



ANDREA JANE EFRE

License Number: APRN2900022

|                         |                                    |
|-------------------------|------------------------------------|
| Profession              | Advanced Practice Registered Nurse |
| License Status          | Clear/Active                       |
| Year Began Practicing   | Not Provided                       |
| License Expiration Date | 07/31/2026                         |

## General Information

### Primary Practice Address

ANDREA JANE EFRE  
USF COLLEGE OF NURSING  
12901 BRUCE B DOWNS BLVD.  
TAMPA, FL 33612

### 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: [andreaefre@yahoo.com](mailto:andreaefre@yahoo.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 |
|-----------------------------|--------------|---------------------|-----------------|
|                             |              |                     | 12/01/1990      |
| UNIVERSITY OF SOUTH FLORIDA | MSN          |                     | 12/15/2003      |

### 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 |
|-------------------------------|---------------|----------------|----------------------|-----------|------------------|---------------------|-------------------|
| DOCTORATE OF NURSING PRACTICE | OTHER PROGRAM | OTHER          | NURSING PRACTITIONER | CLEVELAND | OHIO             | 01/16/2008          | 05/16/2010        |

# Academic Appointments

## Graduate Medical Education

This practitioner has 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.

| Title               | Institution                 | City  | State   |
|---------------------|-----------------------------|-------|---------|
| ASSISTANT PROFESSOR | UNIVERSITY OF SOUTH FLORIDA | TAMPA | FLORIDA |

# 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 |
|--------------------------------|--------------------------|----------------|
| AACN CERTIFICATION CORPORATION | ADULT NURSE PRACTITIONER |                |

# Financial Responsibility

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I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.

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

**Publications**

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

| Title                                      | Publication                    | Date       |
|--------------------------------------------|--------------------------------|------------|
| GENDER BIAS IN ACUTE MYOCARDIAL INFARCTION | THE NURSE PRACTITIONER JOURNAL | 11/01/2004 |

**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 |
|-------------|
| AACN        |
| AANP        |