

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

Application

Application Detail

License Type:	Medical Doctor
Profession Number:	1501 - Medical Doctor
License Number:	47540
Application:	Renew My Medical Doctor License
Application Date:	01/21/2019

Suitability Question(s)

Have you reviewed and confirmed your profile?	Yes
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Personal Detail

Title:	MD
First Name:	JEAN
Middle/Second Name:	CAROL
Last Name/Surname:	COOK

Addresses

Mailing Address

Address:	6440 W NEWBERRY RD
	ALACHUA
	GAINESVILLE, FL
	32605
	US
Phone Number:	(352) 331-3332
Extension:	
E-mail Address:	jcook@allaboutwomenmd.com

Home

Place of Practice

Address: 6440 W NEWBERRY RD
ALACHUA
GAINESVILLE, FL
32605
US

Phone Number: (352) 331 -3332

Extension:

Place of Practice
Address:

6440 W NEWBERRY RD
ALACHUA
GAINESVILLE, FL
32605
US

Phone Number: (352) 331-3332

Extension:

Satellite Location
Address:

5978 POWERS AVENUE
DUVAL
JACKSONVILLE, FL
32217
US

Phone Number:

Extension:

E-mail Address:

Satellite Location
Address:

2121 W. PENSACOLA STREET
LEON
TALLAHASSEE, FL
32304
US

Phone Number:

Extension:

E-mail Address:

Questions related to Section 456.0635(3), Florida Statutes

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar offense(s) in another state or jurisdiction? **No**

On or after July 1, 2009, have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? **No**

On or after July 1, 2009, have you been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? **No**

On or after July 1, 2009, have you been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? **No**

Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? **No**

Availability for Disaster

Are you willing to provide health care services in special need shelters or to work with disaster medical teams during times of emergency or major disasters? **No**

Financial Responsibility/Exemption

Financial Responsibility **4. LIABILITY NOT LESS THAN \$250,000**

Fees

FDLE Background Chec	\$24.00
Active Renewal	\$350.00
Unlicensed Activity	\$5.00
Dispensing	\$100.00
Total Amount Due:	\$479.00

Attestation

By submitting the appropriate renewal fees to the Department, I certify compliance with all requirements for renewal. I am responsible for knowing these requirements as set forth in the laws and rules that govern my profession.

Attestation Answer: Yes