



PATRICIA J KILEY WALLACE

License Number: APRN637272

Profession	Advanced Practice Registered Nurse
License Status	Retired/
Year Began Practicing	05/01/1972
License Expiration	04/30/2022
Date	

## General Information

### Primary Practice Address

PATRICIA J KILEY WALLACE  
11115 ELEANOR AVE  
JACKSONVILLE, FL 32220

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [pwall1989@gmail.com](mailto:pwall1989@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
VERMONT	APRN

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF FLORIDA	MSN	1/1/1994 - 1/1/1996	12/01/1996
FLORIDA COMMUNITY COLLEGE	ADN	1/1/1970 - 1/1/1972	05/01/1972

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 NORTH FLORIDA	OTHER PROGRAM	OTHER	HEALTH EDUCATION	JACKSONVILLE	FLORIDA	01/01/1987	05/01/1989
UNIVERSITY OF NORTH FLORIDA	OTHER PROGRAM	OTHER	MS HEALTH	JACKSONVILLE	FLORIDA	08/20/1979	08/20/1982
U OF FL GRADUATE NURSING	OTHER PROGRAM	OTHER	ARNP ADULT HEALTH	GAINESVILLE	FLORIDA	08/20/1993	12/13/1996
UNF MASTERS SCIENCE HEALTH	OTHER PROGRAM	UNDERSEA MEDICINE		JACKSONVILLE	FLORIDA	05/01/1986	05/01/1989

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
CLINICAL PRECEPTOR	UNIVERSITY OF FLORIDA	JACKSONVILLE	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	ADULT NURSE PRACTITIONER	04/01/1997

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.

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:

Community Service/Award/Honor	Organization
HEALING HANDS CLINIC-VOL. PROVIDER	WE CARE, INC.
PARISH NURSES ED. PROG	ST. MATHEWS CL
TROOP LEADER - 1999-2001	GIRLSGOUTS OF AMERICA
VOLUNTEER PROVIDER	I.M. SULZBACHER CENTER FOR HOMELESS/ADULT CLINIC PROVIDER
SIGMA THETA TAU	GAINESVILLE CHAPTER SINCE 1996

### Publications

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

Title	Publication	Date
OPTIMISM AS A PREDICTER OF LONG TERM ILLNES OUTCOMES	RPACE	11/01/2001
	MEDICAL ERRORTS: NORTHEAST FL STATE HOSP. 2001	

### 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
FLORIDA NURSE ASSOCIATION
GERON ADV PRACT NUR ASSOC FL CHAPT
SIGMA THETA TAU