Florida HEALTH Department of Health

DREW EVAN SCHNITT

License Number: ME86088

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1995
License Expiration Date	01/31/2027

General Information

Primary Practice Address

DREW EVAN SCHNITT
2699 STIRLING ROAD
B101
FORT LAUDERDALE, FL 33312

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
MEMORIAL REGIONAL HOSPITAL	HOLLYWOOD	FLORIDA
JOE DIMAGGIO CHILDREN'S HOSPITAL AT MEMORIAL	HOLLYWOOD	FLORIDA
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA
MIRAMAR MEMORIAL HOSPITAL	MIRAMAR	FLORIDA
BROWARD GENERAL MEDICAL CENTER	FORT LAUDERDALE	FLORIDA
MEMORIAL HOSPITAL WEST	PEMBROKE PINES	FLORIDA
BETHESDA HEALTH CITY SAME DAY SURGERY	BOYNTON BEACH	FLORIDA
MEMORIAL EAST AMBULATORY SURGICAL CENTER	HOLLYWOOD	FLORIDA

Email Address

Please contact at: **drschnitt@me.com**

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
EASTERN VIRGINIA MEDICAL SCH.	MD		05/20/1995

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
LA STATE UNIV	INTERNSHIP	GS - SURGERY		SHREVEPORT	LOUISIANA	07/01/1995	06/01/1996
LA STATE UNIV	RESIDENCY	GS - SURGERY		SHREVEPORT	LOUISIANA	07/01/1996	06/01/1998
UNIV OF OK	RESIDENCY	PS - PLASTIC SURGERY	RECONSTRUCTIVE SURGERY	OKLAHOMA CITY	OKLAHOMA	07/01/1999	06/01/2001
AUSTRALIAN CRANIOFACIAL UNIT	FELLOWSHIP	PS - CRANIOFACIAL SURGERY		ADELAIDE	AUSTRALIA	07/15/2001	06/30/2002
OPERATION SMILE	FELLOWSHIP	PS - CRANIOFACIAL SURGERY	CLEFT LIP AND PALATE	NORFOLK	VIRGINIA	07/01/1998	06/30/1999

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
ADJUNCT FACULTY	NOVA SOUTHEASTERN	DAVIE	FLORIDA
ADJUNCT STAFF	CLEVELAND CLINIC FLORIDA	WESTON	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 PLASTIC SURGERY	PS - PLASTIC SURGERY	
AMERICAN BOARD OF PLASTIC SURGERY	PS - CRANIOFACIAL SURGERY	

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.

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:
PAST PRESIDENT-FLORIDA CLEFT PALATE-CRANIOFACIAL ASSOC
AMERICAN SOCIETY OF PLASTIC SURGEONS
INTERNATIONAL SOCIETY OF CRANIOFACIAL SURGERY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PLASTIC SURGEON VOLUNTEER	OPERATION SMILE

Publications

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

Title	Publication	Date
FROM BIRTH TO MATURITY - UNILATERAL CLEFT LIP PART I	PLASTIC AND RECONSTRUCTIVE SURGERY	03/01/2004
FROM BIRTH TO MATURITY - ISOLATED CLEFT PALATE PART II	PLASTIC AND RECONSTRUCTIVE SURGERY	02/01/2006

Professional Web Page

www.drewschnitt.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 CLEFT PALATE - CRANIOFACIAL ASSOCIATION
AMERICAN SOCIETY OF PLASTIC SURGEONS
FLORIDA CLEFT PALATE AND CRANIOFACIAL ASSOCIATION