DEBORAH ANN NOVACK APRN

License Number: APRN3182252

Profession Advanced Practice Registered Nurse

License Status CLEAR/Active
Year Began Practicing 02/17/1999
License Expiration 07/31/2026

Date

General Information

Primary Practice Address

DEBORAH ANN NOVACK APRN NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: novackdeb@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
DELAWARE	RN EXPIRED
ALABAMA	RN (EXPIRED)

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ALABAMA @ BIRMIN	M.S.N.	9/1/1991 - 8/22/1993	08/22/1993
UNIVERSITY OF DELAWARE	B.S.N.	9/1/1977 - 6/6/1981	06/06/1981
UNIVERSITY OF TAMPA	A.R.N.P.	9/2/1997 - 12/17/1998	12/17/1998

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
UNIVERSITY OF	OTHER	FP - FAMILY	ARNP	TAMPA	FLORIDA	09/02/1997	12/17/1998
TAMPA	PROGRAM	PRACTICE					

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	FAMILY NURSE PRACTITIONER	
AMERICAN NURSES CREDENTIALING CENTER	PEDIATRIC NURSE PRACTITIONER	
AMERICAN NURSES CREDENTIALING CENTER	FAMILY NURSE PRACTITIONER	11/01/2019

Financial Responsibility

Financial Responsibility

My Florida license is active, but I do not practice in the State of Florida. 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 provided the following professional or community service activities, honors, or awards:

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Community Service/Award/Honor	Organization
COMMENDATION MEDAL	UNITED STATES AIR FORCE
COMMENDATION MEDAL (1ST OAK LEAF CLUSTER)	UNITED STATES AIR FORCE
ACHIEVEMENT MEDAL	UNITED STATES AIR FORCE
COMMENDATION MEDAL (2ND OAK LEAF CLUSTER)	UNITED STATES AIR FORCE
MERITORIOUS SERVICE MEDAL	UNITED STATES AIR FORCE
MERITORIOUS SERVICE MEDAL (1ST OAK LEAF CLUSTER)	UNITED STATES AIR FORCE

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

ENT-TB.com

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

FLORIDA CLEFT PALATE-CRANIOFACIAL ASSOCIATION

FLORIDA GULF COAST NAPNAP

HONOR SOCIETY OF NURSING; SIGMA THETA TAU

SOCIETY OF OTORHINOLARYNGOLOGY AND HEAD-NECK NURSES

THE HONOR SOCIETY OF PHI KAPPA PHI