



TERESA VAZQUEZ

License Number: APRN2674692

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	07/01/2012
License Expiration	07/31/2026
Date	

General Information

Primary Practice Address

TERESA VAZQUEZ
10150 SW 132 AVE
MIAMI, FL 33186

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: teri0369@yahoo.com

Graduate Medical Education

The practitioner did not provide this mandatory information.

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 ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	07/01/2012
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	07/01/2012
AMERICAN NURSES CREDENTIALING CENTER	PSYCHIATRIC AND MENTAL HEALTH NURSE PRACTITIONER	02/08/2021

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 62

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 not indicated any committees on which they serve for any health entity with which they are affiliated.

Professional or Community Service Awards