



## HOLLI HACKNEY METCALF

License Number: APRN9330753

|                       |                                    |
|-----------------------|------------------------------------|
| Profession            | Advanced Practice Registered Nurse |
| License Status        | Clear/Active                       |
| Year Began Practicing | 09/14/2016                         |
| License Expiration    | 04/30/2027                         |
| Date                  |                                    |

## General Information

### Primary Practice Address

HOLLI HACKNEY METCALF  
UT COLLEGE OF NURSING  
401 W KENNEDY BLVD  
TAMPA, FL 33606

### 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: [hollimetcalf@gmail.com](mailto:hollimetcalf@gmail.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 SOUTH FLORIDA COLLEGE OF NURSING |              |                     | 08/06/2011      |
| UNIVERSITY OF TAMPA                            | MSN          |                     | 08/13/2016      |

### 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.

| Title           | Institution         | City  | State   |
|-----------------|---------------------|-------|---------|
| ADJUNCT FACULTY | UNIVERSITY OF TAMPA | TAMPA | 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 | ADULT-GERONTOLOGY NURSE PRACTITIONER | 10/04/2016     |

## Financial Responsibility

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I practice only in conjunction with my teaching duties at an accredited school or in its main teaching hospitals.

## 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 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 ACADEMY OF NURSE PRACTITIONERS |