



HALEY BROOKE WATSKY

License Number: OS15275

Data As Of 4/20/2026

Profession	Osteopathic Physician
License	OS15275
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	04/24/2018
Address of Record	711 S Belcher Road CLEARWATER, FL 33764
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

13670 Walsingham Rd Baycare Urgent Care
LARGO, FL 33774

Address

17152 Donna Michelle Dr Ste 5
TAMPA, FL 33647

Address

11921 N Dale Mabry Hwy Ste 7 Baycare Urgent Care
TAMPA, FL 33618

Address

3440 W Dr. MLK Blvd Ste 100 Baycare Urgent Care
TAMPA, FL 33607

Address

36245 US Highway 27 Baycare Urgent Care
HAINES CITY, FL 33844

Address

400 1st St N Baycare Urgent Care
WINTER HAVEN, FL 33881

Address

2442 Bloomingdale Ave Baycare Urgent Care
VALRICO, FL 33596

Address

900 Carillan Parkway Ste 106 Baycare Urgent Care
SAINT PETERSBURG, FL 33716

Address

1599 66th St N Baycare Urgent Care
SAINT PETERSBURG, FL 33710

Address

10125 Big Bend Rd Baycare Urgent Care
RIVERVIEW, FL 33578

Address

2331 4th St N Baycare Urgent Care
SAINT PETERSBURG, FL 33704

Address

6455 Gulf Blvd Baycare Urgent Care
SAINT PETERSBURG, FL 33706

[Address](#)

3351 N. McMullen Booth Rd Baycare Urgent Care
CLEARWATER, FL 33761

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
CASWELL, NICHOLAS NEIL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109450	4/30/2020
HENRY, JACQUELINE FRISCIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111840	3/16/2020
PARKER, JESSICA ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110329	12/27/2018

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

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