Florida HEALTH Department of Health

VALENCIA DISERY HAYES

License Number: PA9109086

Data As Of 11/14/2026

Profession	Physician Assistant
License	PA9109086
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	09/24/2015
Address of Record	8260 Gladiolus FT MYERS, FL 33908
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address
2776 CLEVELAND AVE. LEE MEMORIAL HOSPITAL
FORT MYERS, FL 33901

Address
9981 S. HEALTHPARK DR. HEALTHPARK MEDICAL CENTER
FORT MYERS, FL 33908

Address
13681 DOCTORS WAY GULF COAST MEDICAL CENTER
FT MYERS, FL 33912

Address
636 DEL PRADO BLVD. CAPE CORAL HOSPITAL
CAPE CORAL, FL 33990

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
ARANA, JEANNIE MICHELLE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	119872	11/23/2015
MCCLEOD, MICHAEL JAY	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	5832	12/16/2015

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

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