



## CRAIG EDWARD AMSHEL

License Number: ME90042

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1995
License Expiration Date	01/31/2026
Authorized to Order (Medical and Low-THC Cannabis)	Yes

## General Information

### Primary Practice Address

CRAIG EDWARD AMSHEL  
1046 CYPRESS VILLAGE BOULEVARD  
SUN CITY CENTER, FL 33573

### 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
	TAMPA	FLORIDA
AMBULATORY SURGERY CENTER	TAMPA	FLORIDA

### Email Address

Please contact at: [camshe1@absolutesurg.com](mailto:camshe1@absolutesurg.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	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
UNIVERSITY OF KANSAS	MD	8/1/1991 - 5/1/1995	05/15/1995

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
UCLA	LA	CALIFORNIA	09/01/1986	12/15/1990	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
ROANOKE MEMORIAL HOSPITAL	INTERNSHIP	GS - SURGERY		ROANOKE	VIRGINIA	07/01/1995	06/30/1996
ST MARY HOSPITAL	RESIDENCY	GS - SURGERY		WATERBURY	CONNECTICUT	07/01/1996	06/30/1997
ST LOUIS UNIVERSITY	RESIDENCY	GS - SURGERY		ST LOUIS	MISSOURI	07/01/1997	05/31/1998
MARICOPA MEDICAL CENTER	RESIDENCY	GS - SURGERY		ROOSEVELT	ARIZONA	06/01/1998	06/30/2001
JACKSON MEMORIAL HOSPITAL	FELLOWSHIP	CRS - COLON AND RECTAL SURGERY		MIAMI	FLORIDA	07/01/2003	06/30/2004

Academic Appointments

Graduate Medical Education

This practitioner has 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 does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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:

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

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH		07/19/2024	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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.  
The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

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:

UNIVERSITY OF KANSAS ALUMNI ASSOCIATION  
UCLA ALUMNI ASSOCIATION  
TAU KAPPA EPSILON ALUMNI ASSOCIATION

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
AIRBORNE SCHOOL	US ARMY
EAGLE SCOUT	BOY SCOUTS OF AMERICA
MS SOCIETY	MULTIPLE SCLEROSIS SOCIETY

### Publications

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

Title	Publication	Date
MULTIPLE UNILATERAL FIBROADENOMAS	THE BREAST JOURNAL	05/01/2001
PESSARY-INDUCED RECTOVAGINAL FISTULA CASE REPORT AND REVIEW	JOURNAL OF PELVIC MEDICINE AND SURGERY	07/01/2005
ANHYDROUS AMMONIA BURNS CASE REPORT AND REVIEW OF THE LI..	SURGICAL FORUM	01/01/2000
ULTRAHIGH FREQUENCY JET VENTILATION IN BURN PATIENTS WIT..	SURGICAL FORUM	02/01/2001
VIETNAMESE "COINING": A BURN CASE REPORT AND LITERATURE ..	J. OF BURN CARE & REHAB	01/01/2000
ARE CHEST X-RAYS MANDATORY FOLLOWING CENTRAL VENOUS RECA..	AMERICAN SURGEON	08/01/2000
T4 RECTAL CANCER: ANALYSIS OF PATIENT OUTCOME AFTER SURGICAL EXCISION	AMERICAN SURGEON	11/01/2005

### Professional Web Page

[www.absolutesurg.com](http://www.absolutesurg.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 not provided any national, state, local, county, or professional affiliations.