National Practitioner Data Bank
Health Resources and Services Administration
U.S. Department of Health and Human Services
P.O. Box 10832
Chantilly, VA 20153-0832
https://www.npdb.hrsa.gov

[redacted]

[redacted]

DIVISION OF MEDICAL QUALITY ASSURANCE

STATE LICENSURE OR CERTIFICATION ACTION

Date of Action: [redacted]

Initial Action	Basis for Initial Action
- CEASE AND DESIST	- PRACTICING WITHOUT A VALID LICENSE

A. REPORTING ENTITY

Entity Name: [redacted]
Address:
City, State, Zip:
Country:
Name or Office:
Title or Department:
Telephone:
Entity Internal Report Reference:
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: [redacted]
Other Name(s) Used:
Sex:
Date of Birth:
Organization Name:
Work Address:
City, State, ZIP:
Organization Type:
Home Address: [redacted]
City, State, ZIP:
Deceased: UNKNOWN
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): [redacted]
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNKNOWN [redacted]
Occupation/Field of Licensure: COUNSELOR, MENTAL HEALTH
State License Number, State of Licensure: NO LICENSE, FL
Description: LICENSED MENTAL HEALTH COUNSELOR
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

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C. INFORMATION REPORTED

Type of Adverse Action:	STATE LICENSURE OR CERTIFICATION
Basis for Action:	PRACTICING WITHOUT A VALID LICENSE (A4)
Name of Agency or Program That Took the Adverse Action Specified in This Report:	FLORIDA DOH/MQA
Adverse Action Classification Code(s):	CEASE AND DESIST (1151)
Date Action Was Taken:	[redacted]
Date Action Became Effective:	
Length of Action:	PERMANENT
Total Amount of Monetary Penalty, Assessment and/or Restitution:	
Is the subject automatically reinstated after the adverse action period is completed?:	
Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:	Allegations that the Defendant is not licensed by the Department or the Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling and is practicing mental health counseling in violation of Sections 456.065 and 491.012(1)(k), Florida Statutes[redacted]). Wherefore, the Department has hereby notified the Defendant to cease and desist from practicing mental health counseling in the State of Florida unless and until she is appropriately licensed by the Department. Information regarding the Department's actions is publicly available upon request.

☐ Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

[redacted]

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☒ This report has been disputed by the subject identified in Section B.

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☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: [redacted]
Date of Most Recent Change:

F. SUPPLEMENTAL SUBJECT INFORMATION ON FILE WITH DATA BANK

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Subject Name(s): [redacted]
Date of Birth(s):
Social Security Numbers (SSN):

This report is maintained under the provisions of: Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT