REBECCA GAFFLEY

License Number: ME135501

Data As Of 8/20/2025

Profession Medical Doctor
License ME135501
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 03/02/2018

Address of Record 1600 S Andrews Ave

FORT LAUDERDALE, FL 33316

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
GELMAN, TATYANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104728	2/13/2020
OLIVA, JOSEPH WAYNE	SUBORDINATE	OSTEOPATHIC PHYSICIAN	10074	9/25/2019
PETRUK, DIANA MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108430	2/17/2020
POLERA, CATHERINE BEATRICE	SUBORDINATE	OSTEOPATHIC PHYSICIAN	11336	4/1/2021

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

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