



## BRUCE ALAN LANG

License Number: APRN3201512

|                         |                                    |
|-------------------------|------------------------------------|
| Profession              | Advanced Practice Registered Nurse |
| License Status          | Clear/Active                       |
| Year Began Practicing   | Not Provided                       |
| License Expiration Date | 04/30/2027                         |

## General Information

### Primary Practice Address

BRUCE ALAN LANG  
1000 MARWALT DR  
FT WALTON BEACH, FL 32547

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [bruce.lang@shcr.com](mailto:bruce.lang@shcr.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 |
|---------------------------------------|--------------|---------------------|-----------------|
| GULF COAST COMM COLL                  |              |                     | 05/01/1997      |
| GOODING INSTITUTE OF NURSE ANESTHESIA |              |                     | 12/01/2004      |
| FLORIDA STATE UNIVERSITY              |              |                     | 12/01/2000      |

### 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 | State or City Country | Dates Attended From | Dates Attended To |
|---------------------------------------|--------------|----------------|----------------------|-----------------------|---------------------|-------------------|
| GOODING INSTITUTE OF NURSE ANESTHESIA |              |                | MSN DEGREE           |                       | 01/01/0001          | 01/01/0001        |

## 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 |
|-------------------------------------------------------------------------|-------------------|----------------|
| NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS | NURSE ANESTHETIST | 01/17/2005     |

# Financial Responsibility

## Financial Responsibility

I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

# 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 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 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 ANESTHEISTS |