



LATONYA JANETT CARROLL

License Number: APRN9398617

Profession	Advanced Practice Registered Nurse
License Status	CLEAR/Active
Year Began Practicing	01/02/2013
License Expiration Date	07/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

LATONYA JANETT CARROLL
15801 SHELL POINT MARINA
SUITE 220
FT MYERS, FL 33908

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: latonyajcarroll@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
OHIO	RN
OHIO	NP
TEXAS	RN
TEXAS	NP
KANSAS	RN
KANSAS	NP
MINNESOTA	RN
MINNESOTA	NP
MAINE	RN
MAINE	NP

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
MOUNT ST JOSEPH UNIVERSITY MSN PROGRAM			06/01/2007

Other Health Related Degrees

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

Professional and Postgraduate Training

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
CASE WESTERN RESERVE UNIVERSITY	OTHER PROGRAM	PD - PEDIATRICS	PNP-PC	CLEVELAND	OHIO	08/24/2009	01/20/2012
CASE WESTERN RESERVE UNIVERSITY	OTHER PROGRAM	FP - FAMILY PRACTICE	FNP-C	CLEVELAND	OHIO	08/25/2010	05/14/2012

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
	SOUTH UNIVERSITY		

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	01/02/2013
PEDIATRIC NURSING CERTIFICATION BOARD	PEDIATRIC NURSE PRACTITIONER	
AMERICAN ACADEMY OF NURSE PRACTITIONERS	FAMILY NURSE PRACTITIONER	01/02/2013
PEDIATRIC NURSING CERTIFICATION BOARD	PEDIATRIC PRIMARY CARE NURSE PRACTITIONER	03/13/2012

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 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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
PERCEIVED PAIN MANAGEMENT SATISFICATION IN ADULT PATIENT WITH SICKLE CELL DISEASE EXPERIENCING A VASO-OCCLUSIVE CRISIS	JOCEPS	12/01/2016

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.
