



## CRAIG EDWARD AMSHEL

### License Number: ME90042

Data As Of 4/26/2025

Profession	Medical Doctor
License	ME90042
License Status	CLEAR/Active
License Expiration Date	1/31/2026
License Original Issue Date	04/12/2004
Address of Record	1046 CYPRESS VILLAGE BOULEVARD SUN CITY CENTER, FL 33573
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	Yes

### Secondary Locations

No secondary locations found.

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	200553739	OBLIGATIONS IMPOSED
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	200716072	OBLIGATION(S) SATISFIED
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	202131603	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	200553739	AC FILED
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	202131603	AC FILED
AMSHEL, CRAIG EDWARD	90042	MEDICAL DOCTOR	SUN CITY CENTER	FL	200716072	AC FILED

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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