#### LAUREN COOPER HAND

# License Number: ME145601

Data As Of 9/7/2025

Profession Medical Doctor
License ME145601
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 05/18/2020

Address of Record 1301 Palm Avenue

Baptist MD Anderson Cancer Center

JACKSONVILLE, FL 32207

No

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

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
HOFFMAN, EMMA KATE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112990 1/18/2024
MCCONAGHY, ADRIENNE NICOLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109671 1/18/2024
MOTYCKA, DEBRA LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102550 1/18/2024

Name	Relationship	Profession	License Effective Date
WILLIAMSON, MACKENZIE LEIGH	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117657 8/11/2023

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.