



## JANET STEIN SCHULTZ

License Number: APRN11014147

|                         |                                    |
|-------------------------|------------------------------------|
| Profession              | Advanced Practice Registered Nurse |
| License Status          | DELINQUENT/                        |
| Year Began Practicing   | 12/12/1977                         |
| License Expiration Date | 04/30/2025                         |

## General Information

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

### Primary Practice Address

JANET STEIN SCHULTZ  
6461 PEMBROKE WAY  
NAPLES, FL 34113

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: [jschultz521@gmail.com](mailto:jschultz521@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State    | Profession |
|----------|------------|
| MARYLAND | RN         |
| MARYLAND | 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 |
|------------------|--------------|---------------------|-----------------|
| SUNY STONY BROOK | BSN          |                     | 06/30/1976      |

### 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 |
|---------------------------------------|------------------------------|----------------|
| PEDIATRIC NURSING CERTIFICATION BOARD | PEDIATRIC NURSE PRACTITIONER | 12/07/1979     |

## Financial Responsibility

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

### Financial Responsibility

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

## 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 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.

#### 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.

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