



SHIRLEY GOVENDER

License Number: APRN2792562

Profession Advanced Practice Registered Nurse
License Status Clear/Active
Year Began Practicing 07/17/2000
License Expiration 04/30/2027
Date

General Information

Primary Practice Address

SHIRLEY GOVENDER
12550 NEW BRITTANY BLVD,
SUITE 100
FT MYERS, FL 33907

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Institution Name	City	State
	FT MYERS	
	FT MYERS	
	FT MYERS	
	CAPE CORAL	
	FT MYERS	

Email Address

Please contact at: priya.06@live.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARIZONA	ARNP
CALIFORNIA	REGISTERED NURSE
TEXAS	REGISTERED NURSE

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ARIZONA	MASTERS	6/1/1997 - 5/1/2000	05/01/2000
UNIVERSITY OF NATAL	B.SOC.SC	1/1/1988 - 12/1/1991	01/17/1992
UNIV OF WITWATERSRAND	OCCUP HLTH	1/1/1994 - 6/1/1994	06/01/1994

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	State or City Country	Dates Attended From	Dates Attended To
UNIVERSITY OF ARIZONA			MASTER OF SCIENCE (NURSING)		01/01/0001	01/01/0001

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
	CRITICAL CARE NURSING	04/01/1997
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	08/01/2000
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	08/01/2000
AMERICAN NURSES CREDENTIALING CENTER	PSYCHIATRIC AND MENTAL HEALTH NURSE PRACTITIONER	12/07/2020

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.

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 not provided any professional or community service activities, honors, or awards.

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 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 ACADEMY FO NURSE PRACTITIONERS

Affiliation

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES

CERT: AM ACAD OF NURSE PRACT-CERTN IN ADLT NSG PRACTICE

CERT: AM ASSOC OF CRIT CARE NSE-CERT CRIT CARE NSG-97-03

SIGMA THETA TAU INTERNATIONAL