LATORIA SHONDALINA PONDER

License Number: PN5177838

Data As Of 12/22/2024

Profession Licensed Practical Nurse

License PN5177838

License Status EMERG RESTRICT/Active
Qualifications Single-state License

License Expiration Date 7/31/2025

License Original Issue

Date

06/11/2007

Address of Record

2325 Keith Street

TALLAHA

TALLAHASSEE, FL 32310

Discipline on File Yes
Public Complaint Yes

Alerts Enforcement Alert

12/19/2024 4:41:33 PM

Emergency Restriction Order filed 12/19/2024

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
PONDER, LATORIA	5177838	LICENSED PRACTICAL NURSE	TALLAHASSEE	LEON	FL	202446583	ERO ISSUED	12/19/2024

Discipline Cases

Name	License	Profession	City	State	Case#	Action Taken
PONDER, LATORIA	5177838	LICENSED PRACT	TI TALLAHASSEE	FL	202319160	SUSPENSION
SHONDALINA						

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
PONDER, LATORIA SHONDALINA	5177838	LICENSED PRACTICAL NURSE	TALLAHASSEE	FL	202319160	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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