#### **ALLISON B SOMMERS**

#### License Number: APRN9372723

Data As Of 8/28/2025

Profession Advanced Practice Registered Nurse

License APRN9372723

License Status Disc Relinquish/

Qualifications Nurse Practitioner
Dispensing Practitioner

License Expiration Date 4/30/2025 License Original Issue Date 05/16/2016

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595. No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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
SOMMERS, ALLISON B	9372723	ADV PRACTICE RN	SCOTTSDALE	AZ	202435483	VOLUNTARY SURRENDER

### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
SOMMERS, ALLISON B	9372723	ADVANCED PRACTICE REGISTERED NURSE	SCOTTSDALE	AZ	202435483	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:

 ${\it 1. Full name and license number of the practitioner};\\$ 

- 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	9372723	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 Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.