# **ROBERTO E GIMENEZ**

# License Number: APRN9198046

ProfessionAdvaLicense StatusCLEYear Began Practicing09/2License Expiration Date07/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Pain

Advanced Practice Registered Nurse CLEAR/Active 09/23/2015 07/31/2026 Yes

# **General Information**

## **Primary Practice Address**

ROBERTO E GIMENEZ 3580 EAST 8 CT HIALEAH, FL 33013

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

APRNs are not required to provide this information.

## **Email Address**

Please contact at: rgimenez@fiu.edu

## **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
CUBA			07/21/1997
KAPLAN UNIVERSITY	MSN		04/01/2015

## **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 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
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT-GERONTOLOGY NURSE PRACTITIONER	09/23/2015
NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS	NURSE ANESTHETIST	04/13/2021
AMERICAN NURSES CREDENTIALING CENTER	PSYCHIATRIC AND MENTAL HEALTH NURSE PRACTITIONER	04/13/2021

# **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: ANA ANCC FNPN

#### **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 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.