

**ERLINDA C CAPILI-ROSENKRANZ MS****License Number: APRN1142982**

Profession Advanced Practice Registered Nurse
License Status Clear/Active
Year Began Practicing 03/07/1996
License Expiration 07/31/2026
Date

General Information**Primary Practice Address**

ERLINDA C CAPILI-ROSENKRANZ MS
CLEVELAND CLINIC FLORIDA
2950 CLEVELAND CLINIC BLVD
WESTON, FL 33331

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: rosenke@ccf.org

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
UNIVERSITY OF THE PHILIPPINES	B.S.N.	1/1/1973 - 1/1/1978	04/16/1978
PHILIPPINE CHRISTIAN COLLEGE	PRE NSG	1/1/1972 - 1/1/1974	
FLORIDA INTERNATIONAL UNIV	M.S.N.	1/1/1993 - 1/1/1995	12/18/1995

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
FLORIDA INTERNATIONAL UNIVERSITY	OTHER PROGRAM	OTHER	ADULT HEALTH	NORTH MIAMI	FLORIDA	01/01/1993	01/01/1995

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
PRECEPTOR FOR NP STUDENTS	FLORIDA INTERNATIONAL UNIVERSITY	NORTH MIAMI	FLORIDA

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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:
MEMBER FLORIDA INTERNATIONAL UNIV SCH OF NSG HONOR SOCEITY
MEMBER-AMERICAN ASSOCIATION OF NURSE PRACTITIONERS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CAREGIVER HONORS AWARD-2010	CLEVELAND CLINIC FLORIDA
OUTSTANDING ALUMNI AWARD -2002	FLORIDA INTERNATIONAL UNIVERSITY SCHOOL OF NURSING
OUTSTANDING EXCELLENCE -RESEARCH AWARD-1995	FLORIDA INTERNATIONAL UNIVERSITY SCHOOL OF NURSING
CAREGIVER EXCELLENCE AWARD-2011	CLEVELAND CLINIC FLORIDA
DEDICATED SERVICE AWARD-2013	CLEVELAND CLINIC FLORIDA
NURSING ALLIANCE AWARD-2014	CLEVELAND CLINIC FLORIDA

Publications

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

Title	Publication	Date
DOES A CORRELATION EXIST BETWEEN LEFT VENTRICULAR HYPERTRO	42ND ANNUAL WORLD CONGRESS INTERNATIONAL COLLEGE OF ANGIOL	

Professional Web Page

CCF.ORG

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.
TAGALOG FILIPINO

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ASSOCIATION OF NURSE PRACTITIONERS
FLORIDA INTERNATIONAL UNIVERSITY S.O.N. HONOR SOCIETY