JULIE MICHELLE BROOKINS

License Number: RN9231382

Data As Of 10/26/2025

Profession Registered Nurse License RN9231382 License Status DELINQUENT/ Qualifications Single-state License

License Expiration Date 4/30/2025

License Original Issue

Date

07/11/2005

Address of Record 10808 Rosecroft Path Ct

TAMPA, FL 33626

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 |
|-----------------------------|---------|--------------------|-------|-------|-----------|------------------------|
| BROOKINS, JULIE MICHELLE | 9231382 | REGISTERED NURS | TAMPA | FL | 202348088 | OBLIGATIONS IMPOSED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------------------|---------|---------------------|-------|-------|-----------|--------------|
| BROOKINS, JULIE MICHELLE | 9231382 | REGISTERED NURSE | TAMPA | FL | 202518415 | AC FILED |
| BROOKINS, JULIE MICHELLE | 9231382 | REGISTERED NURSE | TAMPA | FL | 202348088 | 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 | 9231382 | 10/19/2018 |

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

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