



## DONNA M HOWARD

License Number: RN9162434

Data As Of 12/14/2025

|                             |                                                                                              |
|-----------------------------|----------------------------------------------------------------------------------------------|
| Profession                  | Registered Nurse                                                                             |
| License                     | RN9162434                                                                                    |
| License Status              | Null And Void/                                                                               |
| Qualifications              | Single-state License                                                                         |
| License Expiration Date     | 4/30/2019                                                                                    |
| License Original Issue Date | 10/14/1999                                                                                   |
| Address of Record           | If further information is needed, please contact the Department of Health at (850) 488-0595. |
| Discipline on File          | No                                                                                           |
| Public Complaint            | No                                                                                           |

## Secondary Locations

### Address

1350 NW 14th St  
MIAMI, FL 33125

### Address

11865 SW 26th Street  
MIAMI, FL 33157

### Address

18255 Homestead Ave  
MIAMI, FL 33157

### Address

14101 NW 8th Ave  
MIAMI, FL 33168

## 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

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.

Other License

| Name | Relationship    | Profession                         | License | Effective Date |
|------|-----------------|------------------------------------|---------|----------------|
|      | APRN CONVERSION | ADVANCED PRACTICE REGISTERED NURSE | 9162434 | 10/19/2018     |

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

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