



## MORAMED GERY SANDER DESROCHES

License Number: APRN11026530

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	05/18/2023
License Expiration Date	04/30/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

MORAMED GERY SANDER DESROCHES  
980 NORTH FEDERAL HIGHWAY  
SUITE 110 #1006  
BOCA RATON, FL 33432

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

### Email Address

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

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	RN

## Education and Training

### Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSIDAD ANA G. MÉNDEZ	BSN		12/21/2020
ST. THOMAS UNIVERSITY,	MSN		05/11/2023

### 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 NURSES CREDENTIALING CENTER	PSYCHIATRIC AND MENTAL HEALTH NURSE PRACTITIONER	05/18/2023

# Financial Responsibility

## Financial Responsibility

I have obtained and will maintain an unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

# 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.

### 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.

CREOLE

FRENCH

SPANISH

### **Other Affiliations**

This practitioner has not provided any national, state, local, county, or professional affiliations.