# **LINDA SUE BUZBY**

# License Number: APRN11003342

Profession Advanced Practice Registered Nurse

License Status DELINQUENT/
Year Began Practicing 07/12/2019
License Expiration 04/30/2025

Date

# **General Information**

# **Primary Practice Address**

LINDA SUE BUZBY LINDA S. BUZBY 1327 SCHNEIDER STREET SW PALM BAY, FL 32908

#### **Medicaid**

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

APRNs are not required to provide this information.

## **Email Address**

Please contact at: helpinghandstoshare@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

·	Desfered as
State	Profession
CALIFORNIA	RN
CALIFORNIA	NURSE MIDWIFE
CALIFORNIA	NURSE MIDWIFE FURNISHING
NEW JERSEY	RN
NEW JERSEY	CERTIFIED NURSE MIDWIFE
NEW JERSEY	CERTIFIED NURSE MIDWIFE WITH PRESCRIPTIVE AUTHORITY
NEW JERSEY	CDS M00023600
WASHINGTON	RN
WASHINGTON	ADVANCED REGISTERED NURSE PRACTITIONER/ MIDWIFE WITH PRES RX
ALASKA	RN
ALASKA	ADVANCED NURSE PRACTITIONER WITH PRESCRIPTIVE AUTHORITY
MONTANA	RN
MONTANA	ADVANCED REGISTERED NURSE PRACTITIONER WITH PRESCRIPTIVE RX
VERMONT	RN
VERMONT	CERTIFIED NURSE MIDWIFE WITH PRESCRIPTIVE AUTHORITY
TEXAS	RN
TEXAS	CERTIFIED NURSE MIDWIFE
COLORADO	RN

State	Profession
COLORADO	CERTIFIED NURSE MIDWIFE
COLORADO	CNM WITH PRESCRIPTIVE AUTHORITY
OREGON	RN
OREGON	NURSE MIDWIFE PRACTITIONER WITH PRESCRIPTIVE AUTHORITY
TENNESSEE	RN
CONNECTICUT	RN

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title Dates of Attendance	Graduation Date
SPALDING UNIVERSITY	BSN	05/22/1993
YALE UNIVERSITY SCHOOL OF NURSING	MSN	05/22/1995

## **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 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**

#### **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 MIDWIFERY CERTIFICATION BOARD (AMCB)	CERTIFIED NURSE MIDWIFE	06/09/1995

# Financial Responsibility

#### **Financial Responsibility**

My Florida license is active, but I do not practice in the State of Florida. 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 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 COLLEGE OF NURSE MIDWIVES

AMERICAN MIDWIFERY CERTIFICATION BOARD