

Division of Medical Quality Assurance P.O.Box 6330 Tallahassee, Florida 32314-6330

> KHALILAH QUASHAY JEFFERSON 6040 SW 62 TERRACE SOUTH MIAMI, FL 33143

This is to acknowledge receipt of your application. Once your application has been reviewed, you will be notified in writing by the appropriate regulatory specialist.

Please allow 30 days for the processing of your application prior to contacting the board office. After that timeframe, you may contact (850)488-0595 for further information.

# AC# COPY STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.	
DATE	LICENSE NO.	CONTROL NO.	

#### THE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF THE LAWS AND RULES OF THE STATE OF FLORIDA.

EXPIRATION DATE: APRIL 30, 2005
KHALILAH QUASHAY JEFFERSON

6040 SW 62 TERRACE SOUTH MIAMI, FL 33143 COPY

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DIVISION OF MEDICAL QUALITY ASSURANCE
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CONTROL NO.

391824

AT LEAST 90 DAYS PRIOR TO THE EXPIRATION DATE SHOWN ON THIS LICENSE, A NOTICE OF RENEWAL WILL BE SENT TO YOUR LAST KNOWN ADDRESS. IF YOU HAVE NOT RECEIVED YOUR NOTICE 60 DAYS PRIOR TO THE EXPIRATION DATE, PLEASE CALL (850) 410-3359.

COPY - NOT A VALID LICENSE - COPY

#### **COPY - NOT A VALID LICENSE - COPY**

EXPIRATION DATE: APRIL 30, 2005
YOUR LICENSE NUMBER IS RN 9202903, PLEASE USE IT IN ALL CORRESPONDENCE WITH YOUR BOARD/COUNCIL. EACH LICENSEE IS
SOLELY RESPONSIBLE FOR NOTIFYING THE DEPARTMENT IN WRITING OF THE LICENSEE'S CURRENT MAILING ADDRESS. USE THIS
SECTION TO REPORT NAME AND/OR MAILING ADDRESS CHANGES.

NAME CHANGES REQUIRE LEGAL DOCUMENTATION SHOWING THE NAME CHANGE. PLEASE MAKE SURE THAT A PHOTOCOPY OF ONE OF THE FOLLOWING ACCOMPANIES THIS FORM: A MARRIAGE LICENSE (MARRIAGE LICENSE MUST INDICATE THE ORIGINAL SIGNATURE AND SEAL FROM THE CLERK OF THE COURT), A DIVORCE DECREE INDICATING RESTORATION OF YOUR MAIDEN NAME, OR A COURT ORDER(E.G., ADOPTION, NAME CHANGE, OR FEDERAL IDENTITY CHANGE). ANY ONE OF THESE WILL BE ACCEPTED UNLESS THE DEPARTMENT HAS A QUESTION ABOUT THE AUTHENTICITY OF THE DOCUMENT. A DRIVER'S LICENSE OR SOCIAL SECURITY CARD IS NOT CONSIDERED LEGAL DOCUMENTATION.

TO REQUEST A DUPLICATE LICENSE SUBMITTHIS FORM AND A CHECK, PAYABLE TO THE DEPARTMENT OF HEALTH, IN THE AMOUNT OF \$25.00.

					SIGNATURE REQUIRED	
	REQUEST DUP	LICATE LICENSE				
_			DEPARTMENT OF	HEALTH		
			SION OF MEDICAL QUA LICENSURE SE P.O.BOX 6: TALLAHASSEE, FLORI	RVICES 320		
	NAME CHANG	E (ATTACH LEGAL DOC	JMENTATION)	MAILING	ADDRESS CHANGE	
FROM:						
	LAST	FIRST	MIDDLE			
TO:	LAST	FIRST	MIDDLE	-		
DH 21	03, 5/98			CITY	STATE	ZIP

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE
LICENSURE SERVICES
4052 BALD CYPRESS WAY, BIN #C-10
TALLAHASSEE, FLORIDA 32399-3260



# STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE

THIS IS TO CERTIFY THAT

# KHALILAH QUASHAY JEFFERSON

HAVING FURNISHED SATISFACTORY EVIDENCE OF ATTAINMENTS AND QUALIFICATIONS, AS REQUIRED BY LAW, IS HEREBY RECOGNIZED AS A

# REGISTERED NURSE

IN CONFORMITY WITH AN ACT OF THE LEGISLATURE OF THE STATE OF FLORIDA, CREATING AND REGULATING THE PROFESSION.

John O. Agwunobi, M.D., MBA Secretary

June 18,2003

Khalilah Quashay Jefferson 6040 SW 62 Terrace South Miami, FL 33143

Dear Ms. Jefferson:

Congratulations! You have met the requirements to become a Registered Nurse in the State of Florida. Your license number is RN9202903.

The actual copy of your license should arrive in 2 to 4 weeks. This letter will become "null and void" upon receipt of your initial license; the license will indicate the expiration date of your Florida license.

Changes of address must be made in writing and sent directly to the board office at the address listed below. You may access our Internet website at www.doh.state.fl.us/mqa to look up a license, update addresses, and obtain applications, newsletters, board information, laws and rules.

The Department of Health is committed to continuous improvement in customer service. As a recent licensee, you are one of our most valuable customers and how you feel about the service that we provide you matters a great deal. Please share your opinions with us. We have developed an on-line survey (www.doh.state.fl.us/mqa/surveys/new-lic.htm) that takes just a few moments to complete. The brief time you take to tell us how we performed our jobs will help us better serve you and other new licensees in the future.

If you have any questions concerning this information, you may contact us for assistance at the board office by calling (850) 245-4125.

Sincerely,

Department of Health

Board of Nursing

01:44pm

June 17, 2003

#### To Whom It May Concern:

My name is Khalilah Q. Jefferson, an applicant for nurse licensure by endorsement. I am writing this letter in response to a criminal charge that was revealed on my national background screening. On December 12, 1997 my boyfriend and I were involved in a domestic dispute and he refused to give me my daughter. After several hours of knocking on the door and pleading with him to give me my child, I proceeded to kick the door and I called the police. When the police arrived on the scene I had an exchange of words with one of the officers and he noticed the shattered glass on the door and arrested me for destruction of property. I was taken to jail and released twelve hours later after appearing before a judge. From my understanding the case was dropped or no papered and this is why I did not include it on my application for endorsement. I was under the impression that this issue was resolved and would not appear on a criminal background check.

I have learned to not let anger get the best of me. Being a professional it is essential to have patience and always handle difficult situations accordingly. I have not been involved with any criminal activity nor have I had any run-ins with law enforcement since this incident in 1997. I am embarrassed that this incident occurred and have since learned that a negative judgment could have enabled me from practicing as a registered nurse. I have not had any complaints or actions filed against any of the licenses that I have held. In essence this was a misfortunate incident that could have proved detrimental to my career before it began.

I sincerely hope that this will not negatively affect my application for endorsement and the board can be assured that I will uphold all of the standards of professional nursing practice and this incident in no way is a determinant of my character or my ability to practice as a professional.

Thank you in advance for your understanding. I apologize for any inconvenience that my misunderstanding of the application process has caused.

Sincerely.

Khalilah Q. Jefferson BSN, RN

John O. Agwunobi, M.D., MBA Secretary

May 30, 2003

Khalilah Quashay Jefferson 6040 SW 62 Terrace South Miami, FL 33143

Dear Ms. Jefferson:

The Board of Nursing has received your application for licensure. Upon review of your file, it has been determined that the following information is incomplete:

Other: Please respond to question 6 of the application.

\* Other: Pending FBI results, submitted by Board. No action needed by applicant.

Please return this letter with the missing documentation to the address below. Please feel free to contact me at (850)245-4444, ext.3750, if you need additional assistance.

Sincerely,

Jennifer Jone Board Staff

Department of Health
Florida Board of Nursing
4052 Bald Cypress Way· Bin# C-02
Tallahassee, Florida 32399-3252

Telephone (850) 245-4125 · FAX (850) 245-4172

John O. Agwunobi, M.D., MBA Secretary

June 16, 2003

Khalilah Quashay Jefferson 6040 SW 62 Terrace South Miami, FL 33143

Dear Ms. Jefferson:

The Board of Nursing has received your application for licensure. Upon review of your file, it has been determined that the following information is incomplete:

- \* Other: Enclosed is a copy of your background check report. The information contained in this report may be in conflict with the information contained in your application. If the charges were dropped/abandoned, nolle prossed, you were found not guilty by any other means please send the official paperwork stating this. If you had adjudication withheld, plead no contest, nolo contendere or were found guilty please send the official disposition and amend your application.
  - \* Verification Form -- must be submitted from United States Virgin Islands.

Please return this letter with the missing documentation to the address below. Please feel free to contact me at (850)245-4444, ext., if you need additional assistance.

Sincerely,

Jennifer Johes

**Board Staff** 

AR 5/13

# **NURSING EMPLOYMENT VERIFICATION FORM**

Complete this part and submit a copy to each place of employment, for the last three years making

PART I: TO BE COMPLETED BY APPLICANT

copies of this form as necessary.
Applicant Name: KHALILAH JEFFERSON SS#:
Address: PO BOX 6498 SI C'STED ST. CROIX 00823
NAME OF HOSPITAL OR AGENCY: GOVERNOR Juan F. Luis Hospital
I hereby authorize release of any information regarding my employment status with your facility to the Florida Board of Nursing.
Applicant Signature: 13/03
PART II: TO BE COMPLETED BY THE HOSPITAL PERSONNEL OR AGENCY/EMPLOYER  Please complete this part regarding the above individual and return this form to:  Florida Board of Nursing, 4052 Bald Cypress Way, Bin # C02, Tallahassee, Fl 32399-3252.  Thank you for your cooperation in this matter.
APPLICANT NAME: Khali Lat Jefferson ss#:
PLACE OF EMPLOYMENT: GOU. Juan F. Leus MOSPIFAL
BUSINESS ADDRESS: 4007 Est. Diamond Ruloy cloted ST. Clore (Mailing address, city, state and zip) 00820-4421
POSITION TITLE: Registered Nurse
DATES OF EMPLOYMENT: RN 5/01 Through Presents/18 LPN Through  VERIFIED BY: Steely Walvy RN HN.  Verifying Agenti
DATE: 5/1/03 Estery Wolvey Ruth
PHONE NUMBER: 340-77 8-6311 Ext Wead NUSC. Title

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BOARD OF MUSSING



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ELECTRIC PROPERTY OF THE CONTROL OF

HAVE KHALILAH JEFFERSON

APPRESS P.O. BOX 399

C'STED, ST. CROIX, VI

Khalilah Jefferson
Has successfully completed the independent study

HIV An Epidemic of Many Proportions

Sunday May 25th 2003

Sponsored by RN.com 12235 EL Camino Real, Suite 200 San Diego, California 92130

This continuing education activity has been awarded (3) contact hours by RN.com. RN.com is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. RN.com is an approved nursing continuing education provider in the States of California #12631, Florida # 2576, and West Virginia #WV2002-0435RN. This certificate must be retained by the licensee for a period of five years after the course has been completed. Do not send this certificate to the Board of Nursing.

(Courses taken prior to May 1, 2003 were accredited by the Professional Development Center.)

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http://courses.pdcfornurses.com/?uniq=841773&command=manage\_auth\_user&data%5Bsu... 6/6/2003

JUN-06-2003 15:05

Khalilah Jefferson

Has successfully completed the independent study

Reducing Medical Errors: You Can Make a Difference

Sunday May 25th 2003

Sponsored by RN.com 12235 EL Camino Real, Suite 200 San Diego, California 92130

This continuing education activity has been awarded (2) contact hours by RN.com. RN.com is accredited as a provider of continuing nu sing education by the American Nurses Credentialing Center's Commission on Accreditation. RN.com is an approved nursing continuing education provider in the States of California #12631, Florida # 2576, and West Virginia #WV2002-0425RN. This certificate must be retained by the licensee for a period of five years after the course has been completed. Do not send this certificate to the Board of Nursing.

(Courses taken prior to May 1, 2003 were accredited by the Professional Development Center.)

Marcia Faller, RN, BSN RN.com Administrator

http://courses.pdcfornurses.com/?uniq=856479&command=manage\_auth\_user&data%5Bsu... 6/6/2003

JUN-06-2003 15:05

Khalilah Jefferson

Has successfully completed the independent study

Domestic Violence: Spouse/Intimate Partner Abuse

Wednesday May 28th 2003 Date

Sponsored by RN.com 12235 EL Camino Real, Suite 200 San Diego, California 92130

This continuing education activity has been awarded (3) contact hours by RN.com. RN.com is accredited as a provider of continuing nutsing education by the American Nurses Credentialing Center's Commission on Accreditation. RN.com is an approved nurling continuing education provider in the States of California #12631, Florida # 2576, and West Virginia #WV2002-04.15RN. This certificate must be retained by the licensee for a period of five years after the course has been completed. Do not send this certificate to the Board of Nursing.

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http://courses.pdcfornurses.com/?uniq=86335&command=manage\_auth\_user&data%5Bsub... 6/6/2003 JUN-06-2003 15:05

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RN.com Administrator



Khalilah Jeffferson

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RN.com Administrator





Khalilah Jeffferson

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## Reducing Medical Errors: You Can Make a Difference

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(Courses taken prior to May 1, 2003 were accredited by the Professional Development Center.)

Marcia Faller, RN, BSN RN.com Administrator





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#### FOR REVENUE RECEIPTING ONLY

# DEPARTMENT OF HEALTH MEDICAL QUALITY ASSURANCE FLORIDA BOARD OF NURSING Post Office Box 6330 Tallahassee, FL 32314 (850) 245-4125 www.doh.state.fl.us/mga

Received Date: 05/12/2003 Deposit Date: 05/12/2003 Deposit #: 167883 Batch Number: 020136 Validation #: 902169582 Check Amount: \$203.00

DH 1204, 10/02

FRO\_GDE: 1701

## APPLICATION FOR NURSING LICENSURE (ENDORSEMENT OR EXAMINATION)

FAILURE TO SUBMIT FEE (SEE INSTRUCTIONS), TO COMPLETE THIS APPLICATION, OR TO ATTACH ANY REQUIRED DOCUMENTATION WILL RESULT IN AN INCOMPLETE APPLICATION. YOUR APPLICATION WILL NOT BE CONSIDERED UNTIL IT IS COMPLETE.

APPLICATIONS ARE PROCESSED IN TIME ORDER RECEIVED.

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK 1. PROFILE INFORMATION NAME: Last UEFFERSON MAILING ADDRESS: 16040 SW 62 Terrace

City South MIAMI State FLORIDA Zip 33143 HOME TELEPHONE: 305-661-8593 WORK TELEPHONE: 340-772-7348 E-MAIL ADDRESS Khables and a holmand com DATE OF BIRTH (M/DY) 01/18/77 PLACE OF BIRTH: Vero Beach Flonda MOTHER'S MAIDEN NAME: \*SOCIAL SECURITY NUMBER (U.S.) \*Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456,564(1), 409,2577 and 409,2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996(Welfare Reform Act. 104 Pub.L. Section 317) APPLICATION TYPE Indicate below the type of license and method of qualification you wish to use to qualify for licensure in the State of Florida. Consult instructions for eligibility requirements. TYPE OF, LICENSE/METHOD OF QUALIFICATION (Check one only): Registered Nurse (RN) Examination (1701) \$180 License Practical Nurse (LPN) Examination (1702) \$180 Registered Nurse (RN) Endorsement (1701) \$203 License Practical Nurse (LPN) Endorsement (1702) \$203 NOTE: Florida law prohibits your functioning at an advanced or specialized level (nurse midwife, nurse anesthetist or nurse practitioner) until you have received a license as an ARNP from the Florida Board of Nursing. If you seek licensure as an ARNP, you must also request a separate application for ARNP certification. Contact the Board office for an application. SPECIAL TESTING ACCOMMODATION IS REQUESTED: Attach appropriate documentation. Availability for Disaster: Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? Yes No EQUAL OPPORTUNITY DATA We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. RACE: White □ Black Asian/Pacific Islander Mispanic Hispanic ☐ Other Male Do Female

# NAME KNAIIAN UEfferson

	3. APPLICANT BACKGROUND					sheets, if necessary				
A. List any other name	e(s) by which you hav	e been known in the	past				_			
B. What name(s) did y	ou use when you rec	eived your nursing ed	ducation?				<del></del>			
C. What name did you	use when you were	first licensed?								
D. Have you ever appli	ied for RN licensure	by examination in Flo	orida?	] Yes	<b>™</b> No	Date				
E. Have you ever applied for LPN licensure by examination in Florida?										
F. Have you ever appli	ied for RN licensure t	by endorsement in Flo	orida?	] Yes	<b>™</b> No	Date				
G. Have you ever appl	lied for LPN licensure	by endorsement in F	Florida?	] Yes	No No	Date				
H. Have you ever beer	n lipensed in Florida a	as an RN?		Yes	No No	Date				
1. Have you ever been	n licensed in Florida a	s an LPN?	;	☐ Yes	No No	Date				
J. List all nursing licent NECESSARY)	ses (active, inactive o	or lapsed). Verification	on pages are ne	eded for e	each license. (,	ATTACH ADDITIONAL SHEE	T, IF			
State/Country Lic Maryland R	rense No. 2147535	RN or LPN	Date Of Licensur	<u>e</u>	If no longer I	icensed, state why & when				
Washington DC	EN 49134	RN	8/24/00			psed				
USVI	8074	RN	11/18/01		Ao	hve				
K. Have you been en	nployed as a nurse fo	or 2 of the 3 last years	K. Have you been employed as a nurse for 2 of the 3 last years?							
✓ Yes – Complete employment verification form and send to employers □ No										
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4. NURSING	EDUCATION HIS	TORY	,	pioyers	1) 140					
	EDUCATION HIS	rory Howard Ur	niversity			Country USA				
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RCV BY GOV. JUAN F. LUIS HOSP.: 6- G- 3 :11:58AM : 8502454169-JUAN FILLIS HOSPITALIE I

NAME Khalilah Jefferson

5.	EXAMINATION	HISTORY	Att	ach additional sheets, t	f necessary		
А., Нач	e you ever taken a	in examination for RN or LPN licens	re?	BYES DNO			
B. If YE	S, complete the fo	illowing information for each jurisdi	ction for which the exa	mination was taken:			
	Examination	State/Country	Month/Year	Results			
	RN DPN	Manyland/15A	2/2000	Bass	□ Fail		
	OKN OFN	Washington ec	8/99	D Pass	<b>C</b> Fait		
	DRN DPN			D Pass	□ Fail		
	□RN □PN			_ □ Pass	☐ Fall		
Rafer to	Chapter 464,008(3)	F.S., for remedial requirements for ag	plicants who have taken	the exam 3 times and tai	led.		
MANDATORY CONTINUING EDUCATION REQUIREMENT  For sections 456.013(7), 456.604 and 456.597, Floridz Statutes, all applicants for initial licensure must complete a two-hour course on medical errors, a three (3) hour course on HIV/AIDS, and a one (1) hour course on Domestic Violence prior to licensure. These courses must be from an approved Florida Board of Nursing provider. If unable to do so for good cause, you will be allowed six months to complete this requirement. (Good cause is defined as: applicants who have been residing outside of Florida or have been on active military service.) Check the appropriate statement.  I have completed these required by Florida Statutes, as defined by Rule 64B9-5.009.  At this time I have not completed the required courses for good cause.  Note: Proof of mandatory continuing education contact hours completed within six months of licensure should be retained by the applicant and sent to the Board only if requested.  7. CERTIFICATE OF GOOD PHYSICAL AND MENTAL HEALTH (MUST HAVE BEEN COMPLETED WITHIN THE LAST 12 MONTHS)  I hereby certify that the applicant has been examined by me on (MINDDYY) (APHYSICIAN (MO, DO))  Licensed as: Physician's Assistant ARNP (Nurse Practitioner)  Priori Practitioner's Name (Nurse Practitioner)							
(Must be licensed pursuant to F.S. 458 or 459)							
	HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)						
<ol> <li>In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcoh program or impaired practitioner program?</li> </ol>							
2. In the	last 5 years, have	e you been treated for or had a recu	rrence of a diagnosed m	ental disorder or imp			
3. In the	last 3 years have	you been treated for or had a recur	rence of a diagnosed pr	ysical impairment?			
4. In the	last 5 years, have	e you been treated for or had a recu	mence of a diagnosed a	ddictive disorder?			

21

# NAME Khalilah Jefferson

5. EXAMINATION H	ISTORY	Attac	h additiona	l sheets, if	necessary	
A Have you ever taken an	A Have you ever taken an examination for RN or LPN licensure?					
B. If YES, complete the foli	lowing information for each jurisdic	ction for which the exam	ination was	taken:		
<u>Examination</u>	State/Country	Month/Year		Results		
ØRN □PN	Manyland/USA	2/2000	_	Pass	□ Fail	
DEN DPN	Washington PC	8/99	_	☐ Pass	TD Fail	
□RN □PN			-	☐ Pass	□ Faií	
□RN □PN			-	☐ Pass	☐ Fail	
Refer to Chapter 464,008(3)F	S., for remedial requirements for ap	plicants who have taken th	e exam 3 tîn	nes and fai	led.	
6. MANDATORY C	ONTINUING EDUCATION REQUI	REMENT				
course on medical errors, a licensure. These courses i you will be allowed six mor	56.604 and 456.597, Florida Statut a three (3) hour course on HIV/AIDS must be from an approved Florida I of the complete this requirement. or have been on active military serv	S, and a one (1) hour cou Board of Nursing provider (Good cause is defined as	rse on Dom , If unable t s: applicant	estic Viole to do so fo ts who hav	nce prior to r good cause.	
☐ I have completed the	ese required by Florida Statutes,	, as defined by Rule 641	39-5.009.			
At this time I have no	ot completed the required course	es for good cause.				
	continuing education contact hours o the Board only if requested.	s completed within six mor	nths of licen	sure shou	ld be retained	
	F GOOD PHYSICAL AND MENTAL	f(I) = I	nd to be in g Phys	ood physician (MD,	cal and mental DO)	
Practitioner's Signature	ada h	Licensed as:		cian's Ass P (Nurse F	istant Practitioner)	
Print Practitioner's Name	Zunardo GIBBS	State/Country Licensed i (Must be licensed pur	n US V suant to F.	S. 458 or	telands 459)	
8. HEALTH HISTORY (Supporting documentation should be sent directly to the Board Office)						
In the last 5 years, have you been enrolled in, required to enter into, or participated in any drug or alcohorogram or impaired practitioner program?						
2. In the last 5 years, have	e you been treated for or had a recu	urrence of a diagnosed me	ental disord	er or im		
3. In the last 5 years have	you been treated for or had a recu	rrence of a diagnosed phy	ysical impai	rment?		
4. In the last 5 years, have	e you been treated for or had a recu	urrence of a diagnosed ad	ldictive diso	rder?		

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#### 9. CRIMINAL HISTORY

	Have you EVER been convicted of, or entered a plea of guilty, nolo contendere, crime in any jurisdiction other than a minor traffic offense? You must include all felonies, even if adjudication was withheld. Driving under the influence (DUI) impaired (DWI) is not a minor traffic offense for purposes of this question. & Answers section in instructions.)	l misdem ) <mark>or drivi</mark>	eanors and ng while
	If you answered YES, please send a typed or printed letter with arrest da charges and final dispositions		
	Note: If you have been adjudicated guilty of a felony, attach documentation of restoration of civil for licensure without demonstrating that your civil rights have been restored.	rights. You	u are <u>not</u> eligible
	You must have arrest and court records of final disposition for <u>each offense</u> listed. Your applicate considered complete until these records are received. If the records are no longer available, of their unavailability.		
Ì	10. DISCIPLINARY HISTORY Attach additional sheets, it	f necessary	
	Have you ever been denied or is there now any proceeding to deny your application for any health care licens Florida or any other state, jurisdiction or country?	e to practice  Yes	in No
	Have you ever had disciplinary action taken against your license to practice any health care related profession by the licensing authority in Florida or in any other state, jurisdiction or country?	☐ Yes	No.
	Have you ever surrendered a license to practice any health care related profession in Florida or in any other state, jurisdiction or country while any such disciplinary charges were pending against you?	☐ Yes	No No
	Do you have any disciplinary action pending against your license?	☐ Yes	No No
	If you answered YES to any of the above questions please send a typed or printed description of the discipline Board(s) in the States you were disciplined and request official copies of the administrative complaint and fina Florida Board of Nursing.		
	11. APPLICANT SIGNATURE		_
	I, the undersigned, state that I am the person referred to in this application for licensure in the Sta		
	I affirm these statements are true and correct and recognize that providing false information may against my license or criminal penalties pursuant to Sections 456.3067, 775.0083 and 775.084, F		
	I have carefully read the questions in the foregoing application and have answered them complete any kind, and I declare under penalty of perjury that my answers and all statements made by me correct. Should I furnish any false information in this application I hereby agree that such act sha denial, suspension or revocation of my license to practice as a Registered Nurse or Licensed Pra Florida.	herein are Il constitute	true and ed cause for
	I further state I have read and understand Chapter 464, Florida Statutes, and Chapter 64B9, Flori they pertain to the practice of nursing (Note: A current copy of Ch 464 and Ch 64B9 may be obtai 0595 or via the internet at http://www.doh.state.fl.us/mqa/).		
	Florida Law requires you to immediately inform the Board of any material change in any circumstal in the application which takes place between the initial filing and the final granting or denial of the the information on this application as needed.		
	I affirm that I will comply with all requirements for licensure renewal including continuing education	n credits.	
	Applicant's Signature Dan Dan	te <u>4/4</u>	26/03



## Maryland Board of Nursing Web Lookup



Licensee Verification

Person							
Name: KHALILAH Q JE	FFERSON						
and the second distriction of the second sec	A SOURCE STREET, SOURCE SOURCE	(8775.46.728) - 57.487.4878. 389an 4-388.					
	Profession an	d License Information					
Profession :	Nursing						
License Type	License Status	Last Renewal Date	Expiration Date				
REGISTERED NURSE	NON-RENEWED	2/16/2000					
	E	ducation					
Qualifying Education/T	raining	Year Graduation/Cor	npletion				
HOWARD UNIVERSITY		1/1/1999					
	Discipl	inary Action(s)					
Disciplinary Action		Date of Action					
No Disciplinary Action Info	ormation Found						

Return to Licensee search | Back to Results

# Nursys - Speed Memo

## Requesting information for:

Name:

<u>JEFFERSON</u>, KHALILAH Q

SSN:

DOB: License(s): 01/18/1977 MARYLAND RN R147535

Sender:

FLORIDA - Jennifer Jones

Recipient: MARYLAND

Please enter any additional comments below:

please provide basis for licensure.

Send Memo

Cancel



## Verification Report

for

## JEFFERSON, KHALILAH Q

SSN:

Date of Birth: 01/18/1977

Maiden Name:

Address: 4826 FORT TOTTEN DR NE. APT

#203, WASHINGTON, DC, 20011

#### LICENSE INFORMATION

Jurisdiction	License	License	Date of				Date of Initial
Surisdiction	Type	Number	Licensure	Date	Status	Licensure	Licensure
MARYLAND	RN	R147535		01/28/2001	Active		02/16/2000

#### **EDUCATION INFORMATION**

School Name	Graduation Date	Program Code	Degree	City	State
Unknown			Blank		

#### **EXAM INFORMATION**

No exam records were provided.

#### **DISCIPLINE SUMMARY INFORMATION**

No discipline cases for this individual.

This verification report was printed on 5/30/2003 12:30:04 PM by Jennifer Jones of FLORIDA. Copyright 1999, National Council of State Boards of Nursing, Inc. (https://www.nursys.org)

Back to Previous Page



for

## JEFFERSON, KHALILAH Q

SSN:

Date of Birth: 01/18/1977

Maiden Name:

Address: 4826 FORT TOTTEN DR NE, APT

#203, WASHINGTON, DC, 20011

#### LICENSE INFORMATION

Jurisdiction	License	License	Date of	<b>Expiration</b>	License	Basis of	Date of Initial
Jurisdiction	Type	Number	Licensure	_ Date	Status	Licensure	Licensure
MARYLAND	RN	R147535		01/28/2001	Active		02/16/2000

#### **EDUCATION INFORMATION**

School Name	Graduation Date	Program Code	Degree	City	State
Unknown			Blank		

#### **EXAM INFORMATION**

No exam records were provided.

#### DISCIPLINE SUMMARY INFORMATION

No discipline cases for this individual.

This verification report was printed on 6/6/2003 10:48:07 AM by Sheronda McMillan of FLORIDA. Copyright 1999, National Council of State Boards of Nursing, Inc. (https://www.nursys.org) **Back to Previous Page** 

JUN 13 2083 CEIVED MAY 2 6 2003 25

25.00 July 325.00 July 325.00

## **NURSING LICENSE VERIFICATION FORM**

PART I: TO BE COMPLETED BY APPLICANT

Complete this part and submit a copy to each state where you hold or have ever held a license to practice nursing, making copies of this form as necessary.
Applicant Name KHALILAH Q. JETFEZSON SS#
Address PO BOX 6498 SI C'STED ST. CROK USVI 00823
Name original license was issued under KHALILAH Q. JEFFERSON
License Number 8074 State of US Virgin Islands
I hereby authorize release of any information regarding my licensure status to the Florida Board of Nursing.
Applicant Signature Date 4/13/03
*******
PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD Please complete this part regarding the above individual and return this form to: Florida Board of Nursing 4052 Bald Cypress Way Bin # C02 Tallahassee, FI 32399-3252.
Thank you for your cooperation in this matter.
mark you to your cooperation in the market.
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS  RN X LPN LICENSE NUMBER: 8074
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS  RNX LPN LICENSE NUMBER: 8074  ISSUE DATE: 11/18/2001 EXPIRATION DATE: 12/31/2003
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS  RNX LPN LICENSE NUMBER: 8074  ISSUE DATE: 11/18/2001 EXPIRATION DATE: 12/31/2003  LICENSE BASED ON: STATE EXAM RECIPROCITY WITH NATIONAL EXAM ENDORSEMENT X
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS  RNX
APPLICANT NAME: KHALTLAH JEFFERSON STATE OF: VIRGIN ISLANDS  RNX
APPLICANT NAME: KHALILAH JEFFERSON STATE OF: VIRGIN ISLANDS  RNX

Title

<sup>\*</sup>If this license has ever been encumbered please forward all orders to the Florida Board of Nursing with this form.

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KAHLILAH Q. JEFFERSON

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	Clerk Superior Court of the District of Columbia		Defendant
	By Balean Bland		

#### Jones, Jennifer R

From: MDBON Endorsements [mdbon\_endorsements@hotmail.com] Friday, June 13, 2003 2:49 PM Sent: iennifer jones@doh.state.fl.us To: Re: Nursys SpeedMemo Message From: FLORIDA - Jennifer Jones Subject: >From: <jennifer jones@doh.state.fl.us> >To: <MDBON ENDORSEMENTS@HOTMAIL.COM> >Subject: Nursys SpeedMemo Message From: FLORIDA - Jennifer Jones >Date: Fri, 30 May 2003 12:34:44 -0500 >\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* >Sender: FLORIDA - Jennifer Jones >Recipient: MARYLAND BON >Nurse Requesting Information On: >Name: JEFFERSON, KHALILAH O >SSN: >DOB: 01/18/1977 >License(s): MARYLAND RN R147535 >Additional Comments: >please provide basis for licensure. >KHALILAH JEFFERSON WAS LICENSE BY EXAM HOWARD UNIVERSITY, WASHINGTON DC GRAD 4/23/1999 ISSUE DATE 2/16/2000 NCLEX-RN PASSED 2/2/2000 TEARA

MSN 8 with e-mail virus protection service: 2 months FREE\* http://join.msn.com/?page=features/virus

#### STATE OF FLORIDA DEPARTMENT OF HEALTH **DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
04/30/2005	RN 9202903	602133

#### The REGISTERED NURSE

HOMESTEAD, FL 33035

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: **APRIL 30, 2007** KHALILAH QUASHAY JEEFERSON 1934/SE 18TH STREET

DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE DATE

CONTROL NO.

COPY - NOT A VALID LICENSE - COPY

laws and rules of the state of Florida

**COPY - NOT A VALID LICENSE - COPY** 

DIOLECT IL LEGOUEED DI ECAM

☐ BRACTICE LOCATION ADDRESS CHANGE

EXPIRATION DATE: APRIL 30, 2007
Your license number is RN 9202903, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

- 1. Go to www.DOH-MQAServices.com
- 3. Select your profession
- 4. Enter the account ID and password here (Account ID and Password are case sensitive

To request a duplicate license, submit this form and a check or money order, payable to the DEPARTMENT OF HEALTH, in the amount of \$25,00 Now that you have your license, make sure you keep it. Go to www.doh.statefl.us/mqa/avoid.html to find out more

MAIL TO: DEPARTMENT OF HEALTH **DIVISION OF MEDICAL QUALITY ASSURANCE** LICENSURE SERVICES P.O. BOX 6320 TALLAHASSEE, FLORIDA 32314-6320 □ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:		
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DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE LICENSURE SERVICES 4052 BALD CYPRESS WAY, BIN #C-10 TALLAHASSEE, FLORIDA 32399-3260

#### Florida Department of Health - Board of Nursing

#### LICENSE RENEWAL NOTICE

Active Registered Nurse License # RN 9202903 expires April 30, 2005.

The fee of **\$65.00** and the renewal notice must be postmarked on or before <u>April 30, 2005</u>. Renewal notices postmarked on or after <u>May 01, 2005</u> require renewal and delinquent fees of **\$120.00**.

#### 1. CURRENT MAILING ADDRESS:

This address will be used for all correspondence from the Department of Health.

KHALILAH QUASHAY JEFFERSON 6040 SW 62 TERRACE SOUTH MIAMI, FL 33143

#### 2. CURRENT PRACTICE LOCATION:

This address will be printed on your license and posted on the Internet.

RTMENT USE ONLY

6040 SW 62 TERRACE SOUTH MIAMI, FL 33143

#### 3. RENEW ON LINE TODAY!

Go to <a href="www.doh-mqaservices.com">www.doh-mqaservices.com</a> to renew your license, change your address, and confirm information maintained by the Department. Listed below is your Account ID and password for online services. If you renew online, you will receive a temporary license upon successful completion of your renewal. Online renewals are processed immediately and your license status is updated online within seven business days.

#### 4. CHANGES TO CURRENT LICENSE INFORMATION:

If you have any changes to the name, mailing address, practice location address, license status or military status information associated with your license, please provide the updated information in the appropriate fields of section 7 on the back of this form.

#### 5. THERE ARE TWO RENEWAL METHODS AVAILABLE:

A. Online Renewal: Visit www.doh-mqaservices.com go to the Practitioner Logon box, select your profession and enter your Account ID and password. If you are requesting a status change, you will be ineligible to renew your license online. The system will be available for renewals until midnight, Eastern Standard Time (EST), April 30, 2005. To use the online system, you will need the following information:

(Note: Account ID and Password must be entered exactly as they appear.)

The online renewal system will allow practitioners to update their mailing and practice location addresses and to confirm licensee information maintained by the Department. Practitioners will receive a temporary license upon successful renewal before logging out of the system.

**B.** U.S. Mail: Mail completed form and fee payable to the Department of Health to the following address:

Department of Health
Division of Medical Quality Assurance
PO Box 6320
Tallahassee, FL 32314-6320

#### 6. Other Information:

By submitting the appropriate renewal fees to the Department, a licensee certifies compliance with all requirements for renewal, including continuing education credits.

File Number: 293305 Sequence Number: 1974
Profession Code: 1701 20 20



Please make changes to your license information in section 7 on the BACK of this form.

7. CHANGI	ES	T	) C	UF	RI	EΝ	ΤI	LIC	ŒΙ	JS.	ΕI	NF	OR	MZ	۱T	4٥	J:																							
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	CHECKLIST FOR MAILING RENEWAL FORM  If mailing your renewal form, use the checklist below as a guide for enclosing all the required items to ensure a smooth renewal. If renewing by mail, allow 2-4 weeks processing time.  REQUIRED: Renewal notice  Check or Money order written to Department of Health  Mail to: PO Box 6320, Tallahassee, Florida 32314-6320																																							
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# Florida Department of Health - Board of Nursing LICENSE RENEWAL NOTICE

Active Registered Nurse License # RN 9202903 expires April 30, 2007.

The fee of **\$65.00** and the renewal notice must be postmarked on or before <u>April 30, 2007</u>. Renewal notices postmarked on or after <u>May 01, 2007</u> require renewal and delinquent fees of **\$120.00**.

#### **CURRENT MAILING ADDRESS:**

CURRENT PRACTICE LOCATION:

This address will be used for all correspondence from the Department of Health. KHALILAH QUASHAY JEFFERSON 1934 SE 18TH STREET HOMESTEAD, FL 33035

This address will be printed on your license and posted on the Internet. 1934 SE 18TH STREET HOMESTEAD, FL 33035

CHANGE OF LICENSE						
l wish to change mystatu	s from active to inactiv	ve. The fee for an ir	nactive receipt is <b>\$65.</b> 0	<b>00</b> . The fee for inactive a	after <u>April 30</u>	) <u>, 2007</u> is <b>\$175.00</b> .
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CHANGE TO RETIRED I am requesting retired sta May 01, 2007 is \$165.00.	STATUS:	-		fore <u>April 30, 2007</u> . The	fee for retir	ed status on or after
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If you are renewing to activistaff disaster medical assi					al needs s	helters or to help
THERE ARE TWO RENEWA  A. Online Renewal: Visit www password. If you are requ until midnight. Eastern St	AL METHODS AVA w.flhealthsource.cor esting a status chang	<b>ILABLE:</b> <u>m</u> go to the Practiti ge, you will be ineliq	oner Logon box, selection	ct your profession and e ense online. The syster	n will be av	ailable for renewals
The online system will al Practitioners will receive: <b>B.</b> <u>U.S. Mail:</u> Mail completed	a temporary license u form and fee payable	pdate their address upon successful re to the Department	s and to confirm licens newal before logging t of Health to the follow	out of the system. ving address:	-	Department.
Department of Health, CHANGE OF MAILING		ai Quality Assura		F PRACTICE LOCAT		not be a PO Box):
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Profession Code: 1701	Rank Code: RN		20			

Department of Health
Division of Medical Quality Assurance
Licensure Services
P.O. Box 6340
Tallahassee, FL 32314-6340

# Florida Department of Health - Board of Nursing LICENSE RENEWAL NOTICE

Active Registered Nurse License # RN 9202903 expires April 30, 2007.

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This address will be printed on your license and posted on the Internet. 1934 SE 18TH STREET HOMESTEAD, FL 33035

CHANGE OF LICENSE		-1			5 A 116	
l wish to change mystatu	s from active to inactiv	e. The fee for an ir	nactive receipt is <b>\$65.</b> (	00. The fee for inactive a	after <u>April 30</u>	J <u>, 2007</u> is <b>\$175.00</b> .
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A. Online Renewal: Visit www password. If you are requ						
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Practitioners will receive					nea by the	Берагинена.
B. <u>U.S. Mail:</u> Mail completed		•		•		
Department of Health,		al Quality Assura				
CHANGE OF MAILING	ADDRESS:		CHANGE O	F PRACTICE LOCAT	ION (can	not be a PO Box):
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By submitting the appropriate continuing education credits.	renewal fees to the	Department, a lice	ensee certifies comp	liance with all requiren	nents for re	enewal, including
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Department of Health
Division of Medical Quality Assurance
Licensure Services
P.O. Box 6340
Tallahassee, FL 32314-6340

ВИ 20

#### OTHER INFORMATION:

The Florida Department of Health electronically tracks continuing education required of you for your renewal. For more information, please call **1-877-434-6323** or visit the CE Broker website at <a href="https://www.CEBroker.com">www.CEBroker.com</a>

Go to www.flhealthsource.com to obtain additional renewal information.

 $A voiding \ complaints \ can \ protect \ your \ clients \ and \ your \ ability \ to \ practice. \ Go \ to \ \underline{www.doh.state.fl.us/mqa/avoid.html} \ to \ find \ out \ more.$ 

#### **CHANGE OF NAME**

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license (marriage license must indicate the original signature and seal from the clerk of the court), a divorce decree indicating restoration of your maiden name, or a court order (e.g., adoption, name change, or federal identity change). Any one of these will be accepted unless the department has a question about the authenticity of the document. A driver 's license or social security card is not considered legal documentation. If the name change cannot be completed, your license will be renewed using the current name.

#### FLORIDA CENTER FOR NURSING (FCN) DATA COLLECTION AND TRUST FUND:

Surprisingly, we know little about nurses in our state. Information is critical to resolve our nursing shortage. YOU CAN HELP! Renewing Online: Participate in the FCN Survey by selecting the Workforce Data link as you complete your renewal. Renewing By Mail: Call the FCN at 407-823-0980 to learn how you can participate in the Workforce Data Survey.

ВИ 20

#### OTHER INFORMATION:

The Florida Department of Health electronically tracks continuing education required of you for your renewal. For more information, please call **1-877-434-6323** or visit the CE Broker website at <a href="https://www.CEBroker.com">www.CEBroker.com</a>

Go to www.flhealthsource.com to obtain additional renewal information.

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# ACOPY

#### STATE OF FLORIDA **DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
05/05/2007	RN 9202903	861837

The REGISTERED NURSE

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: APRIL 30, 2009 KHALILAH QUASHAY JEFFERSON 1934 SE 18TH STREET HOMESTEAD, FL -33935



STATE OF FLORIDA AC#
DEPARTMENT OF HEALTH
DIVISION OF MEDICALI QUALITY ASSURANCE ö RN 9202903 LICENSE DATE

COPY - NOT A VALID LICENSE - COPY REGISTERED NURSE ed below has met all requirements of

CONTROL

### **COPY - NOT A VALID LICENSE - COPY**

GUVERNUR

OLUME LAINT

#### DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: APRIL 30, 2009
Your license number is RN 9202903, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. Use this section to report name and/or practice location address and/or mailing address changes. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

- Go to <u>www.f1healthsource.com</u>
   Click on Licensee/Provider
- 3. Click on Practitioner Login
- 4. Select your profession
- 5. Enter the account ID and password here (Account ID and Password are case sensit
- 6. Click on Login

To request a duplicate license, submit this form and a check or money order, payable to the DEPARTMENT OF HEALTH, in the amount of \$25,00 Now that you have your license, make sure you keep it. Go to www.doh.statefl.us/mqa/avoid.html to find out more

MAIL TO: DEPARTMENT OF HEALTH **DIVISION OF MEDICAL QUALITY ASSURANCE** LICENSURE SERVICES P.O. BOX 6320 TALLAHASSEE, FLORIDA 32314-6320

	NAME	CHANGE	(ATI	ACH	LEGAL	DOCUME	NTA	TION
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FROM:		
LAST	FIRST	MIDDLE
TO:		
LAST	FIRST	MIDDLE
DH 2103, 5/98		

PRACTICE LOCATION ADDRESS CHANGE (This address will be printed on your license and posted on the Internet.)			
CITY MAILING ADDI	STATE RESS CHANGE	ZIP	
(This address will be correspondence from	used when mailing your license n the Department.)	e and for all other	

STATE

ZIP

DEPARTMENT OF HEALTH **DIVISION OF MEDICAL QUALITY ASSURANCE** 4052 BALD CYPRESS WAY, BIN #C-10 TALLAHASSEE, FLORIDA 32399-3260

CITY

KHALILAH QUASHAY JEFFERSON 1934 SE 18TH STREET HOMESTEAD, FL 33035 Your Registered Nurse License # RN 9202903 will expire at midnight, Eastern Standard Time (EST) on Thursday, April 30, 2009. The total fee due for this renewal is \$90.00.

Please log onto www.FLHealthsource.com and follow these steps:

- 1. Click Renew My License and log in.
- 2. Click Renew License and select your renewal option:
  - a Renew on-line
  - b. Print your renewal notice to submit with your payment via mail

Renewals by mail MUST include the renewal notice, not this postcard.

Visit <u>www.cebroker.com/subscribe</u> to purchase your <u>optional</u> subscription and track your continuing education credits. **NOTE:** This subscription is <u>not</u> required as a condition of license renewal

Remember all renewals <u>MUST</u> be submitted **no later than April 30, 2009**. Questions? Contact the MQA Call Center at (850) 488-0595.

# ACOPY

#### STATE OF FLORIDA **DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE**

DATE	LICENSE NO.	CONTROL NO.
05/07/2009	RN 9202903	1134599

#### The REGISTERED NURSE

named below has met all requirements of the laws and rules of the state of Florida.

Expiration Date: APRIL 30, 2011 KHALILAH QUASHAY JEFFERSON 135 OAK TERRACE DRIVE COVINGTON, GA -30016 UNITED STATES





COPY - NOT A VALID LICENSE - COPY

LICENSEE SIGNATURE

The REGISTERED NURSE named below has met all requirements of

CONTROL

LICENSE NO. RN 9202903

05/07/2009

DATE

#### COPY - NOT A VALID LICENSE - COPY

GUVERNUR

STATE SUNGEON GENERAL

#### DISPLAY IF REQUIRED BY LAW

EXPIRATION DATE: APRIL 30, 2011
Your license number is RN 9202903, please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please call (850) 488-0595.

Use this section to report name change. Name changes require legal documentation showing the name change. Please make sure that a photocopy of one of the following accompanies this form: a marriage license, a divorce decree or a court order. A driver's license or social security card is not considered legal documentation.

Medical Quality Assurance offers you the convenience of several online services. These services give you the ability to renew your license, update your mailing and practice location addresses and update your profile information.

- 1. Go to www.flhealthsource.com
- 2. Click on Licensee/Provider
- 3. Click on Practitioner Login
- 4. Select your profession
- 5. Enter the account ID and password that was provided to you on your initial license  $\epsilon$
- 6. If you do not know your account ID and password, click on "Get Login Help" or call

for assistance.

MAIL TO: DEPARTMENT OF HEALTH **DIVISION OF MEDICAL QUALITY ASSURANCE** LICENSING AND AUDITING SERVICES UNIT P.O. BOX 6320 TALLAHASSEE, FLORIDA 32314-6320

#### ☐ NAME CHANGE (ATTACH LEGAL DOCUMENTATION)

FROM:		
LAST	FIRST	MIDDLE
TO:		
LAST	FIRST	MIDDLE
DH 2103, 5/98		

DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE LICENSING AND AUDITING SERVICES UNIT 4052 BALD CYPRESS WAY, BIN #C-10 TALLAHASSEE, FLORIDA 32399-3260

\*\*\* **AUTO** \*\*\* 023\_042\_17764 9202903-57765

KHALILAH QUASHAY JEFFERSON 135 OAK TERRACE DRIVE COVINGTON, GA 30016

:300160239358:

Your Registered Nurse License # RN 9202903 will expire at midnight, Eastern Standard Time (EST) on Saturday, April 30, 2011.

Please log onto www.FLHealthsource.com and follow these steps:

- 1. Click Renew My License and log in.
  - 2. Click Renew License and select your renewal option:
    - a Renew on-line
    - b. Print your renewal notice to submit with your payment via mail

Renewals by mail MUST include the renewal form, not this postcard.

Visit <u>www.cebroker.com/subscribe</u> to purchase your <u>optional</u> subscription and track your continuing education credits.

Section 456.0635, F.S., may affect your ability to renew your license. Please visit http://www.doh.state.fl.us/mqa/laws.html for more information.

Remember, all renewals <u>MUST</u> be submitted **no later than April 30, 2011** in order to avoid a delinquent fee. Questions? Contact the MQA Call Center at (850) 488-0595.



Division of Medical Quality Assurance P.O. Box 4839 Tampa, Florida 33677-4839



\*\*\* License Renewal Notification \*\*\*

KHALILAH QUASHAY JEFFERSON 135 OAK TERRACE DRIVE COVINGTON, GA 30016

#### License Renewal Notification

Your Registered Nurse License # RN 9202903 will become null and void at midnight, Eastern Standard Time (EST) on Tuesday, April 30, 2013.

Please log onto www.FLHealthsource.com and follow these steps:

- 1. Click Renew My License and log in.
- 2. Click Renew License and select your renewal option:
  - a. Renew on-line
  - b. Print your renewal notice to submit with your payment via mail

Renewals by mail **MUST** include the renewal form, not this postcard.

Visit <u>www.cebroker.com/subscribe</u> to purchase your <u>optional</u> subscription and track your continuing education credits.

Section 456.0635, F.S., may affect your ability to renew your license. Please visit <a href="http://www.doh.state.fl.us/mqa/laws.html">http://www.doh.state.fl.us/mqa/laws.html</a> for more information.

Remember, all renewals <u>MUST</u> be submitted **no later than April 30, 2013**. Questions? Contact the MQA Call Center at (850) 488-0595.