



GIOVANNA CECILIA DE OLIVEIRA DR.

License Number: APRN9234153

Profession Advanced Practice Registered Nurse  
License Status Clear/Active  
Year Began Practicing Not Provided  
License Expiration 04/30/2027  
Date

## General Information

### Primary Practice Address

GIOVANNA CECILIA DE OLIVEIRA DR.  
5030 BRUNSON BRUNSON DR.  
3RD FLOOR  
CORAL GABLES, FL 33134

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [giovichichi@hotmail.com](mailto:giovichichi@hotmail.com)

### 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
WAYNE STATE UNIVERSITY	MSN		12/01/2003

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

Title	Institution	City	State
ASSISTANT PROFESSOR OF CLINICAL	UNIVERSITY OF MIAMI	CORAL GABLES	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
AMERICAN NURSES CREDENTIALING CENTER	FAMILY PSYCHIATRIC & MENTAL HLTH. NURSE PRAC.	08/08/2016
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	05/01/2010

## 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.

**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
MENTOR OF THE YEAR - 2020- FOR MINORITY FELLOWSHIP PROGRAM	SAMHSA

### Publications

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

Title	Publication	Date
SOCIAL DETERMINANTS OF DEPRESSION AMONG HISPANIC WOMEN	JOURNAL OF AMERICAN PSYCHIATRIC NURSES	10/15/2016
SOCIAL DETERMINANTS OF PERIPARTUM DEPRESSIVE SYMPTOMS AMONG BLACK PERIPARTUM WOMEN LIVING WITH HIV	ARCHIVES OF PSYCHIATRIC NURSING	05/20/2020

### Professional Web Page

<https://www.sonhs.miami.edu/>

### 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  
PORTUGUESE

### Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ACADEMY OF NURSE PRACTITIONER
AMERICAN PSYCHIATRIC NURSES ASSOCIATION
CERT:AANP, ADULT NURSE PRACTITIONER
SIGMA THETA TAU
SOUTH FLORIDA COUNCIL OF NURSE PRACTITIONERS