

**BETTINA VITALE FIESSINGER****License Number: MH6029***Data As Of 10/5/2026*

|                             |                                                  |
|-----------------------------|--------------------------------------------------|
| Profession                  | Licensed Mental Health Counselor                 |
| License                     | MH6029                                           |
| License Status              | Clear/Active                                     |
| Qualifications              | Qualified Supervisor MHC                         |
| License Expiration Date     | 3/31/2027                                        |
| License Original Issue Date | 03/21/2000                                       |
| Address of Record           | 308 TEQUESTA DRIVE SUITE 1<br>TEQUESTA, FL 33469 |
| 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 |
|--------------------------|--------------|--------------------------------|---------|----------------|
| CHAMBERS, HANNAH         | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 25347   | 1/30/2024      |
| GRANT, JALEN CHRISTOPHER | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 28508   | 9/29/2025      |
| SANDERSON, ANDREA ELEECE | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 25277   | 4/25/2024      |
| WALKER EBE, RONESHEIA    | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 22610   | 8/29/2023      |
| ZUPPERT, ALEXYS          | SUBORDINATE  | MENTAL HEALTH COUNSELOR INTERN | 28218   | 8/7/2025       |

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

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### Discipline/Admin Action

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