Florida HEALTH Department of Health

# CHRISTOPHER RYAN LEMAY

## License Number: OS10888

| | |
|---|---|
| Profession | Osteopathic Physician |
| License Status | Clear/Active |
| Year Began Practicing | 02/19/2010 |
| License Expiration Date | 03/31/2028 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes |

# General Information

### Primary Practice Address

CHRISTOPHER RYAN LEMAY
76 FORT EDDY RD.
SUITE 1
CONCORD, NH 03301

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: **clem1981@hotmail.com**

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|---|---|
| NEW YORK | MEDICAL LICENSE |
| NEW HAMPSHIRE | MEDICAL LICENSE |
| VIRGINIA | MEDICAL LICENSE |

### 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 | 8/1/2004 - 5/25/2008 | 05/25/2008 |

### 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 |
|---|---|---|---|---|---|
| FLORIDA ATLANTIC UNIVERSITY | BOCA RATON | FLORIDA | 08/01/2002 | 06/01/2003 | 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 |
|---|---|---|---|---|---|---|---|
| PALMS WEST HOSPITAL | INTERNSHIP | AOA APPROVED INTERNSHIP | | WEST PALM BEACH | FLORIDA | 07/01/2008 | 03/31/2009 |
| MT. SINAI MEDICAL CENTER | INTERNSHIP | AOA APPROVED INTERNSHIP | | MIAMI | FLORIDA | 04/02/2009 | 06/30/2009 |
| MOUNT SINAI MEDICAL CENTER | RESIDENCY | EM - EMERGENCY MEDICINE | | MIAMI BEACH | FLORIDA | 07/01/2009 | 06/30/2012 |
| NORTHSHORE-LIJ HEALTHCARE SYSTEM | FELLOWSHIP | EM - SPORTS MEDICINE | | MANHASSET | NEW YORK | 07/01/2012 | 06/13/2013 |

## Academic Appointments

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### 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 OSTEOPATHIC BOARD OF EMERGENCY | EM - EMERGENCY 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 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.**

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 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 not provided any professional or community service activities, honors, or awards.

## 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

indexclinic.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

## Other Affiliations

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

| Affiliation |
| --- |
| INSTITUTE FOR FUNCTIONAL MEDICINE |