



## MICHAEL WILLIAM STEPPIE

License Number: ME88443

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1999  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

MICHAEL WILLIAM STEPPIE  
2205 N BLVD WEST  
DAVENPORT, FL 33837

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
OSCEOLA REGIONAL MEDICAL CENTER	KISSIMMEE	FLORIDA
HEART OF FLORIDA REGIONAL MEDICAL CENTER	DAVENPORT	FLORIDA
SAINT CLOUD HOSPITAL	SAINT CLOUD	FLORIDA

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	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
AMERICAN UNIV. OF THE CARRIBEA	MD	1/1/1995 - 4/1/1999	04/03/1999

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
ST PETERSBURG JUNIOR COLLEGE	ST PETERBURG	FLORIDA	09/01/1986	12/01/1992	AA - HEALTH
UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA	09/01/1992	08/01/1994	BA - HEALTH 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
ST AGNES HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	DERMATOLOGY	BALTIMORE	MARYLAND	07/01/1999	07/01/2000
ST AGNES HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	DERMATOLOGY	BALTIMORE	MARYLAND	07/01/2000	07/01/2001
ST AGNES HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE	DERMATOLOGY	BALTIMORE	MARYLAND	07/01/2001	07/01/2002

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 PROFESSOR OF DERMATOLOGY	UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF MEDICINE	ORLANDO	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 ASSOCIATION OF PHYSICIAN SPEC.	D - DERMATOLOGY	

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:

INTERNATIONAL SOCIETY OF DERMATOLOGY  
AMERICAN SOCIETY OF COSMETIC DERMATOLOGY-AESTHETIC SURGERY  
AMERICAN MEDICAL ASSOCIATION  
AMERICAN COLLEGE OF PHYSICIANS  
FLORIDA ACADEMY OF DERMATOLOGY  
AMERICAN ACADEMY OF PHYSICIAN SPECIALISTS  
CERTIFIED FIREFIGHTER-PINELLAS COUNTY-1987  
FLORIDA SOCIETY OF DERMATOLOGY AND DERMATOLOGIC SURGERY  
AMONETTE CIRCLE OF SKIN CANCER FOUNDATION

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
PHYSICIAN OF THE YEAR AWARD	AMERICAN ACADEMY OF PHYSICIAN SPECIALISTS
SKIN CANCER EXPERT	WEB MD

Publications

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

Title	Publication	Date
ROSACEA AND ACNE	HEALTH LINE LETS TALK -CHANNEL 32	05/01/2002
CEREBRONTENDOUS XANTHOMATOSIS	SKIN AND ALLERGY NEWS	03/01/2004
CEREBRONTENDOUS XANTHOMATOSIS	SKIN AND ALLERGY NEWS	03/01/2004
NON-INVASIVE MOLE MAPPING	AAPS 2004 ANNUAL MEETING-NEW YORK	06/27/2004
CEREBRONTENDOUS XANTHOMATOSIS	AAPS ANNUAL 2003 MEETING-LAS VEGAS	06/26/2003
DAILY UV INDEX	FOX 35 NEWS	05/01/2012
SKIN CANCER AND THE GENDER GAP	SKIN CANCER FOUNDATION JOURNAL	06/01/2012

Professional Web Page

www.dermorlando.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 not provided any national, state, local, county, or professional affiliations.