



NANCI REBECCA WOOD

License Number: APRN2584612

Profession Advanced Practice Registered Nurse  
License Status Clear/Active  
Year Began Practicing 01/01/2003  
License Expiration 04/30/2027  
Date

## General Information

### Primary Practice Address

NANCI REBECCA WOOD  
SHRINK INC LLC  
14521 BRUCE B DOWNS SUITE 301  
TAMPA, FL 33613

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	REGISTERED NURSE
FLORIDA	ADVANCED NURSE PRACTITIONER

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH ALABAMA	MSN/PMHNP	8/1/2000 - 12/1/2002	12/01/2002
30TH ANNUAL SEMINARS IN FAMILY PRACTICE		12/1/2005 - 12/4/2005	

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 completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
	OTHER PROGRAM	OTHER	INJURIES & DEATH INVESTIGATION FORENSIC NURSING SEMINAR	MIAMI	FLORIDA	08/11/2003	08/14/2003
ELITE LEARNING FLORIDA APRNS	OTHER PROGRAM	OTHER	NETCE	PO BOX 99571	CALIFORNIA	01/08/2025	01/08/2025
35TH ANNUAL OSTEOPATHIC WINTER SEMINAR	OTHER PROGRAM	OTHER		CLEARWATER	FLORIDA	01/17/2024	01/20/2024
22ND ANNUAL OSTEOPATHIC WINTER SEMINAR	OTHER PROGRAM	PYN - PSYCHIATRY/NEUROLOGY	ALL REQUIRED FL COURSES	ST PETE BEACH	FLORIDA	01/19/2011	01/22/2011
AMERICAN COLLEGE OF NEUROPSYCHIATRISTS MID YEAR MEETING AND	OTHER PROGRAM	PYN - PSYCHIATRY AND NEUROLOGY		CHARLESTON	SOUTH CAROLINA	04/28/2004	05/01/2004
19TH ANNUAL OSTEOPATHIC WINTER SEMINAR	OTHER PROGRAM	FPP - PSYCHIATRY/FAMILY PRACTICE	OSTEOPATHIC	ST PETE BEACH	FLORIDA	01/16/2008	01/19/2008
24TH OSTEOPATHIC WINTER SEMINAR	OTHER PROGRAM	FPP - PSYCHIATRY/FAMILY PRACTICE		CLEARWATER	FLORIDA	01/16/2013	01/19/2013
25TH ANNUAL OSTEOPATHIC WINTER SEMINAR	OTHER PROGRAM	OTHER	PSYCHIATRY	CLEARWATER	FLORIDA	01/15/2014	01/18/2014

Academic Appointments

Graduate Medical Education

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

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

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
AMERICAN NURSES CREDENTIALING CENTER	FAMILY PSYCHIATRIC & MENTAL HLTH. NURSE PRAC.	02/22/2015
AMERICAN NURSES CREDENTIALING CENTER	ADULT PSYCHIATRIC & MENTAL HLTH. NURSE PRAC.	02/22/2015

## 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:  
ANCC for Family Psychiatric and Mental Health NP

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MEMBER	SIGMA THETA TAU
MEMBER	ALPHA THETA THI HONOR SOCIETY
SHERIFF JIM LOWMAN COMMENDATION, 8/28/97	
RECOGNITION OF ADVANCED CLINICAL PRACTICE, 3/12/92	PITT COUNTY MEMORIAL HOSPITAL; GREENVILLE, NC

### Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### Professional Web Page

Nanci.woodgnv@gmail.com

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

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

Affiliation
ANCC