



SHANNON LYNN HUGHES DNP

License Number: APRN2885642

Profession	Advanced Practice Registered Nurse
License Status	DELINQUENT/
Year Began Practicing	10/30/1993
License Expiration	04/30/2024
Date	

General Information

The practitioner has not verified the information contained in this profile.

Primary Practice Address

SHANNON LYNN HUGHES DNP
VA CLINIC - YUMA AZ
3111 S. 4TH AVE
YUMA, AZ 85364

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: **ShannonCRNP@aol.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	RN
PENNSYLVANIA	CRNP

Education and Training

The practitioner has not verified the information contained in this profile.

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF CENTRAL FLORIDA	M.S.N.	1/1/1998 - 5/5/2001	05/05/2001
			05/01/1993
UNIVERSITY OF CENTRAL FLORIDA	B.S.N.	1/1/1995 - 8/1/1997	08/01/1997
DAYTONA BEACH COMM COLLEGE	A.A.	1/1/1996 - 5/1/1997	05/01/1997
BUTLER COUNTY COMM COLLEGE	A.D.N.	1/1/1990 - 5/1/1993	05/01/1993

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 not completed any graduate medical education.

Academic Appointments

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

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	FAMILY NURSE PRACTITIONER	
AMERICAN NURSES CREDENTIALING CENTER	FAMILY NURSE PRACTITIONER	

Financial Responsibility

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

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

The practitioner has not verified the information contained in this profile.

Committees/Memberships

This practitioner has an affiliation with the following committees:
NURSE PRACTITIONER ASSOCIATION OF SOUTHWESTERN PA - NPASP
NPASP - TREASURER

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
MEMBER	SIGMA THETA TAU NATIONAL HONOR SOCIETY IN NURSING

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 OF NURSE PRACTITIONERS
FLORIDA NURSES ASSOCIATION