



NEIL EDWARD COLLOM

License Number: PA9111249

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9111249
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/26/2018
Address of Record	1 Tampa General Circle Tampa General Hospital TAMPA, FL 33606
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

3301 W Gandy Blvd
TAMPA, FL 33611

[Address](#)

5504 Gateway Blvd
TAMPA, FL 33626

[Address](#)

11969 Sheldon Road
WESTCHASE, FL 33626

[Address](#)

4505 Gunn Highway
TAMPA, FL 33624

[Address](#)

11406 US HWY 301 S
RIVERVIEW, FL 33578

[Address](#)

303 W Palm Ave
TAMPA, FL 33602

[Address](#)

7601 Seminole Blvd
SEMINOLE, FL 33772

[Address](#)

3251 66th st north
SAINT PETERSBURG, FL 33710

[Address](#)

799 W Lumsden Rd
BRANDON, FL 33511

[Address](#)

16521 US HWY 301 S
RUSKIN, FL 33573

[Address](#)

10740 Palm River Road TGH brandon Healthplex Suite 200
TAMPA, FL 33619

Address

6 Tampa General Circle Tampa TGH Infusion Center
TAMPA, FL 33606

Address

3001 WEST DR. MLK JR BLVD ST JOSEPH'S HOSPITAL
TAMPA, FL 33607

Address

4211 VANDYKE RD ST JOSEPH'S HOSPITAL NORTH
LUTZ, FL 33558

Address

6901 SIMMONS LOOP ST. JOSEPH'S HOSPITAL SOUTH
RIVERVIEW, FL 33578

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
NANDA, PAUL KALRA	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117861	01/09/2020
WEIN, DAVID ABRAHAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	99292	10/17/2023

Click on the License Number to view License Details for that Practitioner

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