



DIANE GRACE LEACH COPE DR.

License Number: APRN2037262

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	01/01/1995
License Expiration	04/30/2027
Date	

General Information

Primary Practice Address

DIANE GRACE LEACH COPE DR.
FLORIDA CANCER SPECIALISTS
8260 GLADIOLUS DRIVE
FT MYERS, FL 33908

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: dgcope@comcast.net

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
AKRON GENERAL MEDICAL CENTER	DIPLOMA	9/1/1978 - 5/1/1981	05/01/1981
UNIVERSITY OF AKRON	B.S.N.	9/1/1981 - 5/1/1983	05/01/1983
UNIVERSITY OF AKRON	M.S.N.	9/1/1985 - 5/1/1989	05/01/1989
UNIVERSITY OF MIAMI	PH.D.	9/1/1990 - 5/1/1993	05/01/1993

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 CAROLINA	OTHER PROGRAM	OTHER	ACUTE CARE/ADLT NURSE PRACT	COLUMBIA	SOUTH CAROLINA	09/01/1994	08/01/1995

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
ONCOLOGY NURSE PRACTITIONER		FORT MYERS	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	ADULT 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
INDUCTED 1989	SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY
NURSING SCHOLASTIC AWARD, 1976	BETTY DOBKIN
MEDICAL SCHOLASTIC AWARD, 1976	DR. BARTHOLOMEO

Publications

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

Title	Publication	Date
RHINOSINUSITIS	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000
DYSLIPIDEMIA	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000

Title	Publication	Date
GASTROESOPHAGEAL REFLUX DISEASE	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000
LOWER URINARY TRACT INFECTION: CYSTITIS	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000
PYELONEPHRITIS	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000
LYMPHEDEMA	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/2000
TUMOR LYSIS SYNDROME	CLINICAL MANUAL FOR THE ONCOLOGY ADVANCED PRACTICE NURSE	01/01/1999
FOUNDATION OFFERS SCHOLARSHIPS FOR POST-MASTER'S NP PROGRAM	ONS NEWS	01/01/1996
SURVIVING	IN WOMEN'S EXPERIENCE	01/01/1994
THE SHARED STUDY OF NURSING	LIVING THE CARING BASED PROGRAM	01/01/1994
SELF-ESTEEM AND THE PRACTICE OF BREAST SELF-EXAMINATION	WESTERN JOURNAL OF NURSING RESEARCH	01/01/1992

Professional Web Page

This practitioner has not provided any professional web page information.

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

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

Affiliation
AMER CANCER SOCIETY S PALM BEACH BREAST CANCER PUBLIC RALL
AMERICAN CANCER SOCIETY AKRON ONCOLOGY SUPPORT GROUP CONSU
AMERICAN CANCER SOCIETY GREATER CHARLOTTE AREA, VOLUNTEER
FAC APPT: ONCOLOGY NURSE PRACT-FLORIDA CANCER SPECIALISTS
FLORIDA CANCER SPECIALISTS BREAST CANCER SUPPORT GROUP FAC
MIDWEST NURSING RESEARCH SOCIETY
ONCOLOGY NURISNG SOCIETY
SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY FOR NURSING
SOUTH FLORIDA NURSING RESEARCH SOCIETY