Florida HEALTH Department of Health

# CHRISTOPHER PAUL CROTTY

## License Number: ME50669

| | |
|---|---|
| Profession | Medical Doctor |
| License Status | Clear/Active |
| Year Began Practicing | 09/01/1982 |
| License Expiration Date | 01/31/2028 |

# General Information

### Primary Practice Address

CHRISTOPHER PAUL CROTTY
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### 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 |
|---|---|---|
| ORLANDO REGIONAL MEDICAL CENTER-ORANGE | ORLANDO | FLORIDA |
| TAMPA (JAMES A. HALEY VA MEDICAL CENTER) | TAMPA | FLORIDA |
| SAND LAKE HOSPITAL | ORLANDO | FLORIDA |

### Email Address

Please contact at: **ccrotty4@icloud.com**

### 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 is exempt from paying assessment.

# Education and Training

### Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|---|---|---|---|
| UNIVERSITY OF NEBRASKA MEDICAL CENTER | MD | 1/1/1972 - 1/1/1975 | 05/01/1975 |

### 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 |
|---|---|---|---|---|---|---|---|
| AMI PRESBYTERIAN DENVER HOSPITAL | INTERNSHIP | IM - INTERNAL MEDICINE | | *** | COLORADO | 07/01/1975 | 06/30/1976 |
| AMI PRESBYTERIAN DENVER HOSPITAL | RESIDENCY | IM - INTERNAL MEDICINE | | *** | COLORADO | 07/01/1976 | 06/30/1977 |
| MAYO CLINIC GRADUATE SCHOOL OF MEDICINE | RESIDENCY | D - DERMATOLOGY | | *** | MINNESOTA | 07/01/1978 | 06/30/1981 |
| NEW YORK UNIVERSITY MEDICAL CENTER | FELLOWSHIP | D - DERMATOPATHOLOGY | | *** | NEW YORK | 07/01/1981 | 07/01/1982 |

## Academic Appointments

### Graduate Medical Education

This practitioner has 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 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 DERMATOLOGY | D - DERMATOLOGY | |
| AMERICAN BOARD OF DERMATOLOGY | D - DERMATOPATHOLOGY | |

## Financial Responsibility

### Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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.**

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 an affiliation with the following committees:
MEMBER CENTRAL FLORIDA SOCIETY OF DERMATOLOGY
BOARD OF DIRECTORS/SPECIAL CARE OF CENTRAL FLORIDA
ADVISORY BOARD/AMERICAN ACADEMY OF DERMATOLOGY
CURRICULUM COMMITTEE @ UCF MEDICAL SCHOOL
VOLUNTEER PHYSICIAN - ST. LUKE'S UMC MEDICAL/DENTAL MISSION
BOARD OF DIRECTORS O'LEARY SOCIETY OF MAYO CLINIC

### Professional or Community Service Awards

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

| Community Service/Award/Honor | Organization |
|---|---|
| VOLUNTEER PHYSICIAN | SHEPERD'S HOPE CLINIC - JEFFERSON AWARD |
| VOLUNTEER AWARD | YMCA |
| VOLUNTEER PHYSICIAN | AMERICAN SAMOA, DIRECT RELIEF FOUNDATION |
| VOLUNTEER PHYSICIAN | INDIA |

## 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

SANDLAKEDERMATOLOGY.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.
SPANISH

## Other Affiliations

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

| Affiliation |
| --- |
| AMA |
| AMERICAN ACADEMY OF COSMETIC SURGERY |
| AMERICAN SOCIETY OF DERMATOLOGIC SURGERY |
| AMERICAN SOCIETY OF DERMATOPATHOLOGY |
| AMERICAN SOCIETY OF LASER SURGERY |
| CENTRAL FLORIDA SOCIETY OF DERMATOLOGY |
| DOCTORS MAYO SOCIETY |
| FLORIDA MEDICAL ASSOCIATION |
| FLORIDA SOCIETY OF DERMATOLOGY |
| MAYO CLINIC ALUMNI ASSOCIATION |
| ROTARY INTERNATIONAL CLUB |