



STEPHANIE P WEST

License Number: CNA419587

Data As Of 1/19/2026

Profession	Certified Nursing Assistant
License	CNA419587
License Status	Emerg Suspens/
License Expiration Date	5/31/2027
License Original Issue Date	05/11/2022
Address of Record	3971 Strickland Manor LAKELAND, FL 33812
Discipline on File	No
Public Complaint	No
Alerts	Enforcement Alert 1/15/2026 3:15:38 PM Emergency Suspension Order filed 01/15/2026.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
WEST, STEPHANIE	419587	CERTIFIED NURSING ASSISTANT	LAKELAND	POLK	FL	202550366	ESO ISSUED	01/15/2026

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.

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.

