



TRICE HOWELL LININGER MS.

License Number: APRN1478492

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	09/01/2000
License Expiration	04/30/2027
Date	

## General Information

### Primary Practice Address

TRICE HOWELL LININGER MS.  
770 W. M.L.K. JR. BLVD  
SEFFNER, FL 33584

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [trice.lininger@optum.com](mailto:trice.lininger@optum.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
UNIVERSITY OF TAMPA	M.S.N.	8/1/1998 - 8/1/2000	08/01/2000
JACKSON MEMORIAL SCH OF NURSIN	TRANSFER		
UNIVERSITY OF MIAMI	B.S.N.	1/1/1980 - 4/1/1983	04/01/1983

### 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

The practitioner did not provide this mandatory information.

## 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	FAMILY NURSE PRACTITIONER	04/01/2009
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	04/01/2004

# 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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
DUI- W/ PROP DAMAGE OR PERSONAL INJURY (1ST CHARGE)	09/29/2001	TAMPA, FL		NOT CORROBORATED	
HIT AND RUN- LEAVING THE SCENE OF CRASH (2ND CHARGE)	09/29/2001	TAMPA, FL		NOT CORROBORATED	
RESIST OFF- FLEE OR ATT TO ELUDE A POLICE OFF (3RD CHARGE)	09/29/2001	TAMPA, FL		NOT CORROBORATED	
DRIV W/ CANCELLED, SUSP OR REVOKED LIC (4TH CHARGE)	09/29/2001	TAMPA, FL		NOT CORROBORATED	

## 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
HONOR SOCIETY	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**

tlininger@jsahealthcare.com

**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 NURSES ASSOCIATION
FLORIDA NURSES ASSOCIATION