### JENNIFER C. CASH

# License Number: APRN1845602

Profession Advanced Practice Registered Nurse

License Status CLEAR/Active
Year Began Practicing 07/03/1997
License Expiration 04/30/2027

Date

# **General Information**

# **Primary Practice Address**

JENNIFER C. CASH 1155 S DALE MABRY #8 TAMPA, FL 33629

#### **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: brachyrn@aol.com

### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF SOUTH FLORIDA	BSN	8/1/1985 - 6/1/1987	06/01/1987
UNIVERSITY OF SOUTH FLORIDA	MSN	6/1/1988 - 5/1/1992	06/01/1992
MD ANDERSON PREVENT AND DETECT	CERT	4/1/1997 - 4/7/1997	04/07/1997

### **Other Health Related Degrees**

Although APRNs could have other health related degrees, they are not required to provide this information.

### **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF SOUTH FLORIDA	OTHER PROGRAM	IM - ONCOLOGY	,	TAMPA	FLORIDA	01/01/1996	06/01/1997

# **Academic Appointments**

#### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **Specialty Certification**

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This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

# 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 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 provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
EMPLOYEE ACHIEVEMENT AWARD	UNIVERSITY COMMUNITY HOSPITAL
TRIPLE TOUCH INSTRUCTOR/FACILITATOR	AMERICAN CANCER SOCIETY
WHO'S WHO IN AMERICAN NURSING	
FACILITATOR MAN TO MAN PROSTATE SUPPOT GROUP	AMERICAN CANCER SOCIETY

### **Publications**

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
DIESASE FREE SURVIVAL AFTER EXTERNAL BEAM RADIATION	JOURNAL OF BRACHYTHERAPY INT'L	01/01/1997
CELLULAR CHARACTERISTICS, PATHOPHSIOLOGY AND DISEASE MAN	CHAPTER: CONTEMPORARY ISSUES IN PROSTATE CANCER:A NURSING.	01/01/2000
MANAGEMENT OF PATIENTS RECEIVING TRANSPERINEAL PROSTATE IM	ONCOLOGY NURSING FORUM	01/01/1997

### **Professional Web Page**

www.skinsavvyrx.com

### **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.

OTHER

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

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Affiliation	
AMERICAN CANCER SOCIETY	
AMERICAN SOCIETY OF THERAPEUTIC RADIOLOGY/ONCOLOGY	
ASLMS	
FAC APP: PRECEPTOR-UNIV COMM HOSP-TAMPA, FL	
SIGMA THETA TAU	