



## TRINA ELENA ESPINOLA

License Number: ME64176

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1987
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

TRINA ELENA ESPINOLA  
601 7TH ST S  
STE 575  
ST PETERSBURG, FL 33701

### 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
BAYFRONT MEDICAL CENTER	ST PETERSBURG	FLORIDA
ST. ANTHONYS HOSPITAL	ST PETERSBURG	FLORIDA
ALL CHILDREN'S HOSPITAL	ST PETERSBURG	FLORIDA
PALMS OF PASADENA HOSPITAL	ST PETERSBURG	FLORIDA
ST. JOSEPH'S HOSPITAL	TAMPA	FLORIDA

### Email Address

Please contact at: [teemd@tampabay.rr.com](mailto:teemd@tampabay.rr.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	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
TULANE UNIVERSITY OF LOUISIANA	MD	1/1/1983 - 1/1/1987	01/01/1987

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
TULANE UNIVERSITY SCHOOL OF MEDICINE	INTERNSHIP	GS - SURGERY		***	LOUISIANA	07/01/1987	06/30/1988
TULANE UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	GS - SURGERY		***	LOUISIANA	07/01/1988	06/30/1989
TULANE UNIVERSITY SCHOOL OF MEDICINE	RESIDENCY	OTO - OTOLARYNGOLOGY		***	LOUISIANA	07/01/1989	06/30/1993

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
CLINICAL FACULTY FAMILY PRACTICE RESIDENCY PROGRAM	BAYFRONT MEDICAL CENTER	ST PETERSBURG	FLORIDA
CLINICAL FACULTY-OTOLARYNGOLOGY/SURGERY PRECEPTOR	LECOM UNIVERSITY	BRADENTON	FLORIDA
CLINICAL FACULTY-OTOLARYNGOLOGY/SURGERY PRECEPTOR	NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE	FLORIDA
CLINICAL FACULTY-OTOLARYNGOLOGY/SURGERY PRECEPTOR	BARRY UNIVERSITY	MIAMI SHORES	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 OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY	

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:  
BOARD OF TRUSTEES MEMBER, BAYFRONT MEDICAL CENTER  
SURGICAL QUALITY COMM CHAIRMAN, BAYFRONT MED CTR  
LASER SAFETY COMM, MED. ADVISOR, BAYFRONT MED CTR

ONCOLOGY COMMITTEE, MEMBER, BAYFRONT MED CTR  
PHYSICANS ADVISORY GROUP, MEMBER, BAYFRONT MED CTR  
BD OF DIRECTORS, MEMBER, S PINELLAS MED. TRUST INC  
CLEFT AND CRANIOFCL CTR, OTOLARY- CONSULTANT, CHILDREN...

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

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

Title	Publication	Date
RECURRENT RESPIRATORY PAPILLOMATOSIS: JUVENILE VS ADULT	LARYNGOSCOPE	01/01/1994
CAUSTIC INGESTION & ESOPHAGEAL INJURY	J LA STATE MED SOC	01/01/1993
WATER SPOUT INJECTION IN THE NECK: CASE REPORT-DISCUSSION	ARCHIVES OTOLARYNGOL	01/01/1993
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
TONSILLECTOMY WITH HARMONIC TECHNOLOGY	OPERATION PRIMER, ISBN 978-3-642-12747-2	01/01/2010

Professional Web Page

WWW.ENT-TB.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
AMERICAN COLLEGE OF SURGEONS
AMERICAN MEDICAL ASSOCIATION
AMERICAN MEDICAL WOMEN'S ASSOCIATION
PINELLAS COUNTY MEDICAL ASSOCIATION/FL MED ASSOC
SOUTHERN MEDICAL ASSOCIATION