



ALISE M PASTORIK

License Number: APRN2878722

Profession	Advanced Practice Registered Nurse
License Status	CLEAR/Active
Year Began Practicing	02/05/1997
License Expiration Date	07/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant	
Pain)	

## General Information

### Primary Practice Address

ALISE M PASTORIK  
LEE PULMONOLOGY  
16420 HEALTH PARK COMMONS DRIVE  
FORT MYES, FL 33908

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [apastorik@gmail.com](mailto:apastorik@gmail.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
REGIS UNIVERSITY COLLEGE	B.S.N.	9/1/1992 - 5/1/1994	05/01/1994
UNIVERSITY OF SOUTH FLORIDA	M.S.N.	1/1/1995 - 12/1/1996	12/01/1996
UNIVERSITY OF SOUTH FLORIDA	M.S.N.	12/1/1996 - 4/1/1997	04/01/1997
MANATEE COMMUNITY COLLEGE	A.D.N.	1/1/1989 - 5/1/1991	05/01/1991

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
NOVA SOUTHEASTERN UNIVERSITY	OTHER PROGRAM	FP - FAMILY PRACTICE	DOCTORATE	FT LAUDERDALE	FLORIDA	01/01/2003	01/01/2005

Academic Appointments

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 NURSES CREDENTIALING CENTER	GERONTOLOGICAL NURSE PRACTITIONER	04/01/1998
AMERICAN NURSES CREDENTIALING CENTER	ADULT NURSE PRACTITIONER	12/01/1998

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:  
PRECEPTORSHIP FOR USF STUDENTS AND TAMPA UNIVERSITY STUDEN

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
COMMUNITY SERICES: SPORTS PHYSICAL EXAMS	MIDDLE AND HIGH SCHOOLS

**Publications**

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

Title	Publication	Date
GERIATRIC GAZETTE	HRT	04/01/1996
VALIDITY AND RELIABILITY OF A DIZZINESS QUESTIONNAIRE	THESIS	12/01/1996

**Professional Web Page**

floridamedicalclinic.com

**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
AMERICAN ACADEMY OF NURSE PRACTITIONERS
FLORIDA NURSES ASSOCIATION
PREVENTIVE CARDIOVASCULAR NURSES ASSOCIATION