

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	115077
Application:	Renew My Medical Doctor License
Application Date:	01/03/2023

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	DR.
First Name:	DEBORAH
Middle/Second Name:	LYN
Last Name/Surname:	LEVICH

Addresses

Mailing Address

Address:	563 Blalock Lakes Drive #12
	#12
	Out of State
	NEWNAN, GA
	30263
	US

Phone Number:	(404) 384-5601
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E-mail Address:	deborah.levich@gmail.com
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Physical Location

Address:	100 Northpoint Parkway
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PALM BEACH
WEST PALM BEACH, FL
33407
US

Phone Number: 561-686-3859

Satellite Location
Address: 100 Northpoint Pkwy
PALM BEACH
WEST PALM BEACH, FL
33407
US

Renewal Contact Preference

How would you like to be notified concerning the renewal of your license?

By email? Yes

By text? No

By mail? Yes

Availability for Disaster

Would you be willing to provide health services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? No

If you respond "Yes," your name will be added to a listing that is available to the Department of Health if a disaster is declared. If you live in an area where you may be able to help you will be called on if needed.

Financial Responsibility

Financial Responsibility: 3. LIABILITY NOT LESS THAN \$100,000

Required NICA Payment

Have you made all payments to the Florida Birth-Related Neurological Injury Compensation Association (NICA) as required by section 766.314, Florida Statutes? Yes
(NOTE: Payment of the initial and annual NICA assessments are required of all Florida Allopathic (MD) and Osteopathic (DO) Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.)

Fees

Active Renewal \$350.00

Unlicensed Activity \$5.00

Dispensing	\$100.00
Total Amount Due:	\$455.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I have carefully read the questions in the foregoing application and have answered them completely. These statements are true and correct. I recognize that providing false information may result in disciplinary action against my license, or criminal penalties. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the department within 30 days.

Attestation Answer: Yes