



GARRICK LARSON SMITH

License Number: RN9234839

Data As Of 5/29/2025

Profession	Registered Nurse
License	RN9234839
License Status	SUSPENDED/
Qualifications	Single-state License
License Expiration Date	4/30/2027
License Original Issue Date	07/25/2005
Address of Record	This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.
Address of Record	NOT PRACTICING
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
SMITH, GARRICK LARSON	9234839	REGISTERED NURS			201013931	SUSPENSION SATISFIED
SMITH, GARRICK LARSON	9234839	REGISTERED NURS			201401810	SUSPENSION SATISFIED
SMITH, GARRICK LARSON	9234839	REGISTERED NURS			201402047	SUSPENSION SATISFIED
SMITH, GARRICK LARSON	9234839	REGISTERED NURS			202415423	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE			202415423	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE			201013931	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE			201401810	AC FILED
SMITH, GARRICK LARSON	9234839	REGISTERED NURSE			201402047	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.
