



KRISTAL L WHITE

License Number: PN5254845

Data As Of 12/22/2024

Profession Licensed Practical Nurse
 License PN5254845
 License Status DELINQUENT/
 Qualifications Multistate License
 License Expiration Date 7/31/2023
 License Original Issue Date 07/27/2022
 Address of Record 102 Cedar creek cutoff rd
 Palatka
 PALATKA, FL 32177
 Discipline on File No
 Public Complaint Yes
 Alerts Enforcement Alert
 3/29/2024 10:51:37 AM
 Emergency Suspension Order filed 03/29/2024.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|----------------|---------|--------------------------|---------|--------|-------|-----------|--------------|-------------|
| WHITE, KRISTAL | 5254845 | LICENSED PRACTICAL NURSE | PALATKA | PUTNAM | FL | 202347362 | ESO ISSUED | 03/29/2024 |

Discipline Cases

No Discipline Found

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|------------------|---------|--------------------------|---------|-------|-----------|--------------|
| WHITE, KRISTAL L | 5254845 | LICENSED PRACTICAL NURSE | PALATKA | FL | 202347362 | 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.
