



MICHAEL BRANDON MORGAN

License Number: ME59018

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1989
License Expiration 01/31/2026
Date

General Information

Primary Practice Address

MICHAEL BRANDON MORGAN
2505 HARRISON AVE
PANAMA CITY, FL 32405

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Not Provided

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|----------------|---------------------------|
| ARKANSAS | MEDICAL DOCTOR |
| KENTUCKY | MEDICAL DOCTOR |
| NEVADA | MEDICAL DOCTOR |
| OHIO | DOCTOR OF MEDICINE |
| NORTH CAROLINA | MEDICAL DOCTOR |
| MICHIGAN | MEDICAL DOCTOR |
| GEORGIA | MEDICAL DOCTOR |
| VIRGINIA | MEDICAL DOCTOR |
| MINNESOTA | TELEMEDICINE REGISTRATION |
| MISSISSIPPI | MEDICAL DOCTOR |
| KANSAS | 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 SOUTH FLORIDA | MD | 9/1/1985 - 6/1/1989 | 06/01/1989 |

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 FLORIDA COLLEGE OF MEDICINE | INTERNSHIP | IM - INTERNAL MEDICINE | | TAMPA | FLORIDA | 06/01/1989 | 06/01/1990 |
| UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE | RESIDENCY | PTH - PATHOLOGY-ANATOMIC AND CLINICAL | | TAMPA | FLORIDA | 06/01/1990 | 06/01/1994 |
| UNIVERSITY OF OKLAHOMA | FELLOWSHIP | D - DERMATOPATHOLOGY | | OKLAHOMA CITY | OKLAHOMA | 06/01/1994 | 06/01/1995 |

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 |
|----------------------------------|--|-------|---------|
| ASSISTANT PROFESSOR OF PATHOLOGY | UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M | TAMPA | 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 |
|-----------------------------|---------------------------------------|
| AMERICAN BOARD OF PATHOLOGY | PTH - PATHOLOGY-ANATOMIC AND CLINICAL |
| AMERICAN BOARD OF PATHOLOGY | D - DERMATOPATHOLOGY |

Financial Responsibility

Financial Responsibility

I do not have hospital staff privileges and I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2).

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.

The practitioner did not provide this mandatory information.

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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

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 an affiliation with the following committees:

AMERIPATH OSPRICK QI COMMITTEE
JAHVA TISSUE COMMITTEE
JAHVA ADVISORY QIT COMMITTEE
JAHVA HOSPITAL SAFETY COMMITTEE

Professional or Community Service Awards

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

| Community Service/Award/Honor | Organization |
|---|---|
| 1999 CANCER RESEARCH GRANT OF \$350,000 | VA MERIT REVIEW |
| 1999 RESEARCH GRANT OF \$260,000 | AMERICAN HEART ASSOCIATION |
| 1999 CANCER RESEARCH GRANT OF \$680,000 | NATIONAL INSTITUTES OF HEALTH |
| 1994 OUTSTANDING RESIDENT RESEARCH AWARD OF \$1,000 | UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE |

Publications

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

| Title | Publication | Date |
|---|--------------------------------------|------------|
| MDM2, P53, P21 WAF-1 IN THE POROKERATOSIS | AMERICAN JOURNAL OF DERMATOPATHOLOGY | 11/01/1999 |
| SOLITARY FIBROUS TUMOR | AMERICAN JOURNAL OF DERMATOPATHOLOGY | 08/01/1999 |
| PCR EVALUATION OF CAT SCRATCH DISEASE | LANCET | 06/01/1995 |

Professional Web Page

WWW.DERMPATHDIAGNOSTICS.COM

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

| Affiliation |
|---|
| AMERICAN ASSOCIATION OF DERMATOLOGY |
| AMERICAN SOCIETY OF DERMATOPATHOLOGY |
| AMERICAN SOCIETY OF INVESTIGATIVE PATHOLOGY |
| INTERNATIONAL ASSOCIATION OF PATHOLOGISTS |