



ELIZABETH BRADLEY LEVETON

License Number: RN9199187

Data As Of 7/16/2025

Profession	Registered Nurse
License	RN9199187
License Status	Null And Void/
Qualifications	Single-state License
License Expiration Date	7/31/2022
License Original Issue Date	03/07/2003
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
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	City	State	Case #	Action Taken
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURS	VERO BEACH	FL	200441315	SATISFIED-SUSPENSION PENALTY STAYED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURS	VERO BEACH	FL	201112033	SUSPENSION-PENALTY STAYED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURS	VERO BEACH	FL	201618288	SUSPENSION
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURS	VERO BEACH	FL	201918281	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURSE	VERO BEACH	FL	201918281	AC FILED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURSE	VERO BEACH	FL	201918281	AC FILED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURSE	VERO BEACH	FL	200441315	AC FILED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURSE	VERO BEACH	FL	201618288	AC FILED
LEVETON, ELIZABETH BRADLEY	9199187	REGISTERED NURSE	VERO BEACH	FL	201112033	AC FILED

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.
