



ELAINE LITTLEJOHN GENNETT

License Number: RN9190849

Profession	Registered Nurse
License Status	Probation/Active
Year Began Practicing	Not Provided
License Expiration Date	04/30/2026

## General Information

### Primary Practice Address

ELAINE LITTLEJOHN GENNETT  
862821 N. HAMPTON CLUB WAY  
FERNANDINA BEACH, FL 32034

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

ARNPs are not required to provide this information.

### Email Address

Please contact at: [elgennett@outlook.com](mailto:elgennett@outlook.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NORTH CAROLINA	RNFP
FLORIDA	RN

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
WESTERN CAROLINA UNIVERSITY	BSN		05/01/1977
UNIVERSITY OF NORTH CAROLINA AT CHAPLE HILL	MPHN		05/12/1985
UNIVERSITY OF NORTH CAROLINA AT CHAPLE HILL	POST MASTE		12/21/1997

Other Health Related Degrees

Although ARNPs 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 NORTH CAROLINA	OTHER PROGRAM	FP - FAMILY PRACTICE	PUBLIC HEALTH	CHAPEL HILL	NORTH CAROLINA	01/05/1995	12/21/1997

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

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
AMERICAN NURSES CREDENTIALING CENTER	FAMILY NURSE PRACTITIONER	

Financial Responsibility

Financial Responsibility 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	06/28/2017	PROBATION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
SUPERVISOR'S REPORT	6/28/2017			\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2017	1/3/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2018	4/18/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2018	7/20/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2018	9/17/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2018	12/6/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2019	8/19/2019	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2019	5/28/2019	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2017	1/3/2018	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2019	8/19/2019	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2019	12/13/2019	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2020	3/12/2020	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2020	7/8/2020	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2020	9/24/2020	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2020	12/21/2020	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2022	6/29/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2021	11/8/2021	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2021	6/25/2021	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2021	10/18/2021	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2021	12/22/2021	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2022	3/18/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2022	9/22/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	12/27/2022	12/7/2022	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	3/27/2023	3/17/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	6/27/2023	6/6/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	9/27/2023	10/9/2023	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	1/9/2024	1/14/2024	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	4/9/2024	9/3/2024	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	7/9/2024	8/1/2024	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	10/9/2024	10/23/2024	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	1/9/2025	1/15/2025	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	4/9/2025	4/14/2025	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	7/9/2025	7/11/2025	\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	10/9/2025		\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	1/9/2026		\$ 0.00	\$ 0.00
RESPONDENT REPORT	6/28/2017	4/9/2026		\$ 0.00	\$ 0.00
EMPLOYER-PROBATION ACKNOWLEDGE	6/28/2017			\$ 0.00	\$ 0.00
COSTS	6/28/2017	6/27/2021	6/13/2018	\$ 2,622.28	\$ 2,622.28
TOLLING	6/28/2017			\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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
ETA PSI CHAPTER	SIGMA ALPHA CHI
LOANED EXECUTIVE	UNITED WAY
VOLUNTEER	THE EBLEN CHARITIES

**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**

elreflects1@yahoo.com

**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
AMERICAN COLLEGE OF NURSE PRACTITIONERS
AMERICAN PUBLIC HEALTH ASSOCIATION
FLORIDA NURSES ASSOCIATION