#### PAULETTE ELAINE CRAWFORD

#### License Number: PS59937

Data As Of 8/21/2025

Profession Pharmacist
License PS59937
License Status Clear/Active

Qualifications Certified To Administer Immunizations

**Test and Treat Certification** 

License Expiration Date

ation Date 9/30/2027

License Original Issue Date

09/04/2019

Address of Record

902 St Lucie West Blvd

SAINT LUCIE WEST, FL 34986

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;
- $2. \ \mbox{Name}$  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
DAVIS II, CEDRIC EMDEN	IA SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	06/02/2025
DAVIS II, CEDRIC EMDEN	TTC SUPERVISING PHYSICIAN	MEDICAL DOCTOR	108693	05/20/2024

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

# **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
CRAWFORD, PAULETTE ELAINE	PHARMACISTSUBORDINATE	CONSULTANT PHARMACIST	8787	11/6/2020

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

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