



City of Delray Beach Fire Rescue

License Number: ALS5005

Data As Of 9/1/2025

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|-----------------------------|--|
| Profession | EMS Service Provider (ALS) |
| License | ALS5005 |
| License Status | Clear/ |
| Qualifications | Transport |
| License Expiration Date | 12/2/2026 |
| License Original Issue Date | 12/03/1992 |
| Address of Record | 501 West Atlantic Avenue DELRAY BEACH, FL 33444 |
| Discipline on File | No |

Secondary Locations

Address

3614 South Ocean Boulevard
DELRAY BEACH, FL 33483

Address

501 West Atlantic Avenue
DELRAY BEACH, FL 33444

Address

4000 Old Germantown Road
DELRAY BEACH, FL 33445

Address

4321 Lake Ida Road
DELRAY BEACH, FL 33445

Address

651 West Linton Boulevard
DELRAY BEACH, FL 33444

Address

35 North Andrews Avenue
DELRAY BEACH, FL 33483

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline 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 |
|-------------------------|---------------------------|-----------------------|---------|----------------|
| KUSHNIR, CRAIG BENJAMIN | PRIMIARY MEDICAL DIRECTOR | OSTEOPATHIC PHYSICIAN | 8707 | 12/16/2010 |

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

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------|--------------|----------------------|---------|----------------|
| 1FVACWCZ4HHJB3892 | PERMIT | VEHICLE PERMIT (ALS) | 20742 | 7/5/2017 |
| 1FVACWDUXGHHN3050 | PERMIT | VEHICLE PERMIT (ALS) | 20186 | 11/29/2016 |
| 1FVACWDV3GHG08138 | PERMIT | VEHICLE PERMIT (ALS) | 20185 | 11/29/2016 |
| 1FVACWFF3KHKL2191 | PERMIT | VEHICLE PERMIT (ALS) | 22112 | 3/19/2019 |
| 1FVACWFF4JHJJ8490 | PERMIT | VEHICLE PERMIT (ALS) | 23332 | 11/24/2020 |
| 1HTMRAAM18H577358 | PERMIT | VEHICLE PERMIT (ALS) | 23331 | 11/24/2020 |
| 1HTMRAAM3EH037764 | PERMIT | VEHICLE PERMIT (ALS) | 18577 | 8/26/2014 |
| 1HTMRAAM8BH387564 | PERMIT | VEHICLE PERMIT (ALS) | 18214 | 1/14/2014 |
| 3ALACWFF7LDMH7028 | PERMIT | VEHICLE PERMIT (ALS) | 26541 | 12/2/2024 |
| 3ALACWFF9LDLL8510 | PERMIT | VEHICLE PERMIT (ALS) | 22686 | 1/7/2020 |
| 4P1BAAGF2HA017322 | PERMIT | VEHICLE PERMIT (ALS) | 20745 | 7/5/2017 |
| 4P1BAAGF6HA018067 | PERMIT | VEHICLE PERMIT (ALS) | 20747 | 7/5/2017 |
| 4P1BAAGF6HA018068 | PERMIT | VEHICLE PERMIT (ALS) | 20748 | 7/5/2017 |
| 4P1BCAGF1HA017449 | PERMIT | VEHICLE PERMIT (ALS) | 20746 | 7/5/2017 |
| 4P1BCAGF1MA023343 | PERMIT | VEHICLE PERMIT (ALS) | 24304 | 5/11/2022 |
| 4P1CD01HX7A007667 | PERMIT | VEHICLE PERMIT (ALS) | 18121 | 10/4/2013 |
| 4P1CDO1537A006758 | PERMIT | VEHICLE PERMIT (ALS) | 14074 | 1/16/2007 |
| 4P1CV01D8BA012272 | PERMIT | VEHICLE PERMIT (ALS) | 17136 | 3/2/2012 |
| 4P1CV01E39A009895 | PERMIT | VEHICLE PERMIT (ALS) | 16057 | 4/28/2010 |
| 4P1CV01H98A008548 | PERMIT | VEHICLE PERMIT (ALS) | 14987 | 8/15/2008 |

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