



VERNON MATTHEW LANGFORD

License Number: APRN9322191

Profession Advanced Practice Registered Nurse
License Status CLEAR/Active
Year Began Practicing 07/01/2011
License Expiration 07/31/2026
Date

General Information

Primary Practice Address

VERNON MATTHEW LANGFORD
6545 CORPORATE CENTRE BLVD
STE 240
ORLANDO, FL 32822

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: vernon.langford@hotmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
TEXAS	REGISTERED NURSE
TEXAS	CERTIFIED NURSE PRACTITIONER

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
BOWLING GREEN STATE UNIVERSITY			08/08/2008
UNIVERSITY OF TOLEDO			05/09/2011

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 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.

Title	Institution	City	State
CLINICAL PRECEPTOR	SOUTH UNIVERSITY	ORLANDO	FLORIDA
CLINICAL PRECEPTOR	UNIVERSITY OF SOUTH FLORIDA	ORLANDO	FLORIDA

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	07/01/2011
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	07/01/2011

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:

- Central Florida Advanced Nurse Practice Council
- Florida Nurse Practitioner Network
- Sigma Theta Tau Nursing Honor Society
- Florida Association of Nurse Practitioners
- Florida Coalition of Advanced Practice Nurses
- American Association for Men in Nursing

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
VALUES IN ACTION AWARD - RELATIONSHIPS	OPTUM HOUSECALLS / UNITED HEALTHCARE
FNA ICON AWARD - BARBARA LUMPKIN AWARD	FLORIDA NURSES ASSOCIATION (FNA)
SAGES OF CLINICAL SERVICE	CENTER FOR CLINICIAN ADVANCEMENT (UHG)
AMERICA'S TOP NP	POCN
LEE COHEN MEMBERSHIP AWARD	AMERICAN ASSOCIATION FOR MEN IN NURSING (AAMN)

Publications

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

Title	Publication	Date
RISK FACTORS FOR SUICIDE IN MEN	NURSING CLINICS OF NORTH AMERICA	12/01/2023

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