



## DAWN RENE FROST

License Number: APRN2003622

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	01/08/2000
License Expiration	04/30/2027
Date	

## General Information

### Primary Practice Address

DAWN RENE FROST  
719 7TH STREET  
SUITE 2  
CHIPLEY, FL 32428

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

APRNs are not required to provide this information.

### Email Address

Please contact at: **DAWNFROST@DIGITALEXP.COM**

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
FSU	MSN	9/1/1996 - 12/1/1999	12/01/1999
WASHINGTON-HOLMES VOCATIONAL	LPN	2/1/1985 - 2/1/1986	02/01/1986
UNIV. OF THE STATE OF NEW YORK	ASN	4/27/1988 - 9/16/1988	09/16/1988
UNIV. OF THE STATE OF NEW YORK	BSN	10/1/1992 - 1/20/1995	01/20/1995
FLORIDA STATE UNIVERSTIY	MSN	10/1/1996 - 12/1/1999	12/01/1999

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
DOCTOR OF NURSING PRACTICE DNP	OTHER PROGRAM	FAMILY PRACTICE		TALLAHASSEE	FLORIDA	09/01/2009	12/17/2011

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
CERTIFICATION BOARD OF PERIOPERATIVE NURSING	RN FRIST ASSISTANT	
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.

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
INSTRUCTOR: BASIC LIFE SUPPORT (CPR)	AMERICAN HEART ASSOCIATION
MEMBER AT LARGE	SIGMA THETA TAU: NATIONAL NURSING HONOR SOCIETY
PARTICIPATING MEMBER	UNITED WAY OF WASHINGTON CO. AMERICAN CANCER SOCIETY
ARMY ACHIEVEMENT	UNITED STATES ARMY

**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**

vernonfamilyhealthcenter@gmail.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

**Other Affiliations**

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

Affiliation
AMERICAN ACADEMY OF NURSE PRACTITIONERS
AMERICAN NURSE ASSOCIATION/FLORIDA NURSE ASSOCIATION
ASSOCIATION OF OPERATING ROOM NURSES
SIGMA THETA TAU INERNATIONAL