	ILLINOIS	07/01/1981	06/30/1982
COOK COUNTY HOSPITAL	RESIDENCY	FP - FAMILY MEDICINE		CHICAGO	ILLINOIS	07/01/1982	06/30/1984
COOK COUNTY HOSPITAL	RESIDENCY	FP - FAMILY MEDICINE		CHICAGO	ILLINOIS	07/01/1984	06/30/1985

# **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 OF BEHAVIORAL SCIENCE & SOCIAL	FLORIDA STATE UNIVERSITY SCHOOL OF	TALLAHASSE	E FLORIDA
MEDICINE	MEDICINE		

# **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 FAMILY MEDICINE	FP - FAMILY MEDICINE	
AMERICAN BOARD OF PREVENTIVE MEDICINE	GPM - PREVENTIVE MEDICINE	

# 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.

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

Community Service/Award/Honor	Organization
PRESIDENTS AWARD FOR HEALTH EQUITY, 2017	AMERICAN COLLEGE OF PREVENTIVE MEDICINE

#### **Publications**

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

Title	Publication	Date
MODIFIABLE DETERMINANTS OF HEALTH CARE UTILIZATION WITH	JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION	09/01/2004
MOREHOUSE FACULTY DEVELOPMENT PROGRAM	FAMILY MEDICINE	03/01/1998
RACIAL AND ETHNIC DISPARITIES IN THE PROVISION OF EPIDUR	AMERICAN JOURNAL OF OB/GYN	08/01/2004
DO CLINICIANS SCREEN MEDICAID PATIENTS FOR SYPHILIS OR H	SEXUALLY TRANSMITTED DISEASES	09/01/2003
COUNTIES ELIMINATING RACIAL DISPARITIES IN COLORECTAL CANCER MORTALITY.	CANCER	06/01/2016
PATHS TO HEALTH EQUITY: LOCAL AREA VARIATION IN PROGRESS TOWARD ELIMINATING BREAST CANCER MORTALITY DISPARITIES, 1990-2009.	CANCER	04/23/2015
POTENTIAL SAVINGS FROM INCREASING ADHERENCE TO INHALED CORTICOSTEROID THERAPY IN MEDICAID-ENROLLED CHILDREN	AMERICAN JOURNAL OF MANAGED CARE	03/01/2015
PATHS TO SUCCESS: OPTIMAL AND EQUITABLE HEALTH OUTCOMES FOR ALL	JOURNAL OF HEALTH CARE FOR THE POOR & UNDERSERVED	05/01/2012

#### **Professional Web Page**

www.med.fsu.edu

#### **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:

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Affiliation	
AMERICAN PUBLIC HEALTH ASSOCIATION	
FELLOW-AMERICAN ACADEMY OF FAMILY PHYSICIANS	
FELLOW-AMERICAN COLLEGE OF PREVENTIVE MEDICINE	
NATIONAL MEDICAL ASSOCIATION	