



## PETER HUNT HIBBERD

License Number: ME88920

Professional License Information

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	06/01/1979
License Expiration Date	01/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

PETER HUNT HIBBERD  
277 ROYAL POINCIANA WAY #141  
PALM BEACH, FL 33480

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	MD
INDIANA	MD
ILLINOIS	MD
ONTARIO	MD
CONNECTICUT	MD
FLORIDA	MD
TEXAS	MD
CONNECTICUT	MD
CALIFORNIA	MD: PHYSICIAN AND SURGEON
ARIZONA	MD
FLORIDA	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
UNIVERSITY OF TORONTO	MD		06/14/1979

### Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country From	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF TORONTO	TORONTO	ONTARIO	08/01/1971	06/01/1974	BS - BACHELOR OF SCIENCE

### 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
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS	FELLOWSHIP	EM - EMERGENCY MEDICINE		DALLAS	UNITED STATES	11/01/2008	12/01/2008
AMERICAN ACADEMY OF EMERGENCY MEDICINE	FELLOWSHIP	EM - EMERGENCY MEDICINE		DALLAS	UNITED STATES	12/01/2008	01/01/2009
AMERICAN ACADEMY OF FAMILY PHYSICIANS	FELLOWSHIP	FP - FAMILY MEDICINE		DALLAS	UNITED STATES	10/01/1997	11/01/1997
UNIVERSITY OF TORONTO TEACHING HOSPITALS	INTERNSHIP	FP - FAMILY MEDICINE		TORONTO	CANADA	06/18/1979	06/15/1980
UNIVERSITY OF TORONTO TEACHING HOSPITALS	RESIDENCY	FP - FAMILY MEDICINE		TORONTO	CANADA	06/18/1979	06/15/1980

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

## 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 EMERGENCY MEDICINE	EM - EMERGENCY MEDICINE	

## Financial Responsibility

## Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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:

FELLOW & MEMBER: AMERICAN COLLEGE OF EMERGENCY PHYSICIAN  
FELLOW & MEMBER: AMERICAN ACADEMY OF EMERGENCY MEDICINE

FELLOW & MEMBER: AMERICAN COLLEGE OF FAMILY PHYSICIANS

MEMBER: AMERICAN MEDICAL ASSOCIATION

MEMBER: COLLEGE OF FAMILY PHYSICIANS OF CANADA

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PRINCE PHILLIP SILVER MEDAL	ACADEMIC DISTINCTION AT UNIV OF TORONTO

### Publications

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

Title	Publication	Date
NEWSMAX TV MEDICAL CONSULTANT & COMMENTATOR	NEWSMAX MEDIA INC	

### Professional Web Page

This practitioner has not provided any professional web page information.

### 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.

FRENCH

### Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
DEGREE OF FELLOW: AMERICAN ACADEMY OF EMERGENCY MEDICINE
DEGREE OF FELLOW: AMERICAN ACADEMY OF FAMILY PHYSICIANS
DEGREE OF FELLOW: AMERICAN COLLEGE OF EMERGENCY PHYSICIANS
DEGREES: FACEP / FAAEM / FAAFP