## SALLY J PETERSEN KARIOTH

## License Number: APRN519322

ProfessionAdvanced Practice Registered NurseLicense StatusClear/ActiveYear Began Practicing01/01/1982License Expiration04/30/2027DateClear/Active

# **General Information**

## **Primary Practice Address**

SALLY J PETERSEN KARIOTH 2406 MEXIA AVE TALLAHASSEE, FL 32304

## 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: sallykarioth@yahoo.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
BELLIN SCHOOL OF NURSING	DIPLOMA	1/1/1964 - 1/1/1967	08/01/1967
UNIV OF FLORIDA SCHL OF NSG	M.N.	1/1/1980 - 1/1/1981	01/01/1981

UNIV OF LONDON

## **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	ED/PSYCH-ED ADMIN	TALLAHASSEE	FLORIDA	01/01/1972	01/01/1976
FLORIDA STATE UNIVERSITY	OTHER PROGRAM	OTHER	ADLT ED/HIST	TALLAHASSEE	FLORIDA	01/01/1970	01/01/1972
UNIVERSITY OIF WISCONSIN	OTHER PROGRAM	OTHER	NRSG/THEATRE	MADISON	WISCONSIN	01/01/1967	01/01/1969

# 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
PROFESSOR	FLORIDA STATE UNIVERSITY	TALLAHASSEE	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: AM A CERTIFIED TRAUMATOLOGIST

#### 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

THIS PRACTITIONER HAS AUTHORED SEVERAL PUBLICATIONS

#### **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

ASSOC DEATH ED & COUNSELING (ADEC)

FSNA-LIFETIME MEMBER FLORIDA STATE NURSE ASSOCIATION

HOLISTIC NURSING ASSOCIATION

MORTAR BOARD

PHI KAPPA PHI

SIGMA THETA TAU

TRAUMATIC INCIDENT REDUCTION ASSOC (TIRA)