



ALEXANDRA BURKOWSKY

License Number: ARNP9202664

Data As Of 4/27/2025

Profession	Adv Reg Nurse Practitioner
License	ARNP9202664
License Status	REVOKED/
Qualifications	Nurse Practitioner
License Expiration Date	4/30/2017
License Original Issue Date	06/12/2003
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
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
BURKOWSKY, ALEXANDRA	9202664	ADV REG NURSE P	FORT LAUDERDALE	FL	201419223	SUSPENSION
BURKOWSKY, ALEXANDRA	9202664	ADV REG NURSE P	FORT LAUDERDALE	FL	201520463	SUSPENSION
BURKOWSKY, ALEXANDRA	9202664	ADV REG NURSE P	FORT LAUDERDALE	FL	201627111	REVOCATION
BURKOWSKY, ALEXANDRA	9202664	ADV REG NURSE P	FORT LAUDERDALE	FL	201117847	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BURKOWSKY, ALEXANDRA	9202664	REGISTERED NURSE	FORT LAUDERDALE	FL	201627111	AC FILED
BURKOWSKY, ALEXANDRA	9202664	REGISTERED NURSE	FORT LAUDERDALE	FL	201419223	AC FILED
BURKOWSKY, ALEXANDRA	9202664	REGISTERED NURSE	FORT LAUDERDALE	FL	201520463	AC FILED
BURKOWSKY, ALEXANDRA	9202664	REGISTERED NURSE	FORT LAUDERDALE	FL	201117847	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.
