



## JONI LYNN BROWN APRN

License Number: APRN1262772

|   |                                    |
|---|------------------------------------|
| Profession  | Advanced Practice Registered Nurse |
| License Status  | Clear/Active                       |
| Year Began Practicing   | 01/01/2003                         |
| License Expiration Date   | 07/31/2026                         |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes                                |

## General Information

### Primary Practice Address

JONI LYNN BROWN APRN  
9158 OSPREY CV  
FANNING SPRINGS, FL 32693

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

| Institution Name | City | State |
|------------------|------|-------|
|------------------|------|-------|

### Email Address

Please contact at: [jnebrown@gmail.com](mailto:jnebrown@gmail.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 |
|--------------------------------|--------------|----------------------|-----------------|
| UNIVER OF FL COLLEG OF NURSING | MSN,ARNP     | 8/1/2000 - 12/1/2002 | 12/01/2002      |

## 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 |
|-------------------------------|---------------|----------------------|---------------------------|-------------|------------------|---------------------|-------------------|
| UNIV OF FL COLLEGE OF NURSING | OTHER PROGRAM | FP - FAMILY PRACTICE | AN-CRITICAL CARE MEDICINE | GAINESVILLE | FLORIDA          | 08/01/2000          | 12/01/2002        |

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

### Academic Appointments

This practitioner currently holds faculty appointments at the following 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 |
|--------------------------------|-------------------------------|----------------|
| AACN CERTIFICATION CORPORATION | ACUTE CARE NURSE PRACTITIONER | 05/26/2014     |

## Financial Responsibility

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I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.

## 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.

**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 not provided any professional or community service activities, honors, or awards.

**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 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**

ANA, NCFAPN

CERT/BOARD CERTIFIED/FAMILY NURSE PRACTITIONER