



PENNSYLVANIA
Department of State

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: KIMBERLY ANN HELLER

Address Information

Address(city state zipcode):

License Information

Type: Graduate Medical Trainee Secondary Type: Number: MT023345T
Profession: Medicine Status: Inactive
Issue Date: 7/1/1990 Expires: 6/30/1991 Last Renewed: 5/8/1990

Prerequisite Information

Licensee: UNIVERSITY HEALTH CENTER Relationship: Business Relationship
Type: Training Institution Number: HS000288L Status: Active
Date of Association: Date of Expiration:

Discipline Action History

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.



PENNSYLVANIA
Department of State

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Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: KIMBERLY ANN HELLER

Address Information

Address(city state zipcode): POUGHKEEPSIE NY 12603

License Information

Type:	Medical Physician and Surgeon	Secondary Type:	Number:	MD043742E
Profession:	Medicine	Status:	Active	
Issue Date:	5/2/1989	Expires:	12/31/2012	Last Renewed: 12/28/2010

Discipline Action History

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

18 090073 0257

STATE BOARD OF MEDICINE
HARRISBURG, PA 17105-2810



OFFICIAL USE ONLY
M D 1043742 E
HELLE APPL

5/2/89

APPLICATION FOR A LICENSE
TO PRACTICE MEDICINE WITHOUT RESTRICTION

APPLICATION FEE: \$20.00. Make check payable to the COMMONWEALTH OF PENNSYLVANIA. Application fee is not refundable.

COMPLETE THE ENTIRE APPLICATION AND ALL ADDITIONAL REQUIREMENTS. Type or Print.

NAME: HELLE KIMBERLY ANN MIDDLE

ADDRESS: [REDACTED]

CITY: [REDACTED] STATE: [REDACTED] ZIP CODE: [REDACTED]

DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED] TELEPHONE NUMBER: [REDACTED]

NAME OF MEDICAL SCHOOL(S) ATTENDED: EMORY UNIV MASS MED SCHOOL DATES OF ATTENDANCE: From 9/81 to 6/85

From [REDACTED] to [REDACTED]

TYPE OF EXAMINATION: National Board (X) FLEX () LMCC: Canadian () State Board () Home State

List all states, territories, and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired).

ALL'S

5/2/89

1. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? NO
2. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or other country? NO
3. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country? NO
4. Have you ever possessed a license to practice medicine and surgery or other professional license or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO
5. Have you ever had provider privileges denied, revoked or restricted in a hospital or other health care facility? NO
6. Have you ever had provider privileges denied or restricted by a drug enforcement agency, medical assistance agency or other authority? NO

If you have answered yes to any of the above questions, give details on a separate 8 1/2 x 11 sheet.

AFFIDAVIT

State of:
County of:

I, Kimberly H. Helle being duly sworn according to law, depose and say I am the person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief.

Kimberly C. Helle, MD
(signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME THIS
17th DAY of MARCH, 1989
MY COMMISSION EXPIRES: DECEMBER 4, 1992

Janice C. Robinson
(signature of notary)

CERTIFICATION OF MORAL CHARACTER



0 2 2 0 7 3 0 2 5 7
COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
PO: Box 2049
HARRISBURG, PA 17105-2049

To be completed by two physicians with an unrestricted license in good standing in the United States

Name of Applicant: HERBERT J. ANN HERGEN

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 3 year(s) 6 month(s).

SIGNATURE: [Signature] DATE: [Redacted]

Print or type name as signed above: W. Neil McCreedy

State in which licensed: PA License Number: 39952

Name of Applicant: HERBERT J. ANN HERGEN

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 4 year(s) 0 month(s).

SIGNATURE: [Signature] DATE: 4/11/87

Print or type name as signed above: W. Bassett, MD

State in which licensed: MA License Number: 60197

Return this form to the applicant.
This form must be submitted with the other parts of the application

890073 0257

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
VERIFICATION OF GRADUATE MEDICAL TRAINING

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
PO BOX 2049
HARRISBURG, PA 17105-2649



TO BE COMPLETED BY APPLICANT

NAME: ROBERT RAMBERG ANN MD

ADDRESS: [Redacted] MD

NAME OF HOSPITAL: WILSON CLINICAL HOSPITAL

ADDRESS OF HOSPITAL: 814 WILSON AVENUE

WILSON PARK WILSON

VERIFICATION -- TO BE COMPLETED BY THE PROGRAM DIRECTOR

I certify that Robert Ann Ramberg has successfully completed graduate medical training at the training facility listed above and is a person of good moral character.

Beginning date: July 1, 1988 Ending date: Dec 30, 1989

Check specialty

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Surgery
- Internal Medicine
- Neurology
- Obstetrics & Gynecology
- Pathology
- Podiatry
- Physical Medicine & Rehab
- Preventive Medicine
- Psychiatry
- Therapeutic Radiology
- Transitional Year
- Other

[Signature]
Signature of Program Director

1/1/89
Date

NOTE: Training cannot be verified until after ending date.

Upon completion Program Director should return this form to the applicant.
This form must be submitted with other parts of the application.

890073 02 3/89/89

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P.O. BOX 2049
HARRISBURG, PA 17105-2049



OFFICIAL USE ONLY									
M	D								
						E	D	U	C

VERIFICATION OF GRADUATION
FROM MEDICAL SCHOOL

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P.O. BOX 2049
HARRISBURG, PA 17105-2049

To be completed
by applicant
NAME

H. B. GALE KIMBERLY ALSN
Last First Middle

ADDRESS

[Redacted Address]

NAME OF MEDICAL SCHOOL UNIV. OF MASS. MEDICAL SCHOOL

ADDRESS 50 LAKE AVENUE NORTH WAREHOUSCK MASS 01605

If the school is accredited (foreign) an official transcript must accompany this verification. Please request the transcript at the same time you request completion of this verification. The transcript must be in English or an official translation must be submitted to the Board.

To be completed
by Dean or Registrar

VERIFICATION

Certify that KIMBERLY A. HELLER, M.D. has successfully completed all the required courses
(name of applicant) June 2, 1985
and/or ALSN and has graduated from the above named school on this date September 1, 1981
The applicant began attendance at this school on this date September 1, 1981

SIGNATURE

Samuel Thompson /Registrar
Secretary of the Board of Registrar

DATE March 8, 1989

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF MEDICINE. DO NOT RETURN TO THE APPLICANT.

8 4 0 0 7 3 0 2 5 7

CURRICULUM VITAE

Number: [Redacted]

Room: [Redacted]
 Marital Status: [Redacted]
 Dependents: [Redacted]
 Health: Excellent

Education

High School: [Redacted] Diploma 1971
 Massachusetts General Hospital School of Nursing
 Boston, Mass. Diploma 1977
 Emmanuel College, Boston, Mass. Bachelor of Science
 in Chemistry 1981
 University of Massachusetts Medical School,
 Worcester, Mass. M.D. degree 1985

Interactions

Massachusetts Hospital, Department of Obstetrics and Gynecology,
 Boston, Mass., 7/83-6/86

Resident

Massachusetts Hospital, Departments of Obstetrics and Gynecology,
 Boston, Mass., 7/86-6/89
 Appointed Chief Resident 7/88-6/89

Work Experience

- 1972-73 Secretary, Elenco, Inc., Boston, Mass.
- 1974-75 Teletype operator, New England Telephone Co., Cambridge, Mass.
- 1976-77 Nurse, Labor, Delivery, Infant, Boston City Hospital, Boston, Mass.
- 1977-78 Staff nurse, Boston City Hospital, Medical I.C.U., Boston, Mass.
- 1978-81 Staff nurse, St. Elizabeth and Women's Hospital, Medical I.C.U., Boston, Mass.
- 1981-82 Staff nurse, Boston City Hospital, Medical I.C.U., Boston, Mass.
- 1982-83 Staff nurse, University Hospital, Surgical I.C.U., Boston, Mass.

890073 0257

NAME: GURIGIUM VIKAK (Kimberly Ann Heller)

Awards/Honors

- 1978 CCRB Certification in critical care nursing, American Association of Critical-Care Nurses
- 1980 Simmons College Summer Scholar Program. Grant to participate in biochemistry research project, "Environmental Pollutants as Inhibitors of Glycolysis"
- 1981 American Institute of Chemistry, award as an outstanding undergraduate chemistry major
- 1981 Bachelor of Science, Chemistry, Magna cum Laude, Distinction in the major
- 1981 Honors in the following medical school courses: Anatomy, Histology, Medicine, Advanced Medicine, Geriatrics, Perinatal Medicine, Emergency Medicine, Preventive Medicine, Physical Diagnosis II

Publications

Epimerich, K.S., K. Heller, N. Busa, "Low-dose Melittrozate Therapy for Cutaneous Vasculitis of Rheumatoid Arthritis", Journal of the American Academy of Dermatology, vol. 17, no. 2, pt. 2, Aug. 1987, pp. 355-6

Licensure

Massachusetts Registered Nurse, Inactive Status
Massachusetts Permanent Medical License #59126

Leisure Activities

Reading, opera, bluegrass, knitting, household tinkering, and collecting Italian

9900730257



Commonwealth of Massachusetts
Board of Registration in Medicine

Ten West Street
Boston, Massachusetts 02111

(617) 727-3086

ANDREW C. BODNAR, J.D.
Chairman
HEALTH BOARDS DIVISION

An Agency within the Executive Office of Consumer Affairs and Business Regulation

April 11, 1989

To Whom It May Concern:

It is to certify that KIMBERLY A. HELLER
a graduate of UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL in the year 1985
has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 59126 was issued to Dr. KIMBERLY A. HELLER
on 04/06/89. THIS LICENSE IS CURRENT.

Expiration date: 10/1/89.

Our files contain NO OPEN or CLOSED complaints and NO formal disciplinary action
regarding this physician.

RECEIVED
APR 13 1989

HEALTH BOARDS DIVISION

Andrew C. Bodnar

Andrew C. Bodnar, M.D., J.D.
Chairman

Members of the Board
Margaret L. Taylor, M.D., M.P.H.
Physician Member
William H. Probst, M.D.
Physician

James A. O'Connell, Jr., M.D.
Physician Member
Paul G. Clifton, J.D.
Public Member

George Liang, M.D.
Physician Member
Doreen Patel, M.D.
Physician Member



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2849
HARRISBURG, PA 17105

Telephone: (717) 787-2381
(717) 783-1400

Fax: (717) 787-7769
www.dos.state.pa.us

KIMBERLY ANN HELLER
YORK HOSPITAL
MATERNAL FETAL MEDICINE
1001 S GEORGE STREET
YORK, PA 17405
MD043742E

Dear Licensee:

In order to comply with the requirements of the federal Social Security Act, the State Board of Medicine must collect social security numbers for all its licensees. Additionally, the Board must collect dates of birth and the professional school and year of graduation for all licensees to comply with federal law.

Upon review of the license records, the Board finds that it does not have this data in your license record. Therefore, please provide the information in the spaces below and return it to the Board at the above address within 30 days of receipt of this notice. You may fax the information should you wish to.

Failure to provide the information requested could result in delay in the processing of your next license renewal as we will not be able to renew and issue the license without the information.

Sincerely,

STATE BOARD OF MEDICINE

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Month Day Year

Professional School:

Univ of Mass Med School
Name Graduated

June, 1985
Month Year

Kimberly A Heller MD
Signature

3/17/04
Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

OFFICE OF THE
M D 0 4 3 7 4 7
H E L L E R N

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE
P.O. BOX 8114
HARRISBURG, PA 17105-8

KIMBERLY ANN HELLER

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1994. PLEASE COMPLETE THE QUESTIONS HEREIN AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00 PAYABLE TO THE COMMONWEALTH OF PA. RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1994. A PROCESSING FEE OF \$25.00 WILL BE CHARGED ON ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE.

YOU ARE HEREBY NOTICED THAT IF YOU ARE RECALLED BY THE COMMONWEALTH, YOU ARE REQUIRED TO CURRENTLY SATISFACTORY COMPLIANCE TO THE OFFICE OF THE MEDICAL PROFESSIONAL FITNESS INVESTIGATOR'S CONCLUSION THAT YOU ARE IN COMPLIANCE WITH THE HEALTHCARE SERVICES CONTRACTOR ACT.

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPEDITED BEEN CONVICTED OF ANY CRIME OR OTHER TYPE OF DISGRACEFUL CONDUCT OR TERMINATED FOR CHEMICAL DEPENDENCY OR ABUSE OR ALLEGEDLY BEEN CONVICTED OF ANY TYPE OF CRIME OR DISGRACEFUL CONDUCT, PLEASE REPORT TO THE BOARD OF MEDICINE FOR CONFIDENTIAL INFORMATION AND A FURTHER ATTEMPT TO OBTAIN A RENEWAL.

ANY EXTRAORDINARY ACTION TAKEN IN ANOTHER STATE, COUNTY OR JURISDICTION, REGARDLESS OF THE BOARD OF THE BOARD/RENEWAL NOTICE, IS WITHIN 10 DAYS OF FINAL DISPOSITION, NOT LATER THAN 10 DAYS.

IF YOU ANSWER "YES" TO QUESTION 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

THE BOARD OF MEDICINE WILL REVIEW YOUR ANSWERS TO THESE QUESTIONS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE BOARD OF MEDICINE AT (717) 781-1000. IF YOU ARE HAVING DIFFICULTY WITH THE QUESTIONS, PLEASE CONTACT THE BOARD OF MEDICINE AT (717) 781-1000. IF YOU ARE HAVING DIFFICULTY WITH THE QUESTIONS, PLEASE CONTACT THE BOARD OF MEDICINE AT (717) 781-1000.

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781-1000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

010948

M D - 0 4 3 7 4 2 - E

H E L L E R N E W

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

KIMBERLY ANN HELLER
YORK HOSPITAL
MATERNAL FETAL MEDICINE
1001 S GEORGE STREET
YORK, PA 17405

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO BE
THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$...
PAYABLE TO THE COMMONWEALTH OF PA. YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER DAY
CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR IF
UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO
PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE,
DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE
REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE
FORM WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS
ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

- YES: NO
- () (✓) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW
- () (✓) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY
SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () (✓) 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT
VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE,
INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL
COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () (✓) 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION
FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- () (✓) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN HOSPITAL,
OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () (✓) 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR
PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE
SUBJECT TO THE PENALTIES OF 18 PA. C.S. 1204, RELATING TO UNSOON FALSIFICATION TO AUTHORITIES.

SIGNATURE *Kimberly A. Heller MS*

DATE *10/7/98*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

M D - 0 4 3 7 4 2

H E L L E R N E

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

KIMBERLY ANN HELLER
YORK HOSPITAL
MATERNAL FETAL MEDICINE
1001 S. GEORGE STREET
YORK, PA 17405

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO A
THROUGH DECEMBER 31, 2002, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$
PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER
CHANGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK
UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE ON
PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE
DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE
REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE
OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS
ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS. IF ANY FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION?
IF YES, LIST EACH ONE. MASSACHUSETTS EXPIRED 1989
2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY
SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT
VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE,
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A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
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OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DBA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR
PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

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SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904, RELATING TO UNSHORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

Kimberly A. Heller MD

DATE

11/26/00