



KATHRYN ANNE SHEEHAN

License Number: APRN738032

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	07/01/1974
License Expiration Date	04/30/2026

## General Information

### Primary Practice Address

KATHRYN ANNE SHEEHAN  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### 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: [Kaspnp920@gmail.com](mailto:Kaspnp920@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	NURSING
MASSACHUSETTS	NURSING

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NELL HODGSON WOODRUFF S.O.N.	P.N.P.	1/1/1997 - 12/1/1997	12/01/1997
UNIVERSITY OF MIAMI	M.S.N.	1/1/1990 - 12/1/1991	12/01/1991
UNIVERSITY OF MIAMI	B.S.N.	1/1/1981 - 1/1/1989	05/01/1989
JACKSON MEM HOSP SCH OF NURSIN	DIPLOMA	8/1/1971 - 3/1/1974	03/01/1974

### 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 not completed any graduate medical education.

# Academic Appointments

## Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

## 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
PEDIATRIC NURSING CERTIFICATION BOARD	PEDIATRIC NURSE PRACTITIONER	04/30/1998
PEDIATRIC NURSING CERTIFICATION BOARD	ACUTE CARE NURSE PRACTITIONER	10/26/2004
AACN CERTIFICATION CORPORATION	PEDIATRIC CRITICAL-CARE NURSE	
AMERICAN NURSES CREDENTIALING CENTER	NURSING CONTINUING EDUCATION/STAFF DEVELOPMENT	

# Financial Responsibility

## Financial Responsibility

My Florida license is active, but I do not practice in the State of Florida.

## 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:  
PEDIATRIC SUBCOMMITTEE OF THE COUNCIL OF CV NURSING FOR AHA

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
CERTIFICATION ADVOCATE	PEDIATRIC NURSING CERTIFICATION BOARD

**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 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 ASSOCIATION OF CRITICAL CARE NURSES
AMERICAN HEART ASSOCIATION
AMERICAN NURSES ASSOCIATION
ANPD
FLORIDA NURSES ASSOCIATION
NATIONAL ASSOCIATION OF PEDIATRIC NURSE PRACTITIONERS