



JENNIFER L STROM

License Number: APRN9437042

|                       |                                    |
|-----------------------|------------------------------------|
| Profession            | Advanced Practice Registered Nurse |
| License Status        | DELINQUENT/                        |
| Year Began Practicing | 02/22/2013                         |
| License Expiration    | 04/30/2024                         |
| Date                  |                                    |

## General Information

### Primary Practice Address

JENNIFER L STROM  
3439 TECHNOLOGY DRIVE  
NORTH VENICE, FL 34275

### 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: [jengnpbc@gmail.com](mailto:jengnpbc@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State    | Profession |
|----------|------------|
| MICHIGAN |            |

## Education and Training

## Education and Training

| Institution Name              | Degree Title | Dates of Attendance | Graduation Date |
|-------------------------------|--------------|---------------------|-----------------|
| GRAND VALLEY STATE UNIVERSITY | DNP          |                     | 12/01/2014      |
| PURDUE UNIVERSITY             | BSN          |                     | 05/01/1989      |

## 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 |
|-------------------------------|---------------|-----------------------|----------------------|--------------|------------------|---------------------|-------------------|
| GRAND VALLEY STATE UNIVERSITY | OTHER PROGRAM | IM - GASTROENTEROLOGY | GERONTOLOGY          | GRAND RAPIDS | MICHIGAN         | 01/01/0001          | 12/01/2014        |

## Academic Appointments

### Graduate Medical Education

This practitioner has 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:

## 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 NURSES CREDENTIALING CENTER | GERONTOLOGICAL NURSE PRACTITIONER | 02/22/2013     |

## 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

## **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 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.