Florida HEALTH Department of Health

FERNANDA LEWINSKY SCHIFFER

License Number: MH16627

Data As Of 11/11/2026

Profession	Licensed Mental Health Counselor
License	MH16627
License Status	Clear/Active
Qualifications	Qualified Supervisor MHC
License Expiration Date	3/31/2027
License Original Issue Date	01/04/2019
Address of Record	770 Claughton Island Dr. Unit 2103 MIAMI, FL 33131
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
GUIRAGOSIAN, JOSEFINE	SUBORDINATE	MENTAL HEALTH COUNSELOR INTERN	25016	11/7/2023
MCGANN, BRENDAN MICHAEL	SUBORDINATE	MENTAL HEALTH COUNSELOR INTERN	26495	9/5/2024
OLVERA, ANA PAULA	SUBORDINATE	MENTAL HEALTH COUNSELOR INTERN	27342	6/10/2025
SCHLESINGER, RIFKY	SUBORDINATE	MENTAL HEALTH COUNSELOR INTERN	22441	4/13/2022

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

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