



JERRICA R FARIAS

License Number: APRN9351801

|                                          |                                    |
|------------------------------------------|------------------------------------|
| Profession                               | Advanced Practice Registered Nurse |
| License Status                           | Clear/Active                       |
| Year Began Practicing                    | Not Provided                       |
| License Expiration Date                  | 07/31/2026                         |
| Controlled Substance Prescriber (for the | Yes                                |
| Treatment of Chronic Non-malignant Pain) |                                    |

## General Information

### Primary Practice Address

JERRICA R FARIAS  
4001 E. FLETCHER AVE  
TAMPA, FL 33612

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: [jfarias@usf.edu](mailto:jfarias@usf.edu)

### 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                         |              |                     | 08/05/2012      |
| UNIVERSITY OF SOUTH FLORIDA COLLEGE OF NURSING - BS |              |                     | 12/01/2014      |

### 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 currently holds faculty appointments at the following medical/health related institutions of higher learning:

| Title   | Institution                 | City  | State   |
|---------|-----------------------------|-------|---------|
| FACULTY | UNIVERSITY OF SOUTH FLORIDA | 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 |                |

## Financial Responsibility

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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:  
American Academy of Neurology

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