



AMY ELIZABETH KLAUS

License Number: PTA24388

Data As Of 6/7/2025

Profession Physical Therapist Assistant
License PTA24388
License Status EMERG SUSPENS/
License Expiration Date 11/30/2025
License Original Issue Date 09/10/2013
Address of Record 3326 BOUGAINVILLEA ST
SARASOTA, FL 34239
Discipline on File No
Public Complaint Yes
Alerts Enforcement Alert
3/13/2025 11:19:46 AM
Emergency Suspension Order filed 03/13/2025

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
KLAUS, AMY	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	SARASOTA	FL	202503933	ESO ISSUED	03/13/2025
KLAUS, AMY	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	SARASOTA	FL	202500422	ESO ISSUED	03/13/2025
KLAUS, AMY	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	SARASOTA	FL	202500438	ESO ISSUED	03/13/2025

Discipline Cases

No Discipline Found

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202500422	AC FILED
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202500422	AC FILED
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202503933	AC FILED
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202503933	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202500438	AC FILED
KLAUS, AMY ELIZABETH	24388	PHYSICAL THERAPIST ASSISTANT	SARASOTA	FL	202500438	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance

Public Records

4052 Bald Cypress Way, Bin C01

Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

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