



## CHARLES C GERZ

License Number: APRN9286928

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	06/11/2015
License Expiration Date	07/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

CHARLES C GERZ  
1286 CEDAR CENTER DRIVE  
TALLAHASSEE, FL 32301

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [christophergerz@msn.com](mailto:christophergerz@msn.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
KANSAS	APRN
GEORGIA	APRN

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
HUTCHINSON COMMUNITY COLLEGE			12/15/2008

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 completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
THOMAS UNIVERSITY	OTHER PROGRAM	OTHER	MASTER OF SCIENCE IN NURSING	THOMASVILLE	GEORGIA	01/01/2013	07/25/2014
UNIVERSITY OF MASSACHUSETTS BOSTON	OTHER PROGRAM	OTHER	ADULT/GERONTOLOGY PRIMARY CARE NURSE PRACTITIONER	BOSTON	MASSACHUSETTS	01/01/2014	05/29/2015

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 ACADEMY OF NURSE PRACTITIONERS	ADULT-GERONTOLOGY NURSE PRACTITIONER	06/11/2015
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	02/24/2016
AMERICAN ACADEMY OF NURSE PRACTITIONERS	EMERGENCY NURSING	05/30/2017
PEDIATRIC NURSING CERTIFICATION BOARD	EMERGENCY NURSING	
AACN CERTIFICATION CORPORATION	ADULT CRITICAL-CARE NURSING	
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT-GERONTOLOGY NURSE PRACTITIONER	06/11/2015
AMERICAN ACADEMY OF NURSE PRACTITIONERS	EMERGENCY NURSING	05/30/2017

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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
08/26/2020	PASCO	2021CA001943CAA	10/10/2022	\$250,000.00	\$250,000.00

## 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
INDUCTED MEMBER	SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

### 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 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
MEMBER - AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES
MEMBER - EMERGENCY NURSES ASSOCIATION
MEMBER - INTERNATIONAL SOCIETY OF TRAVEL MEDICINE