



## RENETTE CHARLES

License Number: APRN9239848

|   |                                    |
|---|------------------------------------|
| Profession  | Advanced Practice Registered Nurse |
| License Status  | Clear/Active                       |
| Year Began Practicing   | 04/26/2016                         |
| License Expiration Date   | 04/30/2027                         |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes                                |

## General Information

### Primary Practice Address

RENETTE CHARLES  
7915 US-301 NORTH SUITE 107  
ELLENTON, FL 34222

### Medicaid

This practitioner does NOT participate in the Medicaid program.

### Staff Privileges

### Email Address

Not Provided

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State          | Profession |
|----------------|------------|
| GEORGIA        | RN         |
| NEVADA         | RN         |
| NORTH CAROLINA | RN         |
| SOUTH CAROLINA | RN         |
| VIRGINIA       | RN         |
| FLORIDA        | RN         |

## Education and Training

## Education and Training

| Institution Name          | Degree Title | Dates of Attendance | Graduation Date |
|---------------------------|--------------|---------------------|-----------------|
| MANATEE COMMUNITY COLLEGE | ADN          |                     | 08/11/2005      |
| KAPLAN UNIVERSITY         | MSN          |                     | 02/23/2016      |

## 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 | 04/26/2016     |

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

## 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 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.

CREOLE

### **Other Affiliations**

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

| Affiliation                         |
|-------------------------------------|
| AMERICAN ACADEMY NURSE PRACTITIONER |