## JULIE ANN LARKIN MD

### License Number: ME63725

Profession Medical Doctor
License Status CLEAR/Active
Year Began Practicing 01/01/1991
License Expiration 01/31/2027

Date

## General Information

### **Primary Practice Address**

JULIE ANN LARKIN MD INFECTIOUS DISEASES ASSOC. 1425 S. OSPERY AVE.STE. #1 SARASOTA, FL 34239-2900

### **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
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
DOCTORS MEMORIAL HOSPITAL	SARASOTA	FLORIDA

### **Email Address**

Please contact at: jlarkin@srqida.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD

## 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		

### **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		State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF ALABAMA HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	ALABAMA	06/01/1990	06/30/1993
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	IM - INFECTIOUS DISEASE		**	FLORIDA	07/01/1993	06/30/1995

## **Academic Appointments**

### **Graduate Medical Education**

This practitioner has not 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/INFECTIOUS DISEASE	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA
ASSISTANT PROFESSOR/DEPT. OF MEDICAL MICROBIOLOGY IMMUNO	& 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	Date Certified
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INFECTIOUS DISEASE	01/01/1996
AMERICAN BOARD OF INTERNAL MEDICINE	IM - INTERNAL MEDICINE	01/01/1993

# 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 an affiliation with the following committees: VOLUNTEER/HEALTH CARE FOR THE HOMELESS CLINICS/TAMPA, FL STUDENT PRECEPTOR/VOLUNTEER PHYSICIAN/JUDEO CHRISTIAN CLIN MEMBER/WATER QUALITY 2000 PUBLIC ADVISORY COMMITTEE/TAMPA PNEUMONIA GROUP, TAMPA GENERAL HEALTHCARE 1996 AD HOC COMMITTEE ON BOARD CERTIFICATION, TAMPA GEN HEALTH PRIMARY CARE TASK FORCE, SUNCOAST AIDS NETWORK 1996-97 VOLUNTEER/JUDEO CHRISTIAN CLINIC/TAMPA, FLORIDA

### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
FRESHMAN SCHOLAR'S AWARD	UNIVERSITY OF SOUTH FLORIDA/TAMPA, FLORIDA
ALPHA OMEGA ALPHA	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE/TAMPA, FL
KAHANA AWARD	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE/TAMPA, FL

Community Service/Award/Honor	Organization
BURROUGHS WELLCOME LEADERSHIP AWARD	AMERICAN MEDICAL ASSOCIATION
FELLOW	AMERICAN COLLEGE OF PHYSICIANS

### **Publications**

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

Title	Publication	Date
HUMAN T-CELL LYMPHOTROPIC VIRUS-TYPE 1	INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY	01/01/1990
HIV POST EXPOSURE PROPHYLAXIS PROTOCOL	BAY AREA PRACTITIONERS IN INFECTION CONTROL	01/01/1994
CHICKENPOX IN PREGNANCY	INFECTIONS IN MEDICINE	01/01/1994
OUTPATIENT ANTIBIOTICS: SPECTRUM, SIDE EFFECT PROFILES, AN	HOSPITAL PHYSICIAN	01/01/1995
SKIN INFECTIONS IN THE ELDERLY	JOURNAL OF GERIATRIC DRUG THERAPY	01/01/1995

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

## **Professional Web Page**

This practitioner has not provided any professional web page information.

## **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

HILLSBOROUGH COUNTY HEALTH DEPARTMENT

STAFF PRIV/CHILDRENS MEDICAL SERVICES/TAMPA FL

STAFF PRIV/USF PHYSICIANS GROUP/TAMPA FL