



## JO ANNALEE IRVING MS

License Number: APRN348242

Profession Advanced Practice Registered Nurse  
License Status Clear/Active  
Year Began Practicing 03/01/1965  
License Expiration 04/30/2026  
Date

## General Information

### Primary Practice Address

JO ANNALEE IRVING MS  
UNIV OF FLORIDA COLLEGE OF NUR  
BOX 100187 HPNP  
GAINESVILLE, FL 32610

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [irvinja@nursing.ufl.edu](mailto:irvinja@nursing.ufl.edu)

### 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
FLORIDA STATE UNIVERSITY	B.S.	1/1/1959 - 1/1/1964	12/01/1964
UNIVERSITY OF MARYLAND	M.S.	1/1/1968 - 1/1/1970	01/01/1970
EMORY UNIVERSITY		1/1/1978 - 1/1/1979	

### 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 STATE UNIVERSITY	OTHER PROGRAM	OTHER	SOCIAL WORK	TALLAHASSEE	FLORIDA	05/01/1982	08/01/1987

# 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
ASSISTANT PROFESSOR	UNIVERSITY OF FLORIDA	GAINESVILLE	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 practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.

# 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:  
ACADEMIC AFFAIRS COMMITTEE

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
TEACHING IMPROVEMENT AWARD	UNIVERSITY OF FLORIDA

**Publications**

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

Title	Publication	Date
LEGAL AND ETHICAL: PRESERVING PROFESSIONAL VALUES	JOURNAL OF PROFESSIONAL NURSING	01/01/2002
THE NURSING SHORTAGE: IT'S BACK	LAW AND ETHICS 4(6), 32-47	01/01/2001
PRESERVING PROFESSIONAL NURSING PRACTICE DURING REORGANIZA	JOURNAL OF NURSING ADMINISTRATION 29(2), 43-48	01/01/1999
STRAEGIC PLANNING IN ACADEMIC NURSING	NURSING EDUCATION 22(3), 32-36	01/01/1997
NURSE MANAGER'S PERCEPTION OF HEALTH CARE EXECUTIVE BEHAVI	JOURNAL OF NURSING ADMINISTRATION 27(11), 33-39	01/01/1997

**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 PSYCHIATRIC NURSING ASSOCIATION
FLORIDA NURSES ASSOCIATION
SIGMA THETA TAU