

MARIE NICOLE LIPARI**License Number: IMH25097***Data As Of 9/14/2026*

Profession	Registered Mental Health Counselor Intern
License	IMH25097
License Status	Clear/Active
License Expiration Date	11/27/2028
License Original Issue Date	11/28/2023
Address of Record	8775 Buena Pl Apt 13303 WINDERMERE, FL 34786
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action**Emergency Actions**

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
BURCHFIELD, CASSANDRA MARIE	SUPERVISOR	LIC. MARRIAGE/FAMILY THERAPIST	3215	11/28/2023
CHATMAN, ERIC MICHAEL	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	16751	07/01/2025
FONTAINE, RYAN JENNIFER	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	11559	01/31/2024
MOSS, KRYSTIE MICHELE	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	13639	01/29/2024
SAMUELS, TONYA D	SUPERVISOR	LIC. MARRIAGE/FAMILY THERAPIST	4800	05/30/2025

Click on the License Number to view License Details for that Practitioner

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