# ANDREA DE LA CRUZ MACAZAR MRS

# License Number: APRN1871022

Profession Advanced Practice Registered Nurse

License Status RETIRED/
Year Began Practicing 01/01/1995
License Expiration 04/30/2023

Date

# **General Information**

# **Primary Practice Address**

ANDREA DE LA CRUZ MACAZAR MRS 1117 NORTH OLIVE AVENUE #201 WEST PALM BCH, FL 33401

## **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: andreamackane@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	RN
NEW JERSEY	RN
NEW YORK	RN
VIRGINIA	RN
OHIO	RN
HAWAII	RN

# **Education and Training**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST. PAUL COLLEGE OF ILOILO	BSN	6/1/1980 - 3/1/1984	03/01/1984
BARRY UNIVERSITY	MA	5/1/1993 - 8/1/1995	08/01/1995

# **Other Health Related Degrees**

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

# **Professional and Postgraduate Training**

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
MS IN	OTHER	AN -		MIAM	UNITED	05/01/1993	08/30/1995
ANESTHESIOLOG	PROGRAM	ANESTHESIOLOGY	/		STATES		

# **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
NATIONAL BOARD ON CERTIFICATION & RECERTIFICATION OF NURSE AMESTHETISTS	NI IRSE ANESTHETIST	01/16/1996

# Financial Responsibility

### **Financial Responsibility**

My Florida license is active, but I am not engaged in autonomous 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 an affiliation with the following committees:

FLORIDA ASSOCIATION OF NURSE ANESTHETIST

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
NONE	

#### **Publications**

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

Title	Publication	Date
NONE		

## **Professional Web Page**

None

#### **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.

TAGALOG FILIPINO

# Other Affiliations

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

#### Affiliation

AMERICAN ASSOC. OF NURSE ANESTHETISTS

COUNCIL ON CERTIFICATION OF NURSE ANESTHETIST

# Affiliation

FLORIDA ASSOC. OF NURSE ANESTHETIST