



## CAROL JEANNE SIMS-ROBERTSON MD

License Number: ME87149

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1983  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

CAROL JEANNE SIMS-ROBERTSON MD  
2191 9TH AVE N.  
SUITE 100  
SAINT PETERSBURG, FL 33713

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [simsadw@gmail.com](mailto:simsadw@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	MD
CALIFORNIA	MD
GEORGIA	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 CALIFORNIA	MD	8/29/1979 - 5/28/1983	05/28/1983

## Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
SAN FRANCISCO STATE UNIVERSITY	SAN FRANCISCO	CALIFORNIA	08/15/1977	06/01/1979	BA - BIOLOGY

## 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
HENRY FORD HOSPITAL	INTERNSHIP	IM - INTERNAL MEDICINE		DETROIT	MICHIGAN	06/01/1983	06/01/1984
WAYNE STATE UNIVERSITY	RESIDENCY	D - DERMATOLOGY		DETROIT	MICHIGAN	07/01/1984	06/01/1987

## 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
CLINICAL INSTRUCTOR	WAYNE STATE UNIVERSITY SCHOOL OF MEDICIN	DETROIT	MICHIGAN
DEPT OF CME- CLINICAL PRECEPTOR	LECOM UNIVERSITY	ERIE	PENNSYLVANIA

## 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
NATIONAL BOARD OF PHYSICIANS AND SURGEONS	D - DERMATOLOGY	

## 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

### Proceedinas & 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
MEDICAID FRAUD, RACKETEERING AND CONSPIRACY	08/08/1991	SOUTH EASTERN DISTRICT OF MICHIGAN	NO	NOT CORROBORATED	
SOLICITING	11/26/1973	MULTNOMAH COUNTY OREGON	NO	NOT CORROBORATED	

## Medicaid Sanctions and Terminations

This practitioner has been sanctioned by 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:

American Academy of Dermatology

BETTER BUSINESS BUREAU

American Academy of Dermatology

Michigan Dermatological Society

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
COMMUNITY HERO	THE ZETA PHI BETA SORORITY

### 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

DIVINEDERMATOLOGY.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 ACADEMY OF DERMATOLOGY
MICHIGAN DEMATOLOGIC SOCIETY