



LILLIAN ISABELLE LUKOWSKI

License Number: APRN2911572

Profession Advanced Practice Registered Nurse
License Status Clear/Active
Year Began Practicing 01/30/1995
License Expiration 07/31/2026
Date

General Information

Primary Practice Address

LILLIAN ISABELLE LUKOWSKI
1200 SEVENTH AVE NORTH
ST. PETERSBURG, FL 33705

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

Email Address

Please contact at: lukowski@hotmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	CERT. REGISTERED NURSE ANESTHETIST
NEW YORK	RN
MISSOURI	APRN
MASSACHUSETTS	RN/APRN
MAINE	RNA
NORTH CAROLINA	RN
NORTH CAROLINA	TEMP RN

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
CAROLINAS HEALTHCARE SYSTEM UN	MSN/CRNA	1/6/1998 - 5/15/2000	05/15/2000
UNIVERSITY OF MISSOURI-COLUMBI	BA/BSED	1/1/1984 - 12/1/1987	12/01/1987
UNIVERSITY OF MISSOURI-COLUMBI	B.S.N.	6/6/1992 - 12/15/1994	12/15/1994

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 not completed any graduate medical education.

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
NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS	NURSE ANESTHETIST	06/29/2000

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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DRIVING WITH BLOOD ALCOHOL CONTENT	08/09/1985	BOONE COUNTY, MISSOURI	NO	NOT CORROBORATED	

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

Title	Publication	Date
ANESTHESIA PRACTITIONER INVOLEMENT, INVASIVE TREATMENTS,..	AMERICAN JOURNAL OF HOSPICE & PALLIATIVE CARE	03/01/2001

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
AMERICAN ASSOCIATION OF NURSE ANESTHETISTS
CERT: AMER ASSOC OF NURSE ANESTH-C.R.N.A.- 6/2000
FLORIDA ASSOCIATION OF NURSE ANESTHETISTS

