

# PAO-CHU HSU

## License Number: APRN9168058

ProfessionAdvanced Practice Registered NurseLicense StatusClear/ActiveYear Began PracticingNot ProvidedLicense Expiration04/30/2026DateClear/Active

# **General Information**

## **Primary Practice Address**

PAO-CHU HSU 800 WEST BAY DRIVE, 1 LARGO, FL 33770

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

APRNs are not required to provide this information.

### **Email Address**

Not Provided

## **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
TAIWAN (REPUB. OF CHINA)			07/01/1980
UNIVERSITY OF SOUTH FLORIDA	MSN		08/01/2004

## **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
DOCTOR OF PHILOSOPHY PHD UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	FAMILY PRACTICE	INFECTIOUS DISEASES	TAMPA	FLORIDA	08/01/2009	12/14/2013
FAMILY NURSE PRACTITIONER UNIVERSITY OF SOUTH FLORIDA	OTHER PROGRAM	FAMILY PRACTICE		TAMPA	FLORIDA	08/01/2001	08/07/2004
MASTER OF SCIENCE IN MICROBIOLOGY AND IMMUNOLOGY	OTHER PROGRAM	PTH - MEDICAL MICORBIOLOGY		TAIPEI	TAIWAN	08/01/1988	08/01/1990

# 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
ASSISTANT PROFESSOR, COURTESY APPOINTMENT	UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA
ASSISTANT PROFESSOR, ADJUNCT FACULTY	SOUTHUNIVERSITY	TAMPA	FLORIDA
ASSISTANT PROFESSOR, ADJUNCT FACUITY	NOVA SOUTHEASTERN UNIVERSITY	TAMPA	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	FAMILY NURSE PRACTITIONER	11/01/2004
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	11/01/2004

# **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
HONOR MEMBER AWARD	SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING
RESEARCH GRANT AWARD	SIGMA THETA TAU HONOR SOCIETY -DELTA BETA AT LARGE CHAPTER

#### **Publications**

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

Title	Publication	Date
NEW FINDINGS:DEPRESSION, SUICIDE, AND TOXOPLASMA GONDII INFE	JOURNAL OF THE AMERICAN ASSOCIATION OF NURSE PRACTITIONERS	11/01/2014
PRENATAL STRESS, DEPRESSION, AND HERPES VIRAL TITERS	SCHOLARCOMMONS.USF.EDU-PHD DISSERTATION	12/14/2013
PRENATAL STRESS, DEPRESSIVE AND FATIGUE SYMPTOMS IN WOMEN WI	BRAIN, BEHAVIOR, AND IMMUNITY	06/05/2014
PRENATAL STRESS, DEPRESSION, AND HERPES VIRAL REACTIOVATION	BRAIN, BEHAVIOR, AND IMMUNITY	06/08/2013

#### **Professional Web Page**

enp network for FL nurse practitioners

### 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. TAIWANESE MANDARIN

#### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation

AMERICAN ACADEMY OF NURSE PRACTITIONER

FLORIDA NURSE ASSOCIATION, FLORIDA NURSE PRACTITIONERS NETW

WEST COAST COUNCIL OF ADVANCED NURSING PRACTICE