



## CORINNE MARIE SEIDL

License Number: APRN9204850

Profession Advanced Practice Registered Nurse  
License Status Null And Void/  
Year Began Practicing 01/01/1991  
License Expiration 04/30/2021  
Date

## General Information

### Primary Practice Address

CORINNE MARIE SEIDL  
948 DENSDALE LANE  
WINTER GARDEN, FL 34787

### 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: [fcsms1@yahoo.com](mailto:fcsms1@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	RN/NP

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
SUNY @ STONY BROOK SON	B.S.		05/01/1982
SUNY @ STONY BROOK SON	MS/ADLT HL		05/01/1991

### Other Health Related Degrees

Although APRNs could have other health related degrees, they are not required to provide this information.

School/University	City State/Country	Dates Attended From	Dates Attended To	Degree Title
SUNY AT STONY BROOK NY	NEW YORK	09/01/1980	05/01/1982	BS - BACHELOR OF SCIENCE

### 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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ADJUNCT INSTRUCTOR, PRECEPTOR		STONY BROOK UNIVERSITY	NEW YORK

## 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
	ADULT NURSE PRACTITIONER	01/01/1998
ORTHOPAEDIC NURSES CERTIFICATION BOARD	OTHER	

## Financial Responsibility

### Financial Responsibility

My Florida license is active, but I do not practice in the State of Florida.

## 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
DEAN'S AWARD, SIGMA THETA TAU, AMERICAN LEGION SCHOLARSHIP	SIGMA THETA TAU NURSING HONOR SOCIETY

**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
CERT: ADULT HLTH NURSE PRACT-ORTHOPAEDICS TRAUMA/SPORTS
NATIONAL ASSOCIATION OF ORTHOPAEDIC NURSE, NYSNA, AANP