# **KEVIN CHO TIPTON**

# License Number: APRN9348419

ProfessionAdvaLicense StatusCLEYear Began Practicing11/1License Expiration Date07/3Controlled Substance Prescriber (for the<br/>Treatment of Chronic Non-malignantYesPain)Fraction Date

Advanced Practice Registered Nurse CLEAR/Active 11/18/2015 07/31/2026 Yes

# **General Information**

## **Primary Practice Address**

KEVIN CHO TIPTON MEMORIAL REGIONAL HOSPITAL 3501 JOHNSON STREET HOLLYWOOD, FL 33021

## Medicaid

This practitioner DOES participate in the Medicaid program.

## **Staff Privileges**

APRNs are not required to provide this information.

## **Email Address**

Please contact at: kevin.c.tipton@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	LPN
FLORIDA	REGISTERED NURSE

# **Education and Training**

# **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
PALM BEACH STATE COLLEGE			08/03/2012
SOUTH UNIVERSITY	MSN		10/01/2015

# **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
ADJUNCT INSTRUCTOR	MIAMI-DADE COMMUNITY COLLEGE	MIAMI	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 NURSE PRACTITIONER	11/18/2015
AMERICAN NURSES CREDENTIALING CENTER	ADULT-GERONTOLOGY NURSE PRACTITIONER	12/01/2017
AMERICAN ACADEMY OF NURSE PRACTITIONERS	ADULT NURSE PRACTITIONER	11/18/2015

# **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 an affiliation with the following committees: Society of Critical Care Medicine American Association of Critical Care Nurses American Nurses Association Florida Nurses Association

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
ARMY COMMENDATION MEDAL	UNITED STATES ARMY
ARMY ACHIEVEMENT MEDAL	FLORIDA ARMY NATIONAL GUARD
HUMANITARIAN SERVICE MEDAL	UNITED STATES ARMY
FLORIDA COMMENDATION MEDAL	FLORIDA ARMY NATIONAL GUARD

## **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**

www.HealthcareAgainstHate.com

## 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. SPANISH

#### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

#### Affiliation

SEIU 1991