# ROBIN DAYLE PRATER VARAS MS

# License Number: APRN941282

ProfessionAdvanced Practice Registered NurseLicense StatusClear/ActiveYear Began Practicing04/01/1999License Expiration04/30/2027DateClear/Active

# **General Information**

# **Primary Practice Address**

ROBIN DAYLE PRATER VARAS MS NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

# 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: burnnurse1@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
JACKSON MEMORIAL HOSP S.O.N.	DIPLOMA	3/1/1974 - 1/1/1977	01/01/1977
BARRY UNIVERSITY	BSN/MSN/AR	1/1/1992 - 1/1/1998	01/01/1998

## **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**

## **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 NURSE PRACTITIONER	01/16/2019

# **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 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
ADVANCED PRACTICE NURSE OF THE YEAT 2006	JACKSON HEALTH SYSTEM
CAREGIVER OF THE YEAR 2009	FLORIDA HOSPITAL ASSOCIATION
HEALTH CARE HEROES NOMINEE 2010	GREATER MIAMI CHAMBER OF COMMERCE
CRITICAL CARE APN OF THE YEAR 2008	JACKSON HEALTH SYSTEM
1987 NURSE OF THE YEAR SURGICAL DIVISION	UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER
1988 NURSE OF THE YEAR SURGICAL DIVISION	UNIVERSITY OF MIAMI/JACKSON MEMORIAL MEDICAL CENTER
DONALD A. HICKMAN SERVICE AWARD	UM/JM BURN CENTER
OUTSTANDING INDIVIDUAL CONTRIBUTION HONORABLE	DADE COUNTY CITIZEN SAFETY COUNCIL
COMMUNITY JUVENILE FIRE SETTERS PROGRAM	DADE COUNTY CITIZEN SAFETY COUNCIL

### **Publications**

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

Title	Publication	Date
BURN CARE PROTOCOLS-INFECTION CONTROL IN THE BURN UNIT	J. BURN CARE & REHABIL	01/01/1987
MONITORING BURN WOUNDS FOR INFECTION	J. BURN CARE & REHABIL	01/01/1987
A ONE HOUR BURN PREVENTION PROGRAM FOR GRADE SCHOOL CHIL	J. BURN CARE & REHABIL	01/01/1988
SUPPURATIVE THROMBOPHLEBITIS: A NEW LOOK AT A CONTINUING	SOUTH. MED. J.	01/01/1988
BURN PREVENTION BEGINS AT HOME YOUR HOME	J. BURN CARE & REHABIL	01/01/1989
BURN NURSE RETENTION: THE SECRETS OF SUCCESS	J. BURN CARE & REHABIL	01/01/1989
THE COMPUTERIZED BURN UNIT: EXPERIENCE WITH A PATIENT DA	INT. J. CLIN. MONIT. COMPUT.	01/01/1989
COORDINATED STRATEGIES IN BURN PREVENTION PROGRAMS: A C	J. BURN CARE & REHABIL	01/01/1990
SECURING ENDOTRACHEAL TUBES IN PATIENTS WITH FACIAL BURN	AM. J. OF SURGERY	01/01/1990
CLINICAL EVALUATION OF A COMPUTER BASED PATIENT MONITORI	HEART & LUNG	01/01/1991
A BURN CAMP FOR CHILDREN	THE NURSING SPECTRUM	01/01/1993

### **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 SPANISH FRENCH GERMAN CHINESE RUSSIAN

# **Other Affiliations**

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

Affiliation

AMERICAN ASSOCIATION OF CRITICAL CARE NURSES