



Vision: To be the Healthiest State in the Nation

## Renewal of License Florida Department of Health

### Basic Data

Name: ROBERT LOUIS SLACKMAN  
License Number: ME 38639  
Profession: Medical Doctor  
Rank: BOARD OF MEDICINE - Medical Doctor  
License Status: CLEAR/ACTIVE  
Fee Paid: \$279.00  
Date of Birth: 10/04/1951  
Email Address: RLSlackman@carilionclinic.org

### Mailing Address

3419 WESTRIDGE CIR.  
ROANOKE, VA 24014

### Practice Location

NOT PRACTICING IN FLORIDA  
P O BOX 6320  
TALLAHASSEE, FL 32314-6320

### Equal Opportunity Data

Gender: Male  
Race: White

### Availability for disaster

As a Florida licensed physician, are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters?

Your answer: **NO**

### Renewal Statement

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

Affirmed: **YES**

### Controlled Substance Prescribing Indicator

In accordance with s. 456.44, Florida Statutes, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must designate himself or herself as a controlled substance prescribing practitioner on the physician's practitioner profile.

"Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

Do you prescribe controlled substances for the treatment of chronic nonmalignant pain?

Your answer: **NO**

### **Medicaid and Medicare Fraud Questions**

1. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? Your answer: **NO**

2. On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? Your answer: **NO**

[Note: The questions below refer to terminations as a provider, not as a recipient of services]

3. On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? Your answer: **NO**

4. On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? Your answer: **NO**

5. Are you currently listed on the United States Department of Health and Human Services Office of the Inspector General's List of Excluded Individuals and Entities? Your answer: **NO**

6. Have you ever been terminated for cause from participating in the Florida Medicaid program? Your answer: **NO**

7. Have you ever been sanctioned by any state Medicaid program? Your answer: **NO**

### **Financial Responsibility**

I do not practice medicine in the State of Florida.