Department of Health

CARLA ANN SAKOSKY SHULMAN

License Number: APRN1104132

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	09/10/1979
License Expiration Date	07/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

CARLA ANN SAKOSKY SHULMAN
ADVENT HEALTH
FISH MEMORIAL
ORANGE CITY, FL 32763

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: **cssarnp10@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	HEALTHCARE RISK MANAGER
FLORIDA	REGISTERED NURSE

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BROWARD COMMUNITY COLLEGE	ADN		05/01/1979
BARRY UNIVERSITY	BS	10/1/1988 - 9/1/1989	09/01/1989
NAACOG CERTIFICATION PROGRAM	OB/GYN NP	7/1/1980 - 7/1/1982	07/01/1982

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
FLORIDA RISK MANAGEMENT INSTITUTE INC	OTHER PROGRAM	OTHER	HEALTH CARE RISK MANAGER CERTIF	FT LAUDERDALE	FLORIDA	10/01/1999	04/29/2000

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 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
NATIONAL CERTIFICATION CORPORATION FOR THE OBSTETRIC,	OB-GYN NURSE PRACTITIONER	

Financial Responsibility

Financial Responsibility

My Florida license is active, but I am not engaged in autonomous practice in the State of Florida.

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
2002 BROWARD COUNTY ARNP OF THE YEAR	FL NURSES ASSOC/SO. FL COUN. OF ADVANCED PRACTICE NURSES
ASSOCIATE HEALTHCARE RISK MANAGER	FLORIDA SOCIETY OF HEALTHCARE RISK MANAGERS
WOMAN OF DISTINCTION IN HEALTH CARE 2002	BOCA RATON/DEERFIELD BEACH SOROPTOMIST INTERNATIONAL

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

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
VOLUSIA COUNTY NURSE PRACTITIONER ASSOCIATION