



LISA MOLITOR

License Number: APRN1098452

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	01/01/1988
License Expiration	04/30/2027
Date	

## General Information

### Primary Practice Address

LISA MOLITOR  
ALACHUA COUNTY HEALTH DEPARTME  
GAINESVILLE, FL 32601

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [lmolitorge@aol.com](mailto:lmolitorge@aol.com)

### 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
SANTA FE COMMUNITY COLLEGE	ADN	1/1/1977 - 1/1/1978	01/01/1978
UNIVERSITY OF FLORIDA COLLEGE OF NURSING	BSN	1/1/1980 - 1/1/1982	01/01/1982
UNIVERSITY OF FLORIDA	MSN		08/01/1990

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
UNIVERSITY OF FLORIDA COLLEGE OF NURSING	OTHER PROGRAM	OTHER	ADLT HLTH /MSN	GAINESVILLE	FLORIDA	01/01/1986	01/01/1990
UNIVERSITY OF FLORIDA COLLEGE OF NURSING	OTHER PROGRAM	OTHER	PEDIATRICS/PNP	GAINESVILLE	FLORIDA	01/01/1997	01/01/1999

Academic Appointments

Graduate Medical Education

This practitioner has not 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
PRECEPTOR	UNIVERSITY OF FLORIDA	GAINESVILLE	FLORIDA
GUEST INSTRUCTOR	UNIVERSITY OF FLORIDA	GAINESVILLE	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
AMERICAN NURSES CREDENTIALING CENTER	ADULT NURSE PRACTITIONER	12/01/2024

Financial Responsibility

Financial Responsibility

I have had no malpractice exposure in the state and can demonstrate to the board or department my lack of malpractice exposure.

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

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
GUARDIAN AD LITEM	ALACHUA COUNTY HEALTH BOARD

**Publications**

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

Title	Publication	Date
A 64-YEAR-OLD WOMAN WITH A SWOLLEN AND PAINFUL LEG	JEN	01/01/2000
AN OBTUNDED ELDERLY WOMAN WITH TACHYCARDIA AND TACHYPNEA	JEN	01/01/2000
AN ADULT MAN WITH A WOUND TO THE FOOT		01/01/1998
A 62 YEAR OLD WOMAN WITH PERIORBITAL SWELLING	JEN	01/01/1998
A 55 YEAR OLD PATIENT WITH CHRONIC LUNG DISEASE AND INT...	JEN	01/01/1998

Professional Web Page

This practitioner has not provided any professional web page information.

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
CERT: A.A.N.C. - ADULT HEALTH - 1992-PRESENT
MEMBER, FLORIDA NURSES ASSOCIATION/AMERICAN NURSES ASSOCIATION
MEMBER, SIGMA THETA TAU