



## MIMI ECHIVARRE VELOSO

License Number: APRN1380162

Profession Advanced Practice Registered Nurse  
License Status Clear/Active  
Year Began Practicing 01/08/1982  
License Expiration 07/31/2026  
Date

## General Information

### Primary Practice Address

MIMI ECHIVARRE VELOSO  
18511 HIGHLANDER MEDICS STREET  
FT BLISS, TX 79918

### 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: [mimi66f@yahoo.com](mailto:mimi66f@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
HAWAII	RN

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
FLORIDA KEYS COMM. COLLEGE	AS & BSN	9/1/1979 - 7/1/1982	07/01/1982
UNIVERSITY OF MIAMI	BSN	9/1/1986 - 7/1/1987	07/01/1987
UNIVERSITY OF TEXAS	MSN	10/1/1992 - 12/1/1994	12/01/1994

### 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.

Title	Institution	City	State
ADJUNCT FACULTY		EL PASO	TEXAS

## 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 BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS	NURSE ANESTHETIST	08/01/2009

## Financial Responsibility

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I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.

## 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
UTEP SCHOOL OF NURSING SCHOLARLY DNP PROJECT	PASO DEL NORTE HEALTH FOUNDATION GRADUATE FELLOWS PROGRAM
UTEP SCHOOL OF NURSING DNP PROGRAM	SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

**Publications**

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

Title	Publication	Date
EFFECTS OF TORADOL ON LAPAROSCOPIC TUBAL		01/01/1995

**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
AMERICAN ASSOC. OF NURSE ANESTHETISTS
CERT. AMERICAN ASSOC. OF NURSE ANESTHETISTS
SIGMA THETA TAU