# **ADRIANE C STASURAK**

# License Number: APRN9469657

Profession Advanced Practice Registered Nurse

License Status CLEAR/Active
Year Began Practicing Not Provided
License Expiration Date 04/30/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# **General Information**

# **Primary Practice Address**

ADRIANE C STASURAK 14614 21ST AVE E BRADENTON, FL 34212

## **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: pa\_staz@yahoo.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
PENNSYLVANIA	RN
NEW YORK	RN
PENNSYLVANIA	CRNP
NEW JERSEY	NP-C
NEW JERSEY	RN
	DEA
GEORGIA	ADVANCED PRACTICE REGISTERED NURSE
FLORIDA	MULTISTATE

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ROCKLAND COMMUNITY COLLEGE	ADN		01/02/1984
STOCKTON STATE COLLEGE	BSN		05/13/1989
WIDENER UNIVERSITY	MSN		12/16/1994
CHATHAM UNIVERSITY	DNP		05/21/2012

## **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**

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
CAPELLA UNIVERSITY, ADJUNCT FACULTY - SONHS GRADUATE MSN		MINNEAPOLIS	MINNESOTA

# **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	ADULT NURSE PRACTITIONER	04/01/2014
AMERICAN NURSES CREDENTIALING CENTER	ADULT NURSE PRACTITIONER	04/01/2019

# 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 an affiliation with the following committees:

International Nurses Association

American Nurses Association

American Association Of Nurse Practitioners

American Nurses Credentialing Center

### **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**

Linkedin

# **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 provided the following national, state, local, county, and professional affiliations:

Affil	liation

AANP

ANA

# Affiliation

ANCC

DOCTORS OF NURSING PRACTICE