#### VICTORIA LYNE BODZIAK

### License Number: PN5238359

Data As Of 4/10/2025

Profession Licensed Practical Nurse

License PN5238359 License Status DELINQUENT/ Qualifications Single-state License

License Expiration Date 7/31/2023

License Original Issue

01/07/2019

Date

Address of Record 318 NE 20th Court

CAPE CORAL, FL 33909

Discipline on File Yes Public Complaint Yes

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

| Name                      | License  | Profession     | Citv          | State | Case #             | Action Taken |
|---------------------------|----------|----------------|---------------|-------|--------------------|--------------|
| Ivairie                   | Licerise | 1 1016331011   | Oity          | Siale | 0as <del>c</del> # | Action Taken |
| BODZIAK, VICTORIA<br>LYNE | 5238359  | LICENSED PRACT | TI CAPE CORAL | FL    | 202029193          | SUSPENSION   |
| BODZIAK, VICTORIA<br>LYNE | 5238359  | LICENSED PRACT | I CAPE CORAL  | FL    | 202110782          | SUSPENSION   |

### **Public Complaints**

| Name                      | License | Profession                     | City       | State | Case #    | Action Taken |
|---------------------------|---------|--------------------------------|------------|-------|-----------|--------------|
| BODZIAK, VICTORIA<br>LYNE | 5238359 | LICENSED<br>PRACTICAL<br>NURSE | CAPE CORAL | FL    | 202110782 | AC FILED     |
| BODZIAK, VICTORIA<br>LYNE | 5238359 | LICENSED<br>PRACTICAL<br>NURSE | CAPE CORAL | FL    | 202029193 | 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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