



## JESUS LAZARO DEL RISCO

License Number: APRN2512552

Profession Advanced Practice Registered Nurse  
License Status CLEAR/Active  
Year Began Practicing 08/24/1991  
License Expiration 07/31/2026  
Date

## General Information

### Primary Practice Address

JESUS LAZARO DEL RISCO  
9301 SW 84 AVE  
MIAMI, FL 33156

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [jdelrisco@comcast.net](mailto:jdelrisco@comcast.net)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
FLORIDA INTERNATIONAL UNIV	B.S.N.	8/1/1993 - 8/1/1994	08/01/1994
MIAMI-DADE COMMUNITY COLLEGE	A.S.N.	7/1/1988 - 6/1/1991	06/01/1991
JACKSON MEMORIAL SCH OF NSG	DIPLOMA	8/1/1989 - 6/1/1991	06/01/1991
BAYLOR COLLEGE OF MEDICINE SON	M.S.	7/1/1995 - 12/1/1997	12/01/1997

### Other Health Related Degrees

Although APRNs could have other health related degrees, they are not required to provide this information.

### Professional and Postgraduate Training

This practitioner has not completed any graduate medical education.

## Academic Appointments

## Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

## Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CO-COORDINATOR OF SIMULATION LAB AND CLINICAL LEARNING AT JM	UNIVERSITY OF MIAMI	MIAMI	FLORIDA

## Specialty Certification

### Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS	NURSE ANESTHETIST	03/27/1998

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942, F.S.

## Proceedings and Actions

### Proceedings & Actions

#### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

**The information below is self reported by the practitioner.**

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

**Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.**

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

**Liability Claims Exceeding \$100,000.00 Within last 10 years.**

This profession is not required by F.S., to report bankruptcy and liability claims.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

**Optional Information**

**Committees/Memberships**

This practitioner has an affiliation with the following committees:

CLINICAL QUALITY MANAGEMENT

**Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
ADVANCE PRACTICE NURSE OF THE YEAR 2002	JACKSON MEMORIAL HOSPITAL

**Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
A COMPARISON OF NURSE ANESTHESIA PRACTICE TYPES	AANA JOURNAL	10/01/2000

**Professional Web Page**

www.jhsmiami.org

**Languages Other Than English**

This practitioner has indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

SPANISH

**Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
FLORIDA NURSES ASSOCIATION