



## GEORGE ANDREW W SMITH MD

License Number: ME65478

|                                          |                |
|------------------------------------------|----------------|
| Profession                               | Medical Doctor |
| License Status                           | Clear/Active   |
| Year Began Practicing                    | 01/01/1984     |
| License Expiration Date                  | 01/31/2027     |
| Controlled Substance Prescriber (for the | Yes            |
| Treatment of Chronic Non-malignant Pain) |                |

## General Information

### Primary Practice Address

GEORGE ANDREW W SMITH MD  
2315 WEST JACKSON ST  
PENSACOLA, FL 32505

### 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   |
|------------------|-----------|---------|
| BAPTIST HOSPITAL | PENSACOLA | FLORIDA |

### Email Address

Please contact at: [gsmith@ecc-clinic.org](mailto:gsmith@ecc-clinic.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State      | Profession |
|------------|------------|
| MARYLAND   | MD         |
| NEW MEXICO | MD         |
| ALABAMA    | 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 |
|--------------------------|--------------|---------------------|-----------------|
| UNIV. OF THE WEST INDIES |              |                     |                 |
| UNIV. OF THE WEST INDIES | MBBS*        | 9/1/1977 - 2/1/1984 | 02/01/1984      |

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 |
|----------------------------|--------------|----------------------|----------------------|--------------------------|---------------------|-------------------|
| HOWARD UNIVERSITY HOSPITAL | RESIDENCY    | FP - FAMILY MEDICINE |                      | *** DISTRICT OF COLUMBIA | 07/01/1989          | 06/30/1992        |

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 CLINICAL PROFESSOR          | FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE | PENSACOLA | FLORIDA |
| COURTESY ASSISTANT CLINICAL PROFESSOR | UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN    | PENSACOLA | 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 FAMILY MEDICINE | FP - FAMILY MEDICINE |                |

Financial Responsibility

Financial Responsibility

Financial Exemption

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

| Taken By                     | Date Of Action | Description of Disciplinary Action | Under Appeal |
|------------------------------|----------------|------------------------------------|--------------|
| FLORIDA DEPARTMENT OF HEALTH | 03/31/2022     | OBLIGATION(S) SATISFIED            | NO           |

| Type | Imposed | Due | Completed | Amt Due | Amt Recvd |
|------|---------|-----|-----------|---------|-----------|
|      |         |     |           | \$ 0.00 | \$ 0.00   |
|      |         |     |           | \$ 0.00 | \$ 0.00   |

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

**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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

| Incident Date | County | Judicial Case | Settlement Date | Amount       | Policy Amount |
|---------------|--------|---------------|-----------------|--------------|---------------|
| 09/02/2018    |        |               | 03/14/2019      | \$300,000.00 | \$0.00        |

Optional Information

**Committees/Memberships**

This practitioner has an affiliation with the following committees:  
NORTHWEST FLORIDA AREA HEALTH EDUCATION CENTER  
ESCAMBIA COUNTY MEDICAL SOCIETY ORIENTATION 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                         |
|-------------------------------------------|--------------------------------------|
| FLORIDA FAMILY PHYSICIAN OF THE YEAR 2006 | FLORIDA ACADEMY OF FAMILY PHYSICIANS |

| Community Service/Award/Honor            | Organization                    |
|------------------------------------------|---------------------------------|
| LEADERSHIP PENSACOLA RED ROOM AWARD 2008 | LEADERSHIP PENSACOLA            |
| TRAIL BLAZER AWARD 2009                  | ESCAMBIA COUNTY MEDICAL SOCIETY |

### 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

[ecc-clinic.org](http://ecc-clinic.org)

### 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 ACADEMY OF FAMILY PHYSICIANS |
| AMERICAN MEDICAL ASSOCIATION          |
| CHRISTIAN MEDICAL AND DENTAL SOCIETY  |
| ESCAMBIA COUNTY MEDICAL ASSOCIATION   |