## MARTHA IVANIA BRAVO

## License Number: APRN9275499

ProfessionAdvanced Practice Registered NurseLicense StatusCLEAR/ActiveYear Began PracticingNot ProvidedLicense Expiration04/30/2027DateDate

# **General Information**

## **Primary Practice Address**

MARTHA IVANIA BRAVO 1201 NW 16 ST MIAMI, FL 33125

#### 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: Bravo818@yahoo.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	RN

# **Education and Training**

#### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MIAMI DADE COLLEGE	BSN		12/22/2007
CHAMBERLAIN COLLEGE OF NURSING	MSN		12/14/2016
CHAMBERLAIN COLLEGE OF NURSING	MSN		12/14/2016

### **Other Health Related Degrees**

Although APRNs could have other health related degrees, they are not required to provide this information.

## **Professional and Postgraduate Training**

The practitioner did not provide this mandatory information.

# 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 NURSES CREDENTIALING CENTER	FAMILY NURSE PRACTITIONER	02/09/2017
AMERICAN NURSES CREDENTIALING CENTER	PSYCHIATRIC AND MENTAL HEALTH NURSE PRACTITIONER	07/08/2022

# **Financial Responsibility**

#### **Financial Responsibility**

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 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. SIGN LANGUAGE SPANISH

#### **Other Affiliations**

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