Department of Health

JOSHUA ADAM HAND

License Number: APRN9372478

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	11/03/2016
License Expiration Date	04/30/2027

General Information

Primary Practice Address

JOSHUA ADAM HAND
123 BAPTIST WAY
PENSACOLA, FL 32502

Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Email Address

Please contact at: **joshuaadamhand@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
GEORGIA	RN
VIRGINIA	RN
ALABAMA	RN
CALIFORNIA	RN

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LIBERTY UNIVERSITY	BSN		05/14/2011
BARRY UNIVERSITY	MSN		05/01/2016
DARTON COLLEGE	ADN		12/01/2007

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

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
NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE ANESTHETISTS	NURSE ANESTHETIST	09/20/2016

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
RECKLESS DRIVING	04/05/2007	GA		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:

Final Disciplinary Actions Reported by the Department of Health within the last 10 years from related license:

For instructions on how to order copies of final disciplinary actions, please click here.

View Discipline Narratives

View Board Actions

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH	10/18/2016	PROBATION	
FLORIDA DEPARTMENT OF HEALTH	07/03/2018	SUSPENSION	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
SUPERVISOR'S REPORT	10/18/2016	4/17/2017	7/3/2017	$ 0.00	$ 0.00
SUPERVISOR'S REPORT	10/18/2016	7/17/2017		$ 0.00	$ 0.00
SUPERVISOR'S REPORT	10/18/2016	10/17/2017	2/5/2018	$ 0.00	$ 0.00
TOLLING	10/18/2016			$ 0.00	$ 0.00
COSTS	10/18/2016	10/17/2018	10/8/2018	$ 714.26	$ 714.26
RESPONDENT REPORT	10/18/2016	1/17/2017		$ 0.00	$ 0.00
RESPONDENT REPORT	10/18/2016	4/17/2017	7/3/2017	$ 0.00	$ 0.00
RESPONDENT REPORT	10/18/2016	7/17/2017		$ 0.00	$ 0.00
RESPONDENT REPORT	10/18/2016	10/17/2017	2/5/2018	$ 0.00	$ 0.00
SUPERVISOR'S REPORT	10/18/2016	1/17/2017		$ 0.00	$ 0.00
EMPLOYER-PROBATION ACKNOWLEDGE	10/18/2016		2/5/2018	$ 0.00	$ 0.00
RESPONDENT REPORT	10/18/2016	4/17/2018	4/26/2018	$ 0.00	$ 0.00
SUPERVISOR'S REPORT	10/18/2016	4/17/2018	4/26/2018	$ 0.00	$ 0.00
SUPERVISOR'S REPORT	10/18/2016	1/17/2018	2/5/2018	$ 0.00	$ 0.00
RESPONDENT REPORT	10/18/2016	1/17/2018	2/5/2018	$ 0.00	$ 0.00
COMPLY WITH PREVIOUS ORDER	7/3/2018		10/7/2018	$ 0.00	$ 0.00
COSTS	7/3/2018	7/2/2019	10/8/2018	$ 850.80	$ 850.80

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