



# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

PAT QUINN  
Governor

MANUEL FLORES  
Acting Secretary

JAY STEWART  
Director  
Division of Professional Regulation

November 19, 2013

Tamara Johnson  
Paperless200@outlook.com

To whom it may concern:

Thank you for writing to the Illinois Department of Financial and Professional Regulation (IDFPR) with your request for information pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

We received your request for the following:

- *Information related to Josephine Kamper, license number 036.057416, including: lawsuits, all complaints and disciplinary actions, all applications and reapplications, all hospital admitting privileges, all limited licenses and temporary licenses, all Controlled Substance Licenses (CS-3s), all Controlled Substance Licenses (CS-3s) applications, all Controlled Substance Additional Location License Applications, all criminal documents, all Board of Medicine Licenses, all license (aka written agreement) with a licensed laboratory, all hospital privileges in an Illinois based hospital, all supervisory agreements/documents related to his supervising nurses.*

Please find the attached requested documents in the possession of the Illinois Department of Financial and Professional Regulation which are responsive to your request. To view the physician profile, please visit the IDFPR website at <https://www.idfpr.com/Applications/Professionprofile/default.aspx?AspxAutoDetectCookieSupport=1>.

In the event the Department has received any complaint(s), conducted any investigation(s), retained any materials relevant to your request, or redacted any information from the documents provided this information would be exempt from disclosure through FOIA under 5 ILCS 140/7(a), (b), (c), (d)(ii), (d)(iv), (f), 225 ILCS 60/36, and 68 IL Admin. Section 1285.310

FOIA Sec. 7. Exemptions.

(1) When a request is made to inspect or copy a public record that contains information that is exempt from disclosure under this Section, but also contains information that is not exempt from disclosure, the public body may elect to redact the information that is exempt. The public body shall make the remaining information available for inspection and copying. Subject to this requirement, the following shall be exempt from inspection and copying:

- (a) Information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law.
- (b) Private information, unless disclosure is required by another provision of this Act, a State or federal law or a court order.
- (c) Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information. "Unwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information. The disclosure of information that bears on the public duties of public employees and officials shall not be considered an invasion of personal privacy.

(d) Records in the possession of any public body created in the course of administrative enforcement proceedings, and any law enforcement or correctional agency for law enforcement purposes, but only to the extent that disclosure would:

- (ii) interfere with active administrative enforcement proceedings conducted by the public body that is the recipient of the request;
- (iv) unavoidably disclose the identity of a confidential source, confidential information furnished only by the confidential source, or persons who file complaints with or provide information to administrative, investigative, law enforcement, or penal agencies; except that the identities of witnesses to traffic accidents, traffic accident reports, and rescue reports shall be provided by agencies of local government, except when disclosure would interfere with an active criminal investigation conducted by the agency that is the recipient of the request;

(f) Preliminary drafts, notes, recommendations, memoranda and other records in which opinions are expressed, or policies or actions are formulated, except that a specific record or relevant portion of a record shall not be exempt when the record is publicly cited and identified by the head of the public body. The exemption provided in this paragraph (f) extends to all those records of officers and agencies of the General Assembly that pertain to the preparation of legislative documents.

(IL Medical Practice Act) Sec. 36: ...All information gathered by the Department during its investigation including information subpoenaed under Section 23 or 38 of this Act and the investigative file shall be kept for the confidential use of the Secretary, Disciplinary Board, the Medical Coordinators, persons employed by contract to advise the Medical Coordinator or the Department, the Disciplinary Board's attorneys, the medical investigative staff, and authorized clerical staff, as provided in this Act...

(68 IL Admin Section 1285.310)


- a) All investigative procedures, information arising out of the investigation of complaints, activities of the Complaint Committee, and informal conferences shall be confidential.

You may appeal the partial denial of this request by filing a Request for Review within 60 days with the Public Access Bureau in the Attorney General's Office (contact information listed below).

Office of the Attorney General  
500 S. 2nd Street  
Springfield, Illinois 62706  
Phone:  
1-877-299-FOIA  
(1-877-299-3642)  
Fax: (217) 782-1396

You also have the right to seek judicial review by filing a court case.

Very truly yours,



Mark Thompson  
Deputy General Counsel

Illinois Department of Financial and Professional Regulation  
100 West Randolph Street, Ste. 9-300  
Chicago, IL 60601

57416

JOSEPHINE PENELOPE KAMPER, M.D.

APPLICATION FOR REGISTRATION AS  
PHYSICIAN AND SURGEON

BY THE STATE OF ILLINOIS

APPROVED	APPROVED	APPROVED	APPROVED
APPROVED	APPROVED	APPROVED	APPROVED
APPROVED	APPROVED	APPROVED	APPROVED
APPROVED	APPROVED	APPROVED	APPROVED

Application Fee received \_\_\_\_\_ 19\_\_

Certification issued 8/21 1978

Application received \_\_\_\_\_ 19\_\_

Diploma mailed 8 9 1978

Diploma returned 8 9 1978

to \_\_\_\_\_

by \_\_\_\_\_

Exposures \_\_\_\_\_

CERTIFICATION OF MEDICAL EDUCATION ATTENDANCE  
(Give exact dates)

Chicago, Illinois  
May 31 1978

TO THE ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION, SPRINGFIELD, ILLINOIS:

This is to certify that Josephine Penelope Evans Kamper  
 was in regular attendance at the University of Illinois College of Medicine  
 from the 27th day of September, 1971 to the 10th day of June, 1972  
 from the 25th day of September (repeating 1st year), 1972 to the 9th day of June, 1973  
 from the 24th day of September, 1973 to the 8th day of June, 1974  
 from the 17th day of June (repeating 2nd year), 1974 to the 14th day of June, 1975  
 from the 23rd day of June, 1975 to the 4th day of June, 1976  
 and was granted a diploma as Doctor of Medicine by University of Illinois College of Medicine  
 located at Chicago state of Illinois  
 on the 4th day of June, 1976

(Seal of College)

[Redacted Signature]  
 Gerald L. Schmidt, Ed. D., Assoc. Director of Records

CERTIFICATE OF MORAL CHARACTER

This is to certify that we, the undersigned, are personally acquainted with \_\_\_\_\_  
 who is applying for registration as a Physician and Surgeon under the Illinois Medical Practice Act, and we know \_\_\_\_\_  
 to be of good moral character, and that \_\_\_\_\_ is the person referred to in this application; and that the attached  
 photograph and signature are \_\_\_\_\_

Signed: [Redacted]

Address: [Redacted]

Illinois license No. 32-13476 Illinois license No. 36 41410-1

07500025013

STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
SPRINGFIELD

RECEIVED  
CASH SECTION  
JUN - 2 1970  
AWD Education

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY  
ON THE BASIS OF NATIONAL BOARD EXAMINATION

I hereby make application for a license to practice Medicine and Surgery in all their branches in the State of Illinois, and submit the following statements regarding my educational qualifications.

Full Name Josephine Penelope Evans Kamper

Present address [REDACTED]

Extended residence [REDACTED]

Place of Birth [REDACTED]

Are you a citizen of the United States? Yes

Please designate your Social Security Number: [REDACTED]

Please print your name exactly as you wish it to appear on any Certificate to practice as a Registered Physician and Surgeon which may be issued to you. Josephine Penelope Kamper

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended Roosevelt University - 420 N. Michigan

at Loyola University (part had Chicago Illinois)

From the 1<sup>st</sup> day of August, 1966, to the June, 1970 (B.S. degree)

at Loyola University and Roosevelt were attended for student a school from September 21<sup>st</sup> 1970 June 5<sup>th</sup> 1971

at University of Illinois, Abraham Lincoln School of Medicine  
(Name of Medical College)

From the 23<sup>rd</sup> day of September, 1970, to the 6<sup>th</sup> day of June, 1976

List any states in which you have ever written a licensure examination to practice Medicine and Surgery.

List any states in which you have ever been licensed as a Physician and Surgeon NONE

State of Illinois County of Cook I, Josephine Penelope Kamper, being duly sworn, give that she is the person referred to in this application and that the statements therein contained are true.

[REDACTED]  
(Signature of applicant)

Subscribed and sworn to before me this 26<sup>th</sup> day of

May, 1978

[REDACTED]  
(Notary Public)

My Commission Expires Nov. 29, 1980



CERTIFICATE OF CLINICAL TRAINING

Name of Applicant Josephine Kamper, a graduate

of University of Illinois Medical College in 8/6/76 (Date)

received 12 months of clinical training in Illinois Masonic Medical Center (Name of Hospital)

located at 836 W. Wellington - Chicago, Illinois 60657 (Address of Hospital)

from July 2, 1976, to June 10, 1977

[REDACTED]  
(Signature of Hospital Superintendent)

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA

**JOSEPHINE P. KAMPER, M.D.**  
 Having satisfied all the requirements and having successfully passed the examinations in  
 the city declared a Diplomate of the National Board of Medical Examiners.

Attest: **JOHN S. HELLIS**  
 Chairman of the Board

Philadelphia, Pa. SEAL EDITH E. J. LEVIT  
 05/17/78 Cert. # [REDACTED] President of the Board

MAY 29 1978  
 MEDICAL SECTION

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician,  
 a graduate of UNIVERSITY OF ILLINOIS in  
 CHICAGO, ILL. 1976, whose birth date is 02/13/1950, following successful completion  
 of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<b>PART I passed 03/75</b>		[REDACTED]
Anatomy, incl. histology and embryology		
Physiology		
Biochemistry		
Pathology		
Microbiology, incl. immunology		
Pharmacology and Materia Medica		
Behavioral Sciences		
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**		
<b>Part II passed 04/76</b>		
Internal medicine and the medical specialties		
Surgery and the surgical specialties		
Obstetrics and Gynecology		
Public Health and Preventive Medicine		
Pediatrics		
Psychiatry		
(Minimum Passing Grade 200/75) TOTAL GRADE/AVERAGE**		
<b>PART III passed 03/78</b>		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75) <span style="float: right;">AVERAGE</span>		
<b>GENERAL AVERAGE (Parts I, II, and III)</b>		(Scale Score)

\*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

[REDACTED]

Secretary for Certification

05/23/78

Date

SEAL

*[Handwritten Signature]*



FROM ILLINOIS DEPARTMENT OF REGISTRATION AND EDUCATION SPRINGFIELD, ILLINOIS

You will aid this Department materially by providing the answers to all questions listed below MAY 4 1978

Name Josephine P Kamper MD

Address [REDACTED]

City & State [REDACTED]

Are you a Citizen of the United States, or have formal Declaration of Intention? Yes  No

Name of Professional School University of Illinois, Urbana-Champaign School of Medicine

Address of Professional School P.O. Box 6998 Springfield, Illinois 62670

Date of Graduation (M. D. Degree) June 4<sup>th</sup> 1976

United States internship served in Flexible with Emphasis on Obstetrics and Gynecology

Address of Hospital 836 West Wellington

Type of Internship Flexible From July 1<sup>st</sup> 1976 to June 30<sup>th</sup> 1977

If you served an internship other than rotating service, please list any approved residency training you have completed in approved hospitals in the United States.

TYPE OF SERVICE	NAME OF HOSPITAL	HOSPITAL ADDRESS
<u>Flexible 1<sup>st</sup> Postgraduate Illinois Masonic Hospital</u>	<u>year</u>	<u>836 West Wellington</u>

Are you a Diplomat of THE NATIONAL BOARD OF MEDICAL EXAMINERS? Yes  No

Name of State of States in which you are licensed to practice medicine in all of its branches on the basis of successful written examination All states except Texas

and Louisiana

Were any of these examinations Flex (Federation of State Medical Boards)? Yes  No

Date \_\_\_\_\_ State \_\_\_\_\_

Please review Sections 11a and 13a of the enclosed copy of the Illinois Medical Practice Act and advise whether you seek full permanent licensure ; or a Temporary Certificate of Registration \_\_\_\_\_;

or a State Hospital Permit \_\_\_\_\_ . (Please Check ONE)

Are you eligible or Certified by an American Speciality Board? Yes  No

PROMPT RETURN OF THIS FORM TO: Department of Registration and Education, Medical Section, 628 East Adams Street, Springfield, Illinois 62786, with all questions answered will expedite disposition of your inquiry.

12/11/70

MEDICAL SECTION

*sent Nat'l Records  
BW 5-16-78*

RECEIVED

PERSONAL HISTORY

Note: If any of the following questions are answered "YES", full details must be furnished on a separate sheet and attached.

- |  | YES | NO       |
|--|-----|----------|
| 1. Do you hold a license in any of the other healing arts?   | --- | <u>X</u> |
| 2. Have you ever been called before any state board or any medical association for interrogation concerning any violations of The Medical Practice Act or unethical conduct? | --- | <u>X</u> |
| 3. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?  | --- | <u>X</u> |
| 4. Have you ever been addicted to or treated for addiction to drugs?   | --- | <u>X</u> |
| 5. Have you ever made an offer to compromise in connection with the Harrison Narcotic Law or any narcotic law?   | --- | <u>X</u> |
| 6. Have you ever received psychiatric treatment or received treatment for mental illness?  | --- | <u>X</u> |
| 7. Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism?   | --- | <u>X</u> |
| 8. Have you ever engaged in the practice of medicine in a state, territory or district wherein you did not hold a valid license?   | --- | <u>X</u> |
| 9. Have you ever had an application for licensure refused or rejected by a licensing board?  | --- | <u>X</u> |

IMPORTANT:

Any false or misleading information in or in connection with any application, may be cause for debarment on the grounds of lack of good moral character.

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application including accompanying statements and transcripts are true, complete and correct.

STATE OF Illinois

COUNTY OF COOK

Josephine Penelope Kemper being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this  
26 day of May, 1978

NOTARY PUBLIC SEAL

Celia Thomas  
NOTARY PUBLIC

My Commission Expires Nov. 29, 198



STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION  
JOAN G. ANDERSON  
DIRECTOR

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-9211

August 1, 1978

628 East Adams Street  
Springfield, Illinois  
62762  
(217) 782-4424

149-914-804-40 Medical Section  
Springfield Office

Josephine Penelope Evans-Kemper, MD

Dear Doctor:

You have been scheduled to report for an interview at the Chicago Office of the Department, 55 East Jackson Boulevard, 17th Floor, Chicago, Illinois, in connection with your application for licensure in Illinois. This interview is for identification purposes only and may not be considered as an oral medical examination.

Please report on Wednesday, August 9 between 9:00 am and 12 noon.

When reporting, please present a recent photograph to be signed at the time of the interview and your original medical degree if you have not already forwarded it in the mail.

After your interview, it normally takes two-to-three weeks before your license number can be issued.

If you require further information, you may write or call Doris Leonard at area code 217/782-7934.

Very truly yours,

Beatrice Taylor  
Unit Supervisor

BT:DL:wpc





STATE OF ILLINOIS  
DEPARTMENT OF REGISTRATION AND EDUCATION

JOAN G. ANDERSON

DIRECTOR

55 East Jackson Boulevard  
Chicago, Illinois  
60604  
(312) 341-8810

Springfield, Illinois  
62768  
(217) 782-4824

IN REPLY REFER TO: Medical Section  
Springfield Office

August 28, 1978

JOSEPHINE PENELOPE KAMPER, M.D.  
[REDACTED]

Dear Doctor:

Your Illinois physician and surgeon certificate will be issued as soon as office routine permits and will bear license number 00-52010.

You may use this as your authority to practice as a licensed physician and surgeon until such time as your certificate is issued and mailed.

The Illinois Controlled Substances Act (Illinois Revised Statutes 1975, Chapter 56 1/2 - Section 1100 to 1603) requires that every person who manufactures, distributes or dispenses any controlled substances within this State must annually obtain a registration issued by this Department. Enclosed please find a letter of explanation and an application for controlled substances registration.

If you require further information, you may write or call the Medical Section at area code 217/782-7935.

Very truly yours,

Jerry D. Sternstein  
Deputy Director

JDS:wpc

Enclosures

SEAL

**STATE OF ILLINOIS  
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION  
DIVISION OF PROFESSIONAL REGULATION**

DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois,	Complainant,	)	)
v.		)	)
Josephine Kamper, M.D.		)	No. 2009-05545
License No. 036-057416,	Respondent.	)	)

**CONSENT ORDER**

The Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois, by Vladimir Lozovskiy, one of its attorneys, (hereinafter "Department") and Josephine Kamper, M.D., (hereinafter "Respondent"), hereby agree to the following:

**STIPULATIONS**

Josephine Kamper, M.D. is licensed as a Physician and Surgeon in the State of Illinois, holding License No. 036-057416. Said license is Active status. At all times material to the matter(s) set forth in this Consent Order, the Department of Financial and Professional Regulation, Division of Professional Regulation, of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department alleging that Respondent failed to properly evaluate one of her patient prior to anesthesia as well as failed to participate through discussion of and agreement with the anesthesia plan with Certified Registered Nurse Anesthetist who was delivering anesthesia services and handling post-anesthesia complications of the patient during an elective abortion procedure. The allegation(s) as set forth herein, if proven to be true, could constitute grounds for suspending, revoking or other discipline of Respondent's Physician and Surgeon license on the authority 225 Illinois Compiled Statutes, Paragraph 60/22(A)(5).

An Informal Conference was held in this regard on March 16, 2011. Dr. Sarita M. Massey was present on behalf of the Medical Disciplinary Board and Vladimir Lozovski and Laura Forester were present for the Department. Dr. Josephine Kamper was present and represented by Joseph P. Switzer, Esq. During the Informal Conference, Respondent provided detailed information regarding her care and treatment of patient-in-question. Moreover, Respondent provided specific information regarding her current practice and clinical style.

For purposes of this Consent Order only, Respondent acknowledges that should this matter proceed to a contested hearing, the Illinois Medical Disciplinary Board (the "Board") could find a violation of the Medical Practice Act. The Department and Respondent stipulate that the above acknowledgement is made only for the purposes of this Consent Order. In the event that this Consent Order is not approved by the Board or is not approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Director"), this acknowledgement shall not be admissible in any proceeding and the matter will be set for an evidentiary hearing on the merits as if this Consent Order had not been submitted. In addition, upon approval of this Consent Order, neither this acknowledgement nor this Consent Order may be utilized in any other proceeding, except one to enforce this Agreement.

Respondent has been advised of the right to have pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of this Consent Order. Respondent knowingly waives each of these rights, as well as the right to administrative review of this Consent Order. Such waiver ceases if this Consent Order is rejected by either the Medical Disciplinary Board or the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.

Respondent and the Department have agreed, in order to resolve this matter, that Respondent, Josephine Kamper, M.D., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable under the circumstances and which are consistent with the best interests of the people of the State of Illinois.

### CONDITIONS

WHEREFORE, the Department, through Vladimir Lozovskiy, its attorney, and Josephine Kamper, M.D., Respondent, agree:

- A. Illinois Physician and Surgeon License of Josephine Kamper, M.D., License No. 036-057416, is hereby placed on definite Probation for two (2) years from the final approval of this Consent Order by the Director of the Division of Professional Regulation;
- B. During the period of probation, Respondent shall provide the Department with quarterly reports which include: (i) Current residential address and contact telephone number; (ii) Information regarding any patient complaints, billing disputes and/or problems; (iii) Information, regarding any arrests, criminal, or civil actions filed, including DUI and/or other similar offenses against the Respondent; and (iv) current practice(s) location(s), description of job duties, responsibilities and name of immediate supervisor(s).
- C. Respondent shall notify the Department's Chief of Probation Investigations in writing of any change in employment and/or home address and/or telephone number within ten (10) days.
- D. While Respondent's said license is on Probation, Respondent shall annually take and complete additional ten (10) category I Continuing Medical Education credits directly



related to proper office record-keeping/charting and effective communication techniques in medical practice. Said additional CMEs are not to be counted towards the annual CMEs required by the Medical Practice Act;

E. While Respondent's said license is on Probation, Respondent shall annually take and complete additional ten (10) category I Continuing Medical Education credits directly related to evaluation and management of patient undergoing anesthesia, including management of airway and post-anesthesia complications. Said additional CMEs are not to be counted towards the annual CMEs required by the Medical Practice Act;

G. While Respondent's license is on Probation, Respondent shall obtain a practice monitor, who is a Board-certified OB/GYN Physician and Surgeon licensed in the State of Illinois. The practice monitor shall be hired at the expense of Respondent and shall be pre-approved by the Chief Medical Coordinator of the Department. Respondent shall request that her practice monitor submit quarterly reports about scope and performance appraisals. On a quarterly basis the practice monitor shall meet with Respondent and randomly select and review five (5) charts of patients who have been seen by Respondent during the quarter. The practice monitor shall review the charts of those patients and submit independent quarterly reports to the Department evaluating the scope, appropriateness, and quality of medical care rendered by Respondent;

H. The practice monitor shall agree to inform the Department immediately if there is evidence of inappropriate behavior, professional misconduct, a violation of Respondent's probation or any violation of the laws and rules governing the practice of medicine;

I. Respondent shall immediately notify the Department should her relationship with any practice monitor cease and immediately take actions to select a new monitor and obtain the approval of the Chief Medical Coordinator;

J. While Respondent's said license is on Probation, Respondent shall request that every health care institution, where Respondent is engaged in provision of OB/GYN services, to submit quarterly reports to the Department regarding Respondent's clinical performance, attendance record and any and all other issues arising out of Respondent's practice of medicine. Said quarterly reports shall be signed by health care facility designated employee;

K. All the reports required to be submitted under the terms of this Probation shall be filed with the Department no later than 1/20, 4/20, 7/20 and 10/20 of each year during the full term of the Probation. Any reports required of Respondent hereunder shall be mailed to:

**Probations Investigations Unit  
Illinois Dept. of Financial and Professional Regulation  
Division of Professional Regulation  
100 W. Randolph Street, Suite 9-300  
Chicago, IL 60601**


L. Respondent agrees that a violation of the terms and conditions of this Consent Order or a violation of the terms of probation is a violation of 225 ILCS 60/22(A)(15).

M. This Consent Order shall become effective immediately after it is approved by the Director of the Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation.


**DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of the State of Illinois  
DIVISION OF PROFESSIONAL REGULATION**

DATE


6/21/2011

  
Vladimir Lozovskiy  
Attorney for the Department


6/17/11  
DATE

  
Josephine Kamper, M.D.  
Respondent

6/17/11  
DATE

  
Joseph P. Switzer, Esq.  
Attorney for Respondent

6 July 2011  
DATE

  
Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 10<sup>th</sup> day of August, 2011.

**DEPARTMENT OF FINANCIAL AND  
PROFESSIONAL REGULATION of  
the State of Illinois  
Division of Professional Regulations**

  
JAY STEWART  
DIRECTOR

REF: Case No. 2009-05545/ License No. 036-057416