



## MARK JON PAMER

### License Number: OS9475

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	Not Provided
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

MARK JON PAMER  
573 NW LAKE WHITNEY PLACE  
SUITE 105  
PORT SAINT LUCIE, FL 34986

### 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
DOCTORS HOSPITAL	EDINBURG	TEXAS

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	PHYSICIAN
TEXAS	PHYSICIAN
ILLINOIS	

### 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
NOVA SOUTHEASTERN UNIVERSITY	DO	8/1/1998 - 5/24/2002	05/26/2002

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
PALM BEACH COMMUNITY COLLEGE	BOCA RATON	FLORIDA	06/01/1992	08/01/1994	AA - HEALTH
FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA	01/01/1994	01/01/1996	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
PALMETTO GENERAL HOSPITAL	INTERNSHIP	AOA APPROVED INTERNSHIP		HIALEAH	FLORIDA	06/20/2002	06/19/2003
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE AT JACKSONVILLE	RESIDENCY	IM - INTERNAL MEDICINE		JACKSONVILLE	FLORIDA	07/01/2003	06/30/2006
RUSH UNIVERSITY MEDICAL CENTER	FELLOWSHIP	IM - PULMONARY DISEASE AND CRITICAL CARE		CHICAGO	ILLINOIS	07/01/2006	06/30/2009

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 CLINICAL ASST PROFESSOR OF INT MED AND PULMONOLOGY	LECOM BRADENTON	BRADENTON	FLORIDA
CLINICAL ASSISTANT PROFESSOR	OTHER	HORIZON WEST	FLORIDA
ADJUNCT CLINICAL ASSISTANT PROFESSOR	OTHER	LEWISHBURG	WEST VIRGINIA
CLINICAL SITE INSTRUCTOR	OTHER	ATLANTA	GEORGIA

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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CRITICAL CARE MEDICINE	

## Financial Responsibility

### Financial Responsibility

I have hospital staff privileges and I have obtained and maintain 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 FS, from a surplus lines insurer as defined under s.626.914(2)FS, from a risk retention group as defined under s.627.942 FS, from the Joint Underwriting Association established under s.627.351(4)FS, or through a plan of self-insurance as provided in s.627.357 FS, or through a plan of self-insurance which meets the conditions specified for satisfying financial responsibility in s.766.110 FS.

## 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
BATTERY	05/11/2011	ST LUCIE COUNTY	NO	CORROBORATED	

### 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	03/14/2016	PROBATION SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

### 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](#).**

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
07/20/2017	ST. LUCIE	19TH JUDICIAL C	03/20/2020	\$250,000.00	\$250,000.00

**Optional Information**

**Committees/Memberships**

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
INTERN OF THE YEAR - 2004	UNIVERSITY OF FLORIDA SHANDS-JACKSONVILLE
INTERN OF THE YEAR - 2003	PALMETTO GENERAL HOSPITAL
DISTINGUISHED CHAPTER PRESIDENT - 2005	PHI THETA KAPPA INTERNATIONAL HONOR SOCIETY
ACADEMIC EXCELLENCE IN ANATOMY AND PHYSIOLOGY - 1995	PALM BEACH COMMUNITY COLLEGE
WOW AWARD - 2006	RUSH UNIVERSITY MEDICAL CENTER
MEMBER OF THE YEAR - 1999	AMERICAN ACADEMY OF OSTEOPATHY - NSUCOM CHAPTER
FLORIDA DISTINGUISHED SERVICE 1995	PHI THETA KAPPA INTERNATIONAL HONOR SOCIETY
HONOR ROLL - 2003	PALMETTO GENERAL HOSPITAL
CHAPTER MEMBER OF THE YEAR - 1995	PHI THETA KAPPA INTL HONOR SOC - ALPHA DELTA IOTA CHAPTER
CADET OF THE YEAR - 1986	US NAVAL SEA CADET CORPS - GOLD COAST DIVISION
MOST COMPASSIONATE DOCTOR AWARD, 2012 - 2021	VITALS.COM
PATIENTS CHOICE AWARD, 2012 - 2021	VITALS.COM
TOP 10 DOCTOR AWARD, 2014 - 16	VITALS.COM
TOBACCO CESSATION CHAMPION AWARD - 2013	NOVA SOUTHEASTERN UNIVERSITY AHEC
DIAMOND AWARD - 2009	ST. LUCIE MEDICAL CENTER
GRATEFUL THANKS (GAVE >10K COVID VACCINES TO CITY RESIDENTS)	CITY OF PORT ST. LUCIE
2021 HOMETOWN HERO AWARD	DR.CARE4ALL
AMERICA'S TOP 1% PHYSICIANS, 2017-2020	VITALS.COM
TOP 10 DOCTOR - STATE OF FLORIDA, 2014	VITALS.COM

Community Service/Award/Honor	Organization
CERTIFICATE OF APPRECAITION, 2013	CENTRAL FLORIDA POINT OF CARE NETWORK
ON TIME DOCTOR AWARD, 2018-2020	VITALS.COM

## Publications

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

Title	Publication	Date
PREVALENCE OF GERD IN COPD ITS ASSOC W COPD EXACER	JOURNAL OF INVESTIGATIVE MEDICINE	01/01/2005
ROLE OF GER SYMPTOMS IN EXACERBATIONS OF COPD	CHEST	10/30/2006
PREVALENCE OF GERD IN COPD ITS ASSOC W COPD EXACER	GASTROENTEROLOGY	12/01/2005
BRONCHIAL ATRESIA AND PARANASAL SINUS MUCOCELES - FIRST CASE	CLINICAL PULMONARY MEDICINE	03/01/2008
IMPACT OF GERD ON QUALITY OF LIFE IN COPD PATIENTS	GASTROENTEROLOGY	04/01/2009
POORLY TREATED OR UNRECOGNIZED GERD DECREASES QUALITY OF LIFE IN PATIENTS WHO HAVE COPD	DIGESTIVE DISEASE SCIENTIFIC	01/01/2011

## Professional Web Page

www.MarkPamerDO.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  
PORTUGUESE  
FRENCH

## Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF CHEST PHYSICIANS (ACCP)
AMERICAN COLLEGE OF PHYSICIANS (ACP)
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION (FOMA)
PULMONARY HYPERTENSION ASSOCIATION (PHA)
SOCIETY OF CRITICAL CARE MEDICINE (SCCM)