AMY ELIZABETH KLAUS

License Number: PTA24388

Data As Of 4/4/2025

Profession Physical Therapist Assistant

License PTA24388

License Status EMERG SUSPENS/

License Expiration Date

License Original Issue

09/10/2013

11/30/2025

Date

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	202500438	ESO ISSUED	03/13/2025
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

Discipline Cases

No Discipline Found

Public Complaints

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.