

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH Surgeon
General and Secretary
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application Summary

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	132255
Application:	Review, Update & Confirm Profile
Application Date:	01/05/2018

Addresses

Mailing Address

Address:	2360 US Highway 29
	ESCAMBIA
	CANTONMENT, FL
	32533
	US
Phone Number:	850-494-6495
Extension:	
E-mail Address:	CRDENAPOLES@GMAIL.COM
Home	2036674773
Fax	

Place of Practice

Address:	2360 US Highway 29
	ESCAMBIA
	CANTONMENT, FL
	32533
	US
Phone Number:	850-494-6495
Extension:	

Education History

Provider Name:	TRINITY SCHOOL OF MEDICINE
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Attendance From: 09/01/2009

Attendance To: 05/01/2013

Date of Graduation: 04/30/2013

Graduate Medical Education Responsibility and Faculty Appointments

Do you currently hold a faculty appointment at a medical school? **No**

Graduate Education

Do you currently, or have you had, responsibility for graduate medical education within the last 10 years? **No**

Staff Privileges

Do you currently hold staff privileges in any hospital, health institution, clinic or medical facility? **Yes**

The facilities listed are Florida facilities. If your privileges are for a facility in another state, select "Out of State".

Name of Facility: **WEST FLORIDA REGIONAL MEDICAL CENTER**

City: **Pensacola**

State: **FLORIDA**

Other State Licensure

License #: **11181872**

Type: **Physician**

Country: **UNITED STATES**

State: **Connecticut**

Specialty Board Certifications

Board: **AMERICAN BOARD OF FAMILY MEDICINE**

Certification: **FP - FAMILY MEDICINE**

Financial Responsibility/Exemption

Financial Responsibility **4. LIABILITY NOT LESS THAN \$250,000**

Criminal History

Have you ever been convicted or found guilty, regardless of adjudication, or pled guilty or nolo contendere (no contest) to a criminal misdemeanor or felony in any jurisdiction? **No**

If "Yes", submit the arrest and court records along with a disposition of the case to the Board.

Medicaid Program Questions

Do you participate in the Medicaid program? **No Answer**

Specialty Board Discipline History

Within the previous ten (10) years, have you ever had any final disciplinary action taken against you by a specialty board recognized by the American Board of Medical Specialties, the American Osteopathic Association, the American Chiropractic Association, or other similar national organization? **No**

Final Disciplinary Action - Licensing

Within the previous ten (10) years, Have you ever had any final disciplinary action taken against you by the LICENSING AGENCY in this state or any jurisdiction?

No**Final Disciplinary Action - Institution 1**

Within the previous ten (10) years, Have you ever had any final disciplinary action taken against you by a licensed hospital, health maintenance organization, pre-paid health clinic, nursing home, or ambulatory surgical center in this state or any jurisdiction?

No**Final Disciplinary Action - Institution 2**

Within the previous ten (10) years, Have you ever had any final disciplinary action taken against you by a licensed hospital, health maintenance organization, pre-paid health clinic, nursing home, or ambulatory surgical center in this state or any jurisdiction?

No**Final Disciplinary Action - Facility Resignation**

Within the previous ten (10) years have you ever been asked to or allowed to resign from or had any staff privileges restricted or not renewed by any medical health-related institution in lieu of or in settlement of a pending disciplinary action related to competence or character?

No**Attestation**

I affirm that the profile information is correct.

Attestation Answer: Yes

AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/01/2018	ME 132255	630795

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2021**
CHRISTOPHER DENAPOLES
2360 US HIGHWAY 29
CANTONMENT, FL 32533

STATE OF FLORIDA	AC#	
DEPARTMENT OF HEALTH		
DIVISION OF MEDICAL QUALITY ASSURANCE		
DATE	LICENSE NO.	CONTROL NO.
11/01/2018	ME 132255	630795

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2021**

COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

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GOVERNOR

Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2021**

Your license number is ME 132255. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

- Go to www.FLHealthSource.gov.
- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Registered in Our New Online Service System?" will display.
 - Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
 - Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed.

Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260



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PERMIT NO. 552

***** **AUTO** *****

CHRISTOPHER DENAPOLES
341 S GARCON POINT RD
MILTON, FL 32583

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AC# **COPY**

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
08/04/2018	ME 132255	627507

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2019**

CHRISTOPHER DENAPOLES
2360 US HIGHWAY 29
CANTONMENT, FL 32533

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	
DATE	LICENSE NO.	CONTROL NO.
08/04/2018	ME 132255	627507

The **MEDICAL DOCTOR** named below has met all requirements of the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2019**

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LICENSEE SIGNATURE

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GOVERNOR

Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: **JANUARY 31, 2019**

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- Click on "Provider Services" and select "Manage Your License."
- Select your profession and license type and click "Submit."
- The question "Have you Registered in Our New Online Service S
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DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SUPPORT SERVICES UNIT
4052 BALD CYPRESS WAY, BIN #C-10
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PERMIT NO. 552

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2360 US HIGHWAY 29
CANTONMENT, FL 32533

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Application Summary

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	132255
Application:	Request Address Change
Application Date:	07/27/2017

Personal Detail

Title:	Dr.
First Name:	Christopher
Last Name/Surname:	DeNapoles
Birthdate:	01/02/1986
Gender:	Male

Addresses

Mailing Address

Address:	126 Big Oak Rd
	Out of State
	STAMFORD, CT
	06903
	US
Phone Number:	203-667-4773
Extension:	
E-mail Address:	crdenapoles@gmail.com
Home	
Fax	

Place of Practice

Address:	2360 US Highway 29
	Cantonment, FL
	32533
	US

Phone Number:

850-494-6495

Extension:

Attestation

I affirm that the provided address information is correct.

Attestation Answer: Yes

Mission:

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Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	132255
Application:	Renew My Medical Doctor License
Application Date:	10/31/2018

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	Dr.
First Name:	Christopher
Last Name/Surname:	DeNapoles

Addresses

Mailing Address

Address:	341 S Garcon Point Rd
	SANTA ROSA
	MILTON, FL
	32583
	US
Phone Number:	206-667-4773
Extension:	
E-mail Address:	CRDENAPOLES@GMAIL.COM
Home	2036674773

Place of Practice

Address:	2360 US Highway 29
----------	--------------------

ESCAMBIA

CANTONMENT, FL

32533

US

Phone Number:

850-494-6495

Extension:

Questions related to Section 456.0635(3), Florida Statutes

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? **No**

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)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

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? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

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? **Yes**

Financial Responsibility/Exemption

Financial Responsibility **4. LIABILITY NOT LESS THAN \$250,000**

Fees

Active Renewal **\$350.00**

Unlicensed Activity **\$5.00**

Total Amount Due:

\$355.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes

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Application Summary

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	132255
Application:	Request Address Change
Application Date:	07/26/2017

Personal Detail

Title:	Dr.
First Name:	Christopher
Last Name/Surname:	DeNapoles
Birthdate:	01/02/1986
Gender:	Male

Addresses

Mailing Address

Address:	126 Big Oak Rd
	Out of State
	STAMFORD, CT
	06903
	US
Phone Number:	203-667-4773
Extension:	
E-mail Address:	crdenapoles@gmail.com
Home	
Fax	

Place of Practice

Address:	1190 E. Nine Mile Rd
	Pensacola, FL
	32514
	US

Phone Number:

850-494-6495

Extension:

Attestation

I affirm that the provided address information is correct.

Attestation Answer: Yes