# MARJORIE MAY GILLESPIE

# License Number: APRN2809552

ProfessionAdvaLicense StatusClearYear Began Practicing01/0License Expiration Date04/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Advanced Practice Registered Nurse Clear/Active 01/01/1996 04/30/2027 Yes

# **General Information**

## **Primary Practice Address**

MARJORIE MAY GILLESPIE 7800 W OAKLAND PARK BLVD SUITE # E214 SUNRISE, FL 33351

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

APRNs are not required to provide this information.

## **Email Address**

Please contact at: dr.gillespie@hotmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MARYLAND	RN-NP
WASHINGTON DC	RN-NP
VIRGINIA	RN-NP

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
FLORIDA INTERNATIONAL UNIVERSITY	MSN		04/19/1996

## **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 MARYLAND	OTHER PROGRAM	OTHER	PHD HLTH POLICY INFECTIOUS DISEASE	BALTIMORE	MARYLAND	01/01/1999	01/07/2005
UNIVERSITY OF MARYLAND BALTIMORE COUNTY	other Program	OTHER	HEALTH POLICY	BALTIMORE	MARYLAND	09/01/1999	08/01/2005
FLORIDA INTERNATIONAL UNIVERSITY	OTHER PROGRAM		PSYCHIATRY MENTAL HEALTH NURSE PRACTITIONER	MIAMI	FLORIDA	08/28/2005	08/28/2006

# Academic Appointments

## **Graduate Medical Education**

This practitioner has 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 MIAMI	MIAMI	FLORIDA
FLORIDA INTERNATIONAL UNIVERSITY	FLORIDA INTERNATIONAL UNIVERSITY	MIAMI	FLORIDA
ADJUNCT FACULTY	SOUTH UNIVERSITY	PITTSBURG	PENNSYLVANIA

# **Specialty Certification**

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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	
AMERICAN NURSES CREDENTIALING CENTER	ADULT PSYCHIATRIC & MENTAL HLTH. NURSE PRAC.	
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	08/01/1998

# **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: ANAC - BYLAWS COMMITTEE ANAC RESEARCH COMMITTEE ANAC GLOBAL NURSING COMMITTEE FNA LEGISLATIVE COMMITTEE NBNA - BROWARD -NEW TO BE FIU GRADUATE COMMITTEE ANAC CULTURAL DIVERSITY COMMITTEE FLORIDA APN TASK FORCE COMMITTEE

#### **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 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
AANP
ANAC
CERTIFICATION: A.A.N.P FAMILY NURSE PRACTITIONER-99-03
CERTIFICATION: A.N.A.C AIDS-RN - 1997-2001
NPAM
SIGMA THETA TAU INTERNATIONAL
TRANS CULTURAL NURSING ASSOCIATION