



## ASHLEY GIDDINGS WHITLEY

License Number: PA9110481

Data As Of 4/23/2026

Profession	Physician Assistant
License	PA9110481
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	07/17/2017
Address of Record	6500 W Newberry Rd Attn: Ashley Giddings Whitley Gary Gillette GAINESVILLE, FL 32605
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

4388 NW 53rd Ave MILLHOPPER FSED  
GAINESVILLE, FL 32606

#### Address

812 NW 57 ST. NORTH FLORIDA REGIONAL MEDICAL CENTER ; EXPRESS ER.  
GAINESVILLE, FL 32605

#### Address

6500 NEWBERRY ROAD NORTH FLORIDA REGIONAL MEDICAL CENTER : ER DEPT / ASHLEY GIDDINGS WHITLEY  
GAINESVILLE, FL 32605

#### Address

12311 NEWBERRY RD. NORTH FLORIDA REGIONAL MEDICAL CENTER : WEST END ER  
NEWBERRY, FL 32669

#### Address

4094 SW 41st Blvd  
GAINESVILLE, FL 32608

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance

Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MARTIN, DAVID LUTHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	101649	01/03/2024

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

4388 NW 53rd Ave MILLHOPPER FSED  
GAINESVILLE, FL 32606

### Address

812 NW 57 ST. NORTH FLORIDA REGIONAL MEDICAL CENTER ; EXPRESS ER.  
GAINESVILLE, FL 32605

### Address

6500 NEWBERRY ROAD NORTH FLORIDA REGIONAL MEDICAL CENTER : ER DEPT / ASHLEY GIDDINGS WHITLEY  
GAINESVILLE, FL 32605

### Address

12311 NEWBERRY RD. NORTH FLORIDA REGIONAL MEDICAL CENTER : WEST END ER  
NEWBERRY, FL 32669

### Address

4094 SW 41st Blvd  
GAINESVILLE, FL 32608

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will

be sent to you.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
MARTIN, DAVID LUTHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	101649	01/03/2024

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.