

Practitioner Profile

The practitioner has not verified the information contained in this profile.

LAWRENCE SHELDON AMESSELICENSE NUMBER: **ME116927**Profession: **MEDICAL DOCTOR**Year Began Practicing: **1/1/1985**Expiration Date: **1/31/2017**Status: **CLEAR/ACTIVE****Primary Practice Address**

LAWRENCE SHELDON AMESSE
10301 HAGEN RANCH ROAD, SUITE 6
BOYNTON BEACH, FL 33437
UNITED STATES

ATTN: LAWRENCE S. AMESSE

MedicaidThis practitioner **does** participate in the Medicaid program.**Staff Privileges**

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

Institution Name	BETHESDA MEMORIAL HOSPITAL
City	BOYNTON BEACH
State	FLORIDA

Institution Name	PALMS WEST HOSPITAL
City	LOXAHATCHEE
State	FLORIDA

Institution Name	JOE DIMAGGIO CHILDREN'S HOSPITAL AT MEMORIAL
City	HOLLYWOOD
State	FLORIDA

E-Mail AddressPlease contact at: **LSAMESSE@GMAIL.COM****Other State Licensure**

This practitioner has indicated the following additional state licensure:

State	CONNECTICUT
Profession	MEDICAL

State	KENTUCKY
Profession	MEDICAL

State MARYLAND
Profession MEDICAL

State NEW YORK
Profession MEDICAL

State OHIO
Profession MEDICAL

State UTAH
Profession MEDICINE

Education and Training

Institution Name Quillen College of Medicine, East Tennessee State University
Dates of Attendance 8/1/1981-5/1/1985
Graduation Date 5/4/1985
Degree Title MD

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University UNIVERSITY OF MICHIGAN
City ANN ARBOR
State/Country MICHIGAN
Dates Attended From 8/1/1965
Dates Attended To 5/1/1969
Degree Title BS - BACHELOR OF SCIENCE

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name STATE UNIVERSITY OF NEW YORK
Program Type RESIDENCY
Specialty Area OBG - OBSTETRICS AND GYNECOLOGY
Other Specialty Area
City BUFFALO
State or Country NEW YORK
Dates Attended From 07/01/1985
Dates Attended To 06/01/1989

Program Name UNIFORMED SERVICES UNIV OF HEALTH SCIENCES
Program Type RESIDENCY

Specialty Area	OTHER
Other Specialty Area	REPRODUCTIVE ENDOCRINOLOGY
City	BETHESDA
State or Country	MARYLAND
Dates Attended From	07/01/1989
Dates Attended To	06/01/1991

Program Name	YALE SCHOOL OF MEDICINE
Program Type	FELLOWSHIP
Specialty Area	OTHER
Other Specialty Area	GENETICS
City	NEW HAVEN
State or Country	CONNECTICUT
Dates Attended From	07/01/1992
Dates Attended To	06/01/1996

Program Name	THE UNIVERSITY OF LOUISVILLE
Program Type	FELLOWSHIP
Specialty Area	OTHER
Other Specialty Area	PEDIATRIC ADOLESCENT GYNECOLOGY
City	LOUISVILLE
State or Country	KENTUCKY
Dates Attended From	07/01/1996
Dates Attended To	06/01/1997

Academic Appointments

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

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

Title	AFFILIATE CLINICAL PROFESSOR
Institution	FLORIDA ATLANTIC UNIVERSITY
City	BOCA RATON
State	FLORIDA
Title	AFFILIATE PROFESSOR OF CLINICAL SCIENCES
Institution	FLORIDA ATLANTIC UNIVERSITY
City	BOCA RATON
State	FLORIDA

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	AMERICAN BOARD OF OBSTETRICS & GYNECOLOG
Certification	OBG - OBSTETRICS AND GYNECOLOGY
Specialty Board	AMERICAN BOARD OF OBSTETRICS & GYNECOLOG
Certification	OTHER

Financial Responsibility

I have hospital staff privileges or I perform surgery at an ambulatory surgical center 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.

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 DOH at the time of initial licensure through the FDLE and FBI. Changes after initial licensure may be self-reported by the practitioner or updated based on a report received from FDLE. DOH conducts statewide criminal background checks every two years, immediately following a renewal cycle for the practitioner.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Information provided has been verified through a criminal records check as of 5/16/2013 3:54:31 PM.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions (Within last 10 years)

For instructions on how to order copies of final disciplinary actions, please go to <http://www.floridahealth.gov/licensing-and-regulation/public-records/disciplinary/request-for-disciplinary-and-licensure-documents.html>

This information is self reported by the practitioner:

Final disciplinary action taken by a specialty board within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, 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 previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, 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.

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

Practitioners professional web page address:

Practitioner web page www.pediatricGYN.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 not provided any national, state, local, county, or professional affiliations.