Florida HEALTH Department of Health

AMANDA CIOFFI

License Number: IMH25619

Data As Of 11/24/2026

Profession	Registered Mental Health Counselor Intern
License	IMH25619
License Status	Clear/Active
License Expiration Date	3/28/2029
License Original Issue Date	03/29/2024
Address of Record	283 Buck Run Way Saint Augustine SAINT AUGUSTINE, FL 32092
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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
BELIZAIRE, JEAN-COLT	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	11087	03/29/2024
MUNOZ, DIANE MALIA	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	11753	05/16/2024
PROCH, DANIELLE C	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	16044	12/23/2024
STUART-SPINNER, SARAH KATHERINE	SUPERVISOR	LICENSED MENTAL HEALTH COUNSEL	14602	10/12/2026

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

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