



## SABRINA B SHEFFIELD

License Number: CNA277951

Data As Of 8/7/2025

Profession	Certified Nursing Assistant
License	CNA277951
License Status	Clear/Active
License Expiration Date	5/31/2027
License Original Issue Date	03/15/2013
Address of Record	3701 saint johns Ave apt 39 PALATKA, FL 32177
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
SHEFFIELD, SABRINA B	277951	CERTIFIED NURSI	PALATKA	FL	201419870	OBLIGATION(S) SATISFIED
SHEFFIELD, SABRINA B	277951	CERTIFIED NURSI	PALATKA	FL	201801274	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SHEFFIELD, SABRINA B	277951	CERTIFIED NURSING ASSISTANT	PALATKA	FL	202218142	AC FILED
SHEFFIELD, SABRINA B	277951	CERTIFIED NURSING ASSISTANT	PALATKA	FL	201801274	AC FILED
SHEFFIELD, SABRINA B	277951	CERTIFIED NURSING ASSISTANT	PALATKA	FL	201419870	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.

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