



## MARY JACQUELINE PUGH

### License Number: RN1940192

Data As Of 6/15/2025

Profession	Registered Nurse
License	RN1940192
License Status	NULL AND VOID/
Qualifications	Single-state License
License Expiration Date	4/30/2020
License Original Issue Date	08/29/1988
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 10/25/2011 9:57:01 AM Respondent is permanently restricted from practicing in a pain management clinic as defined in Section 4583265, Florida Statutes, or Section 45' . .0137, Florida Statutes, unless approved by the Board of Nursing.

### 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
PUGH, MARY JACQUELINE	1940192	REGISTERED NURS	CLEARWATER	FL	201007611	SUSPENSION

### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PUGH, MARY JACQUELINE	1940192	REGISTERED NURSE	CLEARWATER	FL	201007611	AC FILED
PUGH, MARY JACQUELINE	1940192	REGISTERED NURSE	CLEARWATER	FL	201007611	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	1940192	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.