Florida HEALTH Department of Health

# KANDACE ALLYSE JACKSON

## License Number: APRN11039117

| | |
|---|---|
| Profession | Advanced Practice Registered Nurse |
| License Status | Clear/Active |
| Year Began Practicing | 03/20/2025 |
| License Expiration Date | 07/31/2028 |

# General Information

The practitioner has not verified the information contained in this profile.

### Primary Practice Address

KANDACE ALLYSE JACKSON
4830 GRAPEVINE WAY
DAVIE, FL 33331

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

### Email Address

Please contact at: **KJackson1323@gmail.com**

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|---|---|
| DISTRICT OF COLUMBIA | REGISTERED NURSE |
| CALIFORNIA | REGISTERED NURSE |
| NEW YORK | REGISTERED NURSE |
| FLORIDA | RN |

# Education and Training

The practitioner has not verified the information contained in this profile.

### Education and Training

| Institution Name | Degree Title | Dates of Attendance | Graduation Date |
|---|---|---|---|
| UNIVERSITY OF SOUTH ALABAMA | MSN | | 12/15/2023 |

### Other Health Related Degrees

Although APRNs could have other health related degrees, they are not required to provide this information.

### Professional and Postgraduate Training

The practitioner did not provide this mandatory information.

# Academic Appointments

The practitioner has not verified the information contained in this profile.

### Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

### Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# Specialty Certification

The practitioner has not verified the information contained in this profile.

### Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

| Specialty Board | Certification | Date Certified |
|---|---|---|
| AMERICAN NURSES CREDENTIALING CENTER | FAMILY NURSE PRACTITIONER | 01/23/2025 |

# Financial Responsibility

The practitioner has not verified the information contained in this profile.

### Financial Responsibility

I have had no malpractice exposure in the state and can demonstrate to the board or department my lack of malpractice exposure.

# Proceedings and Actions

The practitioner has not verified the information contained in this profile.

### Proceedings & Actions

#### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.**

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

#### The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

#### Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding $100,000.00 Within last 10 years.

This profession is not required by F.S., to report bankruptcy and liability claims.

**Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.**

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## Optional Information

The practitioner has not verified the information contained in this profile.

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

### Professional Web Page

This practitioner has not provided any professional web page information.

### Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.