# **SARAH JANE JIMENEZ**

# License Number: APRN9222232

Profession Advanced Practice Registered Nurse

License Status CLEAR/Active
Year Began Practicing 08/25/2014
License Expiration 07/31/2026

Date

# **General Information**

## **Primary Practice Address**

SARAH JANE JIMENEZ 1639 JAMESTOWN AVE EVANS, GA 30809

#### Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

APRNs are not required to provide this information.

## **Email Address**

Please contact at: smountney1509@hotmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	APN AND RN
NEW JERSEY	REGISTERED NURSE
NEW JERSEY	ADVANCED PRACTICE NURSE
GEORGIA	RN AND NP

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ARKANSAS MEDICAL			05/05/2004
UNIVERSITY OF SOUTH FLORIDA			08/01/2014

# **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 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.

# **Specialty Certification**

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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
ONCOLOGY NURSING CERTIFICATION CORPORATION	ADVANCED ONCOLOGY CERTIFIED NURSE PRACTITIONER	R 08/25/2014
AMERICAN NURSES CREDENTIALING CENTER	ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER	11/19/2018

# 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 an affiliation with the following committees:

**Oncology Nursing Society** 

**APSHO** 

AANP

**ASBMT** 

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
2012 ACS GRADUATE SCHOLARSHIP IN CANCER NURSING PRACTICE	AMERICAN CANCER SOCIETY
2013 ACS GRADUATE SCHOLARSHIP IN CANCER NURSING PRACTICE	AMERICAN CANCER SOCIETY
2017 ADVANCED PRACTICE ONCOLOGY NURSING EXCELLENCE AWARD	RUTGERS CANCER INSTITUTE OF NEW JERSEY

#### **Publications**

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

Title	Publication	Date
EBV ASSOCIATED POST TRANSPLANT	CLINCIAL JOURNAL OF ONCOLOGY NURSING	02/01/2015
LYMPHOPROLIFERATIVE DISORDER		

### **Professional Web Page**

https://www.linkedin.com/in/sarah-jimenez-msn-apn-bc-agacnp-

## **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:

ffiliation	
ANP	
PSHO	
SBMT	
NS	