



ARTURO GONZALEZ DR.

License Number: APRN9179657

Profession	Advanced Practice Registered Nurse
License Status	CLEAR/Active
Year Began Practicing	Not Provided
License Expiration Date	04/30/2027

General Information

Primary Practice Address

ARTURO GONZALEZ DR.
515 SW 17 AVE
SUITE 1
MIAMI, FL 33135

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: agonzalez@medsourcehealth.net

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
MIAMI DADE COMMUNITY COLLEGE			06/01/1997
FLORIDA INTERNATIONAL UNIV	MSN		08/08/2009

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
CHATHAM UNIVERSITY DNP	OTHER PROGRAM	IM - INTERNAL MEDICINE	WOUND CARE	PITTSBURGH	UNITED STATES	08/31/2009	05/05/2013
CHATHAM UNIVERSITY DNP	RESIDENCY	IFP - INTERNAL MEDICINE/FAMILY PRACTICE	WOUND CARE SPECIALIST	PITTSBURGH	UNITED STATES	08/31/2009	05/05/2013

Academic Appointments

Graduate Medical Education

This practitioner has 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.

Title	Institution	City	State
CLINICAL ASSOCIATE PROFESSOR	FLORIDA INTERNATIONAL UNIVERSITY	MIAMI	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 ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	10/01/2009
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	10/01/2009

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 an affiliation with the following committees:

2006-Present FIU Alumni Association

2015-Present Miami VA Evidence-Based Practice Committee

2015-Present Interprofessional Education Committee for the

2015-Present Technology Committee for the Undergraduate De

2015-Present Search and Screen Committee

2018-Present Multicultural Programs and Services LGBTQIA In

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
EVIDENCE-BASED PRACTICE PROJECT FOR REDUCING THE RECURRENCE OF VENOUS ULCERS	JOURNAL OF WOUND, OSTOMY, AND CONTINENCE NURSING, 41(6), 556-559.	11/01/2014

Title	Publication	Date
MY SCOPE OF PRACTICE: PATIENCE AND COMPASSION IN WOUND CARE	OSTOMY WOUND MANAGEMENT, 62(5), 8.	05/01/2016
USE OF COLLAGEN EXTRACELLULAR MATRIX DRESSING FOR THE TREATMENT OF A RECURRENT VENOUS ULCER IN A 52-YEAR-OLD PATIENT.	JOURNAL OF WOUND, OSTOMY, AND CONTINENCE NURSING, 43(3), 310-312. DOI: 10.1097/WON.0000000000000231	06/01/2016
THE EFFECT OF A PATIENT EDUCATION INTERVENTION ON KNOWLEDGE AND VENOUS ULCER RECURRENCE: RESULTS OF A PROSPECTIVE INTERVENTION AND RETROSPECTIVE ANALYSIS.	OSTOMY WOUND MANAGEMENT, 63(6), 16-28.	06/01/2007
WOUND CARE IN THE FIRST PERSON: MANAGING PRESSURE INJURIES IN HOME HEALTH CARE.	OSTOMY WOUND MANAGEMENT, 64(4), 12-14.	04/01/2018

Professional Web Page

<https://www.medsourcehealth.net/>

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 not provided any national, state, local, county, or professional affiliations.