



## MARLENE IRENE GARANCOSKY

License Number: ARNP1613692

|                       |                            |
|-----------------------|----------------------------|
| Profession            | Adv Reg Nurse Practitioner |
| License Status        | Revoked/                   |
| Year Began Practicing | 02/17/2000                 |
| License Expiration    | 04/30/2018                 |
| Date                  |                            |

## General Information

### Primary Practice Address

MARLENE IRENE GARANCOSKY  
NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

ARNPs are not required to provide this information.

### Email Address

Please contact at: **Margaran@comcast.net**

### 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 TAMPA       | B.S.N.       | 8/1/1993 - 12/19/1996 | 12/19/1996      |
| UNIVERSITY OF FLORIDA     | M.S.N.       | 8/1/1999 - 12/18/2000 | 12/18/2000      |
| BROWARD COMMUNITY COLLEGE | A.S.N.       | 8/1/1981 - 8/3/1984   | 08/03/1984      |

Other Health Related Degrees

Although ARNPs could have other health related degrees, they are not required to provide this information.

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

| Program Name          | Program Type  | Specialty Area       | Other Specialty Area      | City        | State or Country | Dates Attended From | Dates Attended To |
|-----------------------|---------------|----------------------|---------------------------|-------------|------------------|---------------------|-------------------|
| UNIVERSITY OF FLORIDA | OTHER PROGRAM | FP - FAMILY PRACTICE | ADVANCED PRACTICE NURSING | GAINESVILLE | FLORIDA          | 08/18/1998          | 12/18/1999        |
| UNIVERSITY OF FLORIDA | OTHER PROGRAM | FP - FAMILY PRACTICE | ADVANCED PRACTICE NURSING | GAINESVILLE | FLORIDA          | 08/01/1998          | 12/18/1999        |
| UNIVERSITY OF FLORIDA | OTHER PROGRAM | FP - FAMILY PRACTICE | ADVANCED PRACTICE NURSING | GAINESVILLE | FLORIDA          | 08/01/1998          | 12/18/1999        |

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 |
|---|---------------------------|----------------|
| AMERICAN ACADEMY OF NURSE PRACTITIONERS | FAMILY NURSE PRACTITIONER |                |

Financial Responsibility

Financial Responsibility 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 |
|------------------------|------------|-----------------------|--------------|--------------|-----------------------|
| DUI                    | 12/14/2010 | DUVAL COUNTY, FL      | NO           | 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:

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 | 01/11/2018     | SUSPENSION                         | NO           |
| FLORIDA DEPARTMENT OF HEALTH | 01/11/2018     | SUSPENSION                         | NO           |
| FLORIDA DEPARTMENT OF HEALTH | 01/08/2018     | REVOCATION                         | NO           |

| Type                           | Imposed    | Due        | Completed  | Amt Due     | Amt Recvd |
|--------------------------------|------------|------------|------------|-------------|-----------|
| COSTS                          | 12/19/2012 | 12/19/2014 | 8/1/2016   | \$ 969.46   | \$ 969.46 |
| REINSTATEMENT APPEARANCE       | 12/19/2012 |            |            | \$ 0.00     | \$ 0.00   |
| IPN EVALUATION                 | 12/19/2012 |            | 3/21/2013  | \$ 0.00     | \$ 0.00   |
| LICENSE RETRIEVAL              | 2/6/2013   |            | 1/22/2013  | \$ 0.00     | \$ 0.00   |
| IPN CONTACT                    | 12/14/2012 |            | 12/19/2012 | \$ 0.00     | \$ 0.00   |
| IPN DISMISSAL                  | 2/17/2017  |            |            | \$ 0.00     | \$ 0.00   |
| INTERVENTION PROJ. NURSES ONLY | 3/26/2013  |            |            | \$ 0.00     | \$ 0.00   |
| CONTINUED TREATMENT            | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| RETURN LICENSE                 | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| BOARD RETAINS JURISDICTION     | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| EMPLOYER-SUSPENSION ACKNOWLEDG | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| DOCUMENTED SOBRIETY            | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| IPN EVALUATION                 | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| RE-ENTRY PLAN                  | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| COSTS                          | 12/23/2016 |            |            | \$ 1,053.10 | \$ 0.00   |
| REINSTATEMENT APPEARANCE       | 12/23/2016 |            |            | \$ 0.00     | \$ 0.00   |
| RETURN LICENSE                 | 1/3/2018   | 2/2/2018   |            | \$ 0.00     | \$ 0.00   |
| EMPLOYER-REVOCATION ACKNOWLEDG | 1/3/2018   |            |            | \$ 0.00     | \$ 0.00   |

**The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.**

### 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 provided the following professional or community service activities, honors, or awards:

| Community Service/Award/Honor | Organization                       |
|-------------------------------|------------------------------------|
| VOLUNTEER                     | ST FRANCIS HOUSE - GAINESVILLE, FL |
| RN VOLUNTEER                  | JUDEO CHRISTIAN CLINIC - TAMPA, FL |
| RN VOLUNTEER                  | LA VICTORIA MEDICAL MISSION        |

**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 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  |
|--|
| AMERICAN ACADEMY OF NURSE PRACTITIONERS                    |
| CERT: AMER ACAD OF NURSE PRACT - FAMILY NURSE PRACT - 4/00 |
| HOSPICE AND PALLIATIVE NURSES ASSOCIATION                  |