#### WILLIAM H LAYTON

#### License Number: RN9264598

Data As Of 7/19/2025

Profession Registered Nurse License RN9264598 License Status Clear/Active

Qualifications Multistate Registered Nurse

License Expiration Date 4/30/2027

License Original Issue

Date

07/06/2007

Address of Record 2600 bruce b downs blvd.

WESLEY CHAPEL, FL 33544

Discipline on File **Public Complaint** No

# **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**

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	9264598	10/19/2018

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

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