



KATHRYN SUZANNE COLLINS APRN

License Number: APRN1968582

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	01/01/1992
License Expiration Date	04/30/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

KATHRYN SUZANNE COLLINS APRN
 1400 CATTLEMEN ROAD
 SUITE #103
 SARASOTA, FL 34232

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

APRNs are not required to provide this information.

Institution Name	City	State
	SARASOTA	
	SARASOTA	
	VENICE	

Email Address

Please contact at: kathryn.kelleykennedy@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
WEST VIRGINIA	RN/ARNP
WEST VIRGINIA	RN/ARNP

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
ST MARY'S SCHOOL OF NURSING	DIPL/RN	8/1/1979 - 5/1/1982	05/01/1982
MARSHALL UNIVERSITY	B.S.N.	5/1/1982 - 5/1/1988	05/01/1988
EMORY UNIVERSITY	ETNEP	8/1/1988 - 12/1/1988	12/01/1988

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	FAMILY PRACTICE	FAM HLTH NSG MS NSG ARNP	TAMPA	FLORIDA	08/01/1989	12/01/1992
UNIVERSITY OF FLORIDA	OTHER PROGRAM	OTHER	PHD/NURSING	GAINESVILLE	FLORIDA	08/01/2001	01/01/0001

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PRECEPTOR CLINICAL	SOUTH FLORIDA COMMUNITY COLLEGE	BRADENTON	FLORIDA
PRECEPTOR CLINICAL	UNIVERSITY OF SOUTH FLORIDA	TAMPA	FLORIDA

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	FAMILY NURSE PRACTITIONER	

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.

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
COMMUNITY LEADERS	AMERICAN BIOGRAPHICAL INSTITUTE
PRESIDENT-DISTRICT 20	SOUTHWEST COAST COUNCIL FOR ADVANCED NURSING PRACTICE
DELEGATE FOR FNA	FLORIDA NURSES ASSOCIATION
PROJECT CHAIRMAN	SARASOTA/MANATEE COUNTY AMERICAN HEART ASSOCIATION

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

www.FDHS.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.

SPANISH

TAGALOG FILIPINO

Other Affiliations

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

Affiliation
AMERICAN HEART ASSOCIATION
AMERICAN NURSES ASSOCIATION
CERTIFICATION: AMER NURSES ASSOCIATION - FAMILY - 1992
DISTRICT 20 SOUTHWEST COAST COUNCIL FOR ADVANCED NSG PRACT
FAC APPT PRECEPTOR CLINICAL -UNIVERSITY OF SOUTH FLORIDA
FAC APPT: PRECEPTOR (CLINICAL) - NEW COLLEGE OF SARASOTA
FLORIDA NURSES ASSOCIATION
SIGMA THETA TAU