

## KRISTINA BROWNER

### License Number: SW16798

Data As Of 10/8/2026

|                             |                                                                                       |
|-----------------------------|---------------------------------------------------------------------------------------|
| Profession                  | Licensed Clinical Social Worker                                                       |
| License                     | SW16798                                                                               |
| License Status              | Clear/Active                                                                          |
| Qualifications              | Qualified Supervisor MFT<br>Qualified Supervisor CSW                                  |
| License Expiration Date     | 3/31/2027                                                                             |
| License Original Issue Date | 10/30/2019                                                                            |
| Address of Record           | 529 NW Prima Vista Blvd<br>Suite 301-E<br>Port St Lucie<br>PORT SAINT LUCIE, FL 34983 |
| 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 |
|-------------------------|--------------|------------------------------------|---------|----------------|
| ANDERSON, HALEY MICHAEL | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN      | 22371   | 10/29/2025     |
| BAULWIN, BRIANA J       | SUBORDINATE  | MARRIAGE & FAMILY THERAPIST INTERN | 4689    | 8/14/2026      |
| GREEN, OMEGA NOEL       | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN      | 20040   | 8/25/2025      |

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| GURFIELD, MARCIA CAROL  | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 18744   | 12/4/2025      |
| JIMENEZ, GABRIELA       | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 19499   | 10/6/2023      |
| MITCHELL, DEBRA JEAN    | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 18998   | 10/29/2024     |
| SIMON, MIKAELA LEIGH    | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 21438   | 1/16/2025      |
| ST FLEUR, SHEILA        | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 20302   | 1/9/2025       |
| TESFAYE, SURAFEL SAMUEL | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 21353   | 12/12/2024     |
| WHITMAN, TARYN MARIE    | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 21143   | 11/12/2025     |
| WILSON, BRIUNA MONAE    | SUBORDINATE  | CLINICAL SOCIAL WORKER INTERN | 21290   | 2/11/2026      |

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

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