



## ELIZABETH ANN LAWRENCE

License Number: ME90411

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2001
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

ELIZABETH ANN LAWRENCE  
807 N. MYRTLE AVE  
CLEARWATER, FL 33755

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [Elizabeth.Lawrence@Baycare.org](mailto:Elizabeth.Lawrence@Baycare.org)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	TRAINING REGISTRATION

### 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 SOUTH FLORIDA	MD		05/11/2001

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
UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA	08/01/1993	12/21/1996	B.S. IN MICROBIOLOGY/IMMUNOLOGY
UNIVERSITY OF SOUTH FLOIDA	TAMPA	FLORIDA	08/01/1997	05/01/2001	M.D. MEDICAL DOCTOR

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
UNIVERSITY OF SOUTH FLORIDA	INTERNSHIP	FP - FAMILY MEDICINE		CLEARWATER	FLORIDA	07/01/2001	06/30/2002
UNIVERSITY OF SOUTH FLORIDA	RESIDENCY	FP - FAMILY MEDICINE		CLEARWATER	FLORIDA	07/01/2002	06/30/2004

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE DIRECTOR OF FAMILY MEDICINE RESIDENCY PROGRAM	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	CLEARWATER	FLORIDA
CLINICAL ASSISSTANT PROFESSOR	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	CLEARWATER	FLORIDA
AFFILIATE ASSISTANT PROFESSOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	CLEARWATER	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	FAMILY MEDICINE	

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

### 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:

CLINICAL COMPETENCY COMMITTEE

RECRUITMENT AND SELECTIONS 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
	ALPHA OMEGA ALPHA
	AMERICAN MEDICAL ASSOCIATION
	AMERICAN ACADEMY OF FAMILY PHYSICIAN

### Publications

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

Title	Publication	Date
TALL CELL PAPILLARY THYROID CARCINOMA METASTATIC TO FEMUR	AM J MED SCI, 322(2): 103-108	01/01/2001
GENETIC DISSECTION OF SKE PATHOGENESIS: SLE1 ON MURINE CHR	J CLIN INVEST., 101 (6): 1362-72	03/15/1998
COMMON FOOT PROBLEMS	FP ESSENTIALS EDITION 307 AAFP HOME STUDY	12/01/2004
SMOKING CESSATION IN FAMILY MEDICINE - EFFECTS OF AN AREA HE	JOURNAL OF GRADUATE MEDICAL EDUCATION	05/21/2010
SMOKING CESSATION COUNSELING IN FAMILY MEDICINE	JOURNAL OF PRIMARY CARE COMMUNITY HEALTH	01/01/2014
FACULTY DEVELOPMENT ACTIVITIES IN FAMILY MEDICINE IN	INTERNATIONAL JOURNAL OF PSYCHIATRY IN MEDICINE	01/01/2013

### Professional Web Page

This practitioner has not provided any professional web page information.

### 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
STF PRIV: UNIV OF SOUTH FLORIDA, FAMILY PRACTICE, 7/04