#### RANDALL EDWARD OKOLICHANY

### License Number: PA9113556

Data As Of 6/29/2025

Profession Physician Assistant

License PA9113556
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 09/15/2020
Address of Record 733 US-1

NORTH PALM BEACH, FL 33408

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.

## **Supervising Practitioners**

| Name                       | Relationship            | Profession | License Effective Date |
|----------------------------|-------------------------|------------|------------------------|
| PEARSON, EDWARD WELLINGTON | SUPERVISING PRESCRIBING | MEDICAL    | 83846 10/16/2020       |
| MD                         | PRACTITIONER            | DOCTOR     |                        |

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