



Department of Health



Practitioner Profile

Printer Friendly Version

PAUL MICHAEL NORRIS

License Number: ME56314

Profession

Medical Doctor

License Status

CLEAR/ACTIVE

Year Began Practicing

01/01/1987

License Expiration Date

01/31/2021

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

Yes

General Information	Education & Training	Academic Appointments	Specialty Certification	Financial Responsibility	Proceedings & Actions
Optional Information	License Information				

Primary Practice Address

PAUL MICHAEL NORRIS
 400 ARTHUR GODFREY RD, SUITE 508
 SUITE 508
 MIAMI BEACH, FL 33140
 UNITED STATES

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
MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA



Institution Name
Department of Health
UNIVERSITY OF MIAMI HOSPITAL

City

MIAMI

State

FLORIDA



Email Address

Please contact at: maria.norris@floridawomancare.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

[Back](#)

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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
VOLUNTEER ASSOCIATE PROFESSOR	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

[Back](#)

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Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MEDICAL COLLEGE OF OHIO AT TOL	MD	1/1/1983 - 1/1/1987	01/01/1987

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	State or Country	Dates Attended From	Dates Attended To



Department of Health

Program	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF MIAMI JACKSON	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		MIAMI	FLORIDA	06/01/1988	06/30/1992
UNIVERSITY OF MIAMI JACKSON	INTERNSHIP	OBG - OBSTETRICS AND GYNECOLOGY		MIAMI	FLORIDA	06/01/1987	05/31/1988

Back

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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.

Back

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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
MOST OUSTANDING TEACHER AWARD	UNIVERSITY OF MIAMI

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



igyno.com

Department of Health 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.

RUSSIAN

SPANISH

Other Affiliations

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

Affiliation

AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY

WILLIAM LITTLE SOCIETY

Back

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Department of Health



License Verification

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License Number: ME56314

Data As Of 2/25/2020

License Information	Secondary Locations	Discipline/Admin Action	Practitioner Profile
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Profession

Medical Doctor

License

ME56314

License Status

CLEAR/ACTIVE

Qualifications

Dispensing Practitioner

License Expiration Date

1/31/2021

License Original Issue Date

04/24/1989

Address of Record

400 ARTHUR GODFREY RD, suite 508

SUITE 508

MIAMI BEACH, FL 33140

UNITED STATES

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)

Yes

Discipline on File

No

Public Complaint

No

[Back](#)

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*Data As Of 2/25/2020*License
InformationSecondary
LocationsDiscipline/Admin
ActionPractitioner
Profile

No secondary locations found.

[Back](#)

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