JENNIFER PAIGE ROSS

License Number: APRN3143762

Data As Of 8/4/2025

Profession Advanced Practice Registered Nurse

License APRN3143762
License Status Obligations/Active
Qualifications Nurse Practitioner

Certified Registered Nurse Anesthetist

License Expiration Date 7/31/2026
License Original Issue Date 02/24/2006

Address of Record 16244 S Military Trail

DELRAY BEACH, FL 33484

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File

Public Complaint

Yes

Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Please also check the Discipline/Admin action of the other license by clicking on the "Other License" tab.

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|----------------------|---------|--------------------|--------------|-------|-----------|-------------------------|
| ROSS, JENNIFER PAIGE | 3143762 | ADV PRACTICE RN | DELRAY BEACH | FL | 201824407 | SUSPENSION SATISFIED |
| ROSS, JENNIFER PAIGE | 3143762 | ADV PRACTICE RN | DELRAY BEACH | FL | 202124298 | SUSPENSION |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|----------------------|---------|---|--------------|-------|-----------|--------------|
| ROSS, JENNIFER PAIGE | 3143762 | ADVANCED PRACTICE REGISTERED NURSE | DELRAY BEACH | FL | 202124298 | AC FILED |
| ROSS, JENNIFER PAIGE | 3143762 | ADVANCED PRACTICE REGISTERED NURSE | DELRAY BEACH | FL | 201824407 | AC FILED |
| ROSS, JENNIFER PAIGE | 3143762 | ADVANCED PRACTICE REGISTERED NURSE | DELRAY BEACH | FL | 201824407 | 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.

Other License

| Name | Relationship | Profession | License | Effective Date |
|------|-----------------|------------------|---------|----------------|
| | APRN CONVERSION | REGISTERED NURSE | 3143762 | 10/19/2018 |

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

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