#### **ANDREW ACHEAMPONG**

#### License Number: PS44450

Data As Of 8/20/2025

Profession Pharmacist
License PS44450
License Status Clear/Active

Qualifications Certified To Administer Immunizations

Test and Treat Certification

License Expiration Date

Address of Record

9/30/2025

License Original Issue

11/13/2008

Date

624 Whisper Woods St

LAKELAND, FL 33813

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;
- $2. \ \mbox{Name}$  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 |
|------------------------|---------------------------|----------------|---------|----------------|
| DAVIS II, CEDRIC EMDEN | TTC SUPERVISING PHYSICIAN | MEDICAL DOCTOR | 108693  | 09/28/2022     |

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

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