



SHAVONDRA CHARMAINE HUGGINS

License Number: APRN9198927

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	07/31/2026

General Information

Primary Practice Address

SHAVONDRA CHARMAINE HUGGINS
14540 OLD ST. AUGUSTINE ROAD
STE 2391
JACKSONVILLE, FL 32258

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: shhuggin@yahoo.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
SOUTH CAROLINA	RN
GEORGIA	RN

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
FLORIDA A AND M UNIVERSITY			12/13/2002
UNIVERSITY OF SOUTH ALABAMA	MSN		12/12/2006

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
POST MASTERS	OTHER PROGRAM	FAMILY PRACTICE		MOBILE	ALABAMA	08/25/2009	12/13/2010
POST MASTERS	OTHER PROGRAM	FP - FAMILY PRACTICE		MOBILE	ALABAMA	08/25/2009	12/13/2010

Academic Appointments

Graduate Medical Education

This practitioner has not 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.

Title	Institution	City	State
CLINICAL ASSISTANT PROFESSOR	UNIVERSITY OF NORTH FLORIDA	JACKSONVILLE	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
NATIONAL CERTIFICATION CORPORATION FOR THE OBSTETRIC,	WOMENS HEALTH NURSE PRACTITIONER	03/01/2007
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	01/01/2011

Financial Responsibility

Financial Responsibility

I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.

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:

- The American Academy of Nurse Practitioners
- NorthEast Florida Medical Society
- American Nurses Association
- Sigma Theta Tau International
- National League for Nursing
- Florida Nurses Association

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NURSE EDUCATOR ICON AWARD	FLORIDA NURSES ASSOCIATION

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
DELTA SIGMA THETA SORORITY, INC.