



SHARON E ROSE

License Number: APRN3351282

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

SHARON E ROSE  
6709 RIDGE RD  
SUITE 302  
PORT RICHEY, FL 34668

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [serose141@gmail.com](mailto:serose141@gmail.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
WEST SUBURBAN HOSP SCH OF NURS	DIPLOMA	1/1/1957 - 1/1/1960	01/01/1960
WHEATON COLLEGE	BS	1/1/1961 - 1/1/1963	01/01/1963
UNIVERSITY OF ILLINOIS	BSN		06/07/1968
UNIVERSITY OF FLORIDA	MSN		08/30/1969

## 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
PURDUE UNIVERSITY	OTHER PROGRAM	OTHER	PH.D. IN EDUCATION	WEST LAFAYETTE	INDIANA	01/01/1978	01/01/1983
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF NURSING	OTHER PROGRAM	PD - PEDIATRICS	CERT IN PEDIATRIC NURSE PRACTITIONER	TAMPA	FLORIDA	01/01/2000	05/01/2002
UNIVERSITY OF FLORIDA COLLEGE OF NURSING	OTHER PROGRAM	OTHER	MASTERS IN NURSING, SPEC IN PEDIATRIC NURSING, ADULT ED	GAINESVILLE	FLORIDA	01/01/1968	01/01/1969
UNIVERSITY OF FLORIDA	OTHER PROGRAM	OTHER	MASTER OF NURSING	GAINESVILLE	FLORIDA	09/01/1967	08/30/1968

## Academic Appointments

### Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
FACULTY	UNIVERSITY OF PHOENIX	TEMPLE TERRACE	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
AMERICAN NURSES CREDENTIALING CENTER	PEDIATRIC NURSE	

## 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.

#### 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:  
NATURE COAST NP PA COUNCIL - SECRETARY

### 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
HEALTH CHALLENGE: ALTERATION IN VISION, HEARING AND COMMUN	CHILDREN AND THEIR FAMILIES: THE CONTINUUM OF CARE CH 28	01/01/1998
CH 28 THE CHILD WITH ALTERED SENSORY STATUS	CHILDREN AND THEIR FAMILIES THE CONTINUUM OF CARE 2ND ED	01/01/2010
THE SILENT THIEF	JOURNAL OF SCHOOL HEALTH, 68(2), 76-79	01/01/1998

### Professional Web Page

This practitioner has not provided any professional web page information.

### 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
AMERICAN NURSES ASSOCIATION (ANA)
FLORIDA NURSES ASSOCIATION (FNA)
SIGMA THETA TAU, NATIONAL NURSING HONOR SOCIETY