## BRUCE FRANKLIN FERRIS JR.

## License Number: APRN11002864

ProfessionAdvanced PrLicense StatusCLEAR/ActivYear Began PracticingNot ProvidedLicense Expiration04/30/2027DateDate

Advanced Practice Registered Nurse CLEAR/Active Not Provided 04/30/2027

## **General Information**

The practitioner has not verified the information contained in this profile.

## **Primary Practice Address**

BRUCE FRANKLIN FERRIS JR. 19562 SE INSTITUTION DR #1 BLOUNTSTOWN580237343, FL 32424

## 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: Bruceferrisarnp@gmail.com

## **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	RN
FLORIDA	RN

## **Education and Training**

The practitioner has not verified the information contained in this profile.

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
GULF COAST STATE COLLEGE	ASSOCIATES		12/13/2013

## **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

## The practitioner has not verified the information contained in this profile.

## **Graduate Medical Education**

This practitioner has not 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.

## **Specialty Certification**

## The practitioner has not verified the information contained in this profile.

## **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	05/24/2019

## **Financial Responsibility**

The practitioner has not verified the information contained in this profile.

## **Financial Responsibility**

I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.

## **Proceedings and Actions**

## The practitioner has not verified the information contained in this profile.

## **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
FRAUD-ISUFFICIENT FUNDS CHECKING	09/26/2001	I FLORIDA	NO	NOT CORROBORATED	
FRAUD-ISUFFICIENT FUNDS CHECKING	09/30/2001	I FLORIDA	NO	NOT CORROBORATED	
DISTURBING THE PEACE	01/03/2002	2 FLORIDA	NO	NOT CORROBORATED	
2ND DUI (OUTSIDE 5 YEARS)	11/15/2008	3 FLORIDA	NO	NOT CORROBORATED	
DUI	02/27/2002	2 FLORIDA	NO	NOT CORROBORATED	
REFUSAL TO SIGN SUMMONS	11/19/2008	3 FLORIDA	NO	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:

## 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**

The practitioner has not verified the information contained in this profile.

#### **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.