



ROBERT WILLIAM ONGRADY

License Number: RN3240572

Data As Of 3/14/2026

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|-----------------------------|--|
| Profession | Registered Nurse |
| License | RN3240572 |
| License Status | Obligations/Active |
| Qualifications | Single-state License |
| License Expiration Date | 4/30/2027 |
| License Original Issue Date | 01/08/1998 |
| Address of Record | 4431 N. Federal Highway Apt #404 POMPANO BEACH, FL 33064 |
| Discipline on File | Yes |
| Public Complaint | 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 |
|-------------------------|---------|-----------------|---------------|-------|-----------|---------------------|
| ONGRADY, ROBERT WILLIAM | 3240572 | REGISTERED NURS | POMPANO BEACH | FL | 202215698 | OBLIGATIONS IMPOSED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|-------------------------|---------|------------------|---------------|-------|-----------|--------------|
| ONGRADY, ROBERT WILLIAM | 3240572 | REGISTERED NURSE | POMPANO BEACH | FL | 202215698 | 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 | ADVANCED PRACTICE REGISTERED NURSE | 3240572 | 10/19/2018 |

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

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