#### **HEATHER R ELDER**

## License Number: RN9525299

Data As Of 7/7/2025

Profession Registered Nurse License RN9525299

License Status Emerg Restrict/Active

Qualifications Multistate Registered Nurse

License Expiration Date 4/30/2027 License Original Issue Date 12/01/2019

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 No
Public Complaint Yes

Alerts Enforcement Alert

8/7/2024 4:52:35 PM

Emergency Restriction Order filed 08/07/2024.

## **Secondary Locations**

No secondary locations found

# Discipline/Admin Action

## **Emergency Actions**

| Name              | License | Profession          | City            | County | State | Case#     | Action<br>Taken | Action Date |
|-------------------|---------|---------------------|-----------------|--------|-------|-----------|-----------------|-------------|
| ELDER,<br>HEATHER | 9525299 | REGISTERED<br>NURSE | UNKNOWN<br>CITY | PASCO  |       | 202412451 | ERO ISSUED      | 08/07/2024  |

## **Discipline Cases**

No Discipline Found

## **Public Complaints**

| Name             | License | Profession          | City | State | Case#     | Action Taken |
|------------------|---------|---------------------|------|-------|-----------|--------------|
| ELDER, HEATHER R | 9525299 | REGISTERED<br>NURSE |      |       | 202412451 | 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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