



## JAHAIRA ELIZABETH LASANTA

License Number: APRN9258602

|   |                                    |
|---|------------------------------------|
| Profession  | Advanced Practice Registered Nurse |
| License Status  | CLEAR/Active                       |
| Year Began Practicing   | Not Provided                       |
| License Expiration Date   | 07/31/2026                         |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | Yes                                |

## General Information

### Primary Practice Address

JAHAIRA ELIZABETH LASANTA  
15275 COLLIER BLVD  
INTIMATE HEALTHCARE AND COUNSELING, LLC  
NAPLES, FL 34119

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [jlasanta@Intimatehealthcareandcounseling.com](mailto:jlasanta@Intimatehealthcareandcounseling.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State          | Profession  |
|----------------|---|
| NORTH CAROLINA | RN 282933   |
| PENNSYLVANIA   | REGISTERED NURSE  |
| PENNSYLVANIA   | CERTIFIED REGISTERED NURSE PRACTITIONER - FAMILY HEALTH |

## Education and Training

### Education and Training

| Institution Name                   | Degree Title | Dates of Attendance | Graduation Date |
|------------------------------------|--------------|---------------------|-----------------|
| EDISON COMMUNITY COLLEGE           | ADN          |                     | 12/07/2006      |
| UNIVERSITY OF SOUTH FLORIDA- TAMPA | MSN          |                     | 08/01/2011      |

### 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 PROFESSOR | NOVA SOUTHEASTERN UNIVERSITY | FORT MYERS | FLORIDA |

# Specialty Certification

## Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# 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.

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:

- American Academy of Nurse Practitioners
- Southern Gulf Coast Nurse Practitioner Council
- GMLA
- AASECT

**Professional or Community Service Awards**

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

| Community Service/Award/Honor             | Organization           |
|---|------------------------|
| NURSE'S CROSS FOR SERVICE, HONOR - 400740 | THE AMERICAN RED CROSS |

**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**

[www.intimatehealthcareandcounseling.com](http://www.intimatehealthcareandcounseling.com)

**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

**Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.