Florida HEALTH Department of Health

ORLANDO JOSEPH CICILIONI JR

License Number: ME65746

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1992
License Expiration Date	01/31/2028

General Information

Primary Practice Address

ORLANDO JOSEPH CICILIONI JR
443 JOHN RINGLING BLVD
SUITE K
SARASOTA, FL 34236

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
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA
ORLANDO REGIONAL HEALTHCARE SYSTEM	ORLANDO	FLORIDA
FLORIDA HOSPITAL-ALTAMONTE	ALTAMONTE SPRINGS	FLORIDA
WINTER PARK MEMORIAL HOSPITAL	WINTER PARK	FLORIDA
SARASOTA MEMORIAL HOSPITAL	SARASOTA	FLORIDA
HCA COLUMBIA HOSPITAL	SARASOTA	FLORIDA

Email Address

Please contact at: **ocicilioni@me.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	
NORTH CAROLINA	MEDICAL DOCTOR

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
THOMAS JEFFERSON UNIVERSITY	MD	9/1/1988 - 6/1/1992	06/01/1992

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	RESIDENCY	GS - SURGERY		***	FLORIDA	07/01/1992	06/30/1997
UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE	RESIDENCY	PS - PLASTIC SURGERY		***	FLORIDA	07/01/1997	06/30/1999

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSOCIATE CLINICAL PROFESSOR OF PLASTIC SURGERY	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEE	FLORIDA

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 PLASTIC SURGERY	PS - PLASTIC SURGERY	
AMERICAN BOARD OF SURGERY	GS - SURGERY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have 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, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, F.S.

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 an affiliation with the following committees:
FLORIDA HOSPITAL BYLAWS COMMITTEE
FLORIDA HOSPITAL MEDICAL EXECUTIVE COMMITTEE
FLORIDA HOSPITAL PERFORMANCE IMPROVEMENT COMMITTEE
FLORIDA HOSPITAL MEDICAL EXECUTIVE COMMITTEE
CHAIRMAN OF FLORIDA HOSPITAL DEPARTMENT OF PLASTIC SURGERY
FLORIDA HOSPITAL SURGICAL SERVICE LINE
Sarasota Memorial Hospital Surgical Quality Control Committe

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FH CLEFT LIP AND PALATE MISSION TO MERIDA MEXICO JUNE 2004	FLORIDA HOSPITAL SHARES FOUNDATION
FH SHARES CLEFT LIP MISSION VILLAHERMOSSA MEXICO JUNE 2004	FLORIDA HOSPITAL SHARES FOUNDATION
FH SHARES CLEFT LIP MISSION VILLAHERMOSSA MEXICO JUNE 2005	FLORIDA HOSPITAL SHARES FOUNDATION
FH SHARES CLEFT LIP MISSION TO TUXTLA MEXICO AUGUST 2005	FLORIDA HOSPITAL SHARES FOUNDATION
FH SHARES CLEFT LIP MISSION VERA CRUZ MEXICO AUGUST 2006	FLORIDA HOSPITAL SHARES FOUNDATION

Community Service/Award/Honor	Organization
FH SHARES CLEFT LIP MISSION TRIP VILLAHERMOSSA MEXICO MARCH	FLORIDA HOSPITAL SHARES FOUNDATION
FH SHARES CLEFT LIP MISSION VERA CRUZ MEXICO JUNE 2007	FLORIDA HOSPITAL SHARES FOUNDATION
FL HOSP SHARES CLEFT MISSION TRIP TO VERA CRUZ MEXICO 2009	FL HOSP SHARES FOUNDATION

Publications

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

Title	Publication	Date
STERNAL WOUND RECONSTRUCTION WITH TRANSVERSE PLATE FIXATION	PLASTIC AND RECONSTRUCTIVE SURGERY VOL 115 NO 5	04/15/2005

Professional Web Page

https://orlandocicilioni.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 provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN COLLEGE OF SURGEONS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGERY
FLORIDA MEDICAL ASSOCIATION
SARASOTA COUNTY MEDICAL SOCIETY
SOUTHEASTERN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS