Florida HEALTH Department of Health

KENNETH A POWELL

License Number: OS10548

Profession	Osteopathic Physician
License Status	Clear/Active
Year Began Practicing	09/07/2005
License Expiration Date	03/31/2028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

KENNETH A POWELL
1564 KINGSLEY AVE
ORANGE PARK, FL 32073

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
BAPTIST MEDICAL CENTER - BEACHES	JACKSONVILLE BEACH	FLORIDA
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
BAPTIST MEDICAL CENTER-SOUTH	JACKSONVILLE	FLORIDA
PLAZA SURGERY CENTER	JACKSONVILLE	FLORIDA

Email Address

Please contact at: **Credentialing@coastalhealth.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	OSTEOPATHIC PHYSICIAN
VIRGINIA	INTERNS & RESIDENTS

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
PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDI	DO	8/1/2000 - 6/1/2004	06/06/2004

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
ALABAMA STATE UNIVERSITY	MONTGOMERY	ALABAMA	06/26/1992	05/11/1996	BA - BIOLOGY

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
DELAWARE COUNTY MEMORIAL	INTERNSHIP	AOA APPROVED INTERNSHIP		DREXEL HILL	PENNSYLVANIA	06/21/2004	06/19/2005
VIRGINIA COMMON WEALTH UNIVERSITY	FELLOWSHIP	AN - PAIN MANAGEMENT		RICHMOND	VIRGINIA	07/01/2008	06/30/2009
TEMPLE UNIVERSITY HOSPITAL	RESIDENCY	PM - PHYSICAL MEDICINE AND REHABILITATIO		PHILADELPHIA	PENNSYLVANIA	07/01/2005	06/30/2008

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 PHYSICAL MEDICINE & RE	AN - PAIN MANAGEMENT	

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 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.

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
06/14/2017	NASSAU	16-2019-CA-0032	01/07/2022	$250,000.00	$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION DISTRICT 2

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
VOLUNTEER SERVICE AWARD	NATIONAL KIDNEY FOUNDATION

Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

Professional Web Page

http://www.coastalspineandpaincenter.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.