



## PAUL D SHIRLEY

License Number: ME21555

Profession	Medical Doctor
License Status	Retired/
Year Began Practicing	01/01/1977
License Expiration Date	01/31/2025
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

PAUL D SHIRLEY  
2772 KELSEY PLACE  
JACKSONVILLE, FL 32257

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
ST. LUKE'S HOSPITAL	JACKSONVILLE	FLORIDA
ST. VINCENTS MEDICAL CENTER	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [kneedok@me.com](mailto:kneedok@me.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	MEDICAL

### 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 is exempt from paying assessment.

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MICHIGAN ANN ARB	MD	1/1/1965 - 1/1/1972	01/01/1972

## 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
ORTHOPAEDIC SURGERY			01/01/0001	01/01/0001	

## 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
SHANDS HOSPITAL AT UNIVERSITY OF FLORIDA	INTERNSHIP	GS - SURGERY		GAINESVILLE	FLORIDA	07/01/1972	06/30/1973
SHANDS HOSPITAL AT UNIVERSITY OF FLORIDA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		GAINESVILLE	FLORIDA	07/01/1973	06/30/1976
MASSACHUSETTS GENERAL HOSPITAL	FELLOWSHIP	ORS - ORTHOPAEDIC SURGERY		***	MASSACHUSETTS	11/01/1976	02/28/1977
UNIVERSITY OF MICHIGAN, MEDICAL SCHOOL	OTHER PROGRAM	ORS - ORTHOPAEDIC SURGERY		***	MICHIGAN	01/01/1968	01/01/1972

## 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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

## Financial Responsibility

### Financial Responsibility

Financial Exemption

## 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:

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

[View Discipline Narratives](#)

[View Board Actions](#)

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
03/12/2020	DUVAL	16-2020-CA-0006	07/28/2021	\$1,000,000.00	\$1,000,000.00

## 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
FL INNTERSCHOLASTIC ATHLETIC ADMIN	
OUTSTANDING MEDICAL CONTRIBUTOR	DUVAL COUNTY MEDICAL SOCIETY
TOP DOCTORS IN FEB 98'	AMER ACADEMY OF ORTHOPAEDIC SURGEONS

## Publications

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

Title	Publication	Date
IMAGING OF SPORTS INJURIES	BAILLIER TINDALL LIMITED	01/01/1989
	ANESTHESIA AND ANALGESIA	06/01/1977

## Professional Web Page

This practitioner has not provided any professional web page information.

## 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS
AMERICAN COLLEGE OF SPORTS MEDICINE
AMERICAN MEDICAL ASSOCIATION
AMERICAN ORTHOPAEDIC SOCIETY OF SPORTS MEDICINE
DUVAL COUNTY MEDICAL SOCIETY
FLORIDA MEDICAL ASSOCIATION
STF PRIV: COURTESY PRIVILEGES AT BAPTIST