



## Licensee Information

**Full Name:** Katherine Jane Hladky

## License Information

<b>License No:</b>	C1-0011903	<b>Profession:</b>	Medical Practice	<b>License Type:</b>	Physician M.D.
<b>License Status:</b>	Active	<b>Issue Date:</b>	10/7/2016	<b>Expiration Date:</b>	3/31/2019

## Address Information

This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.

**City:** Newark **State:** DE **Zipcode:** 19713 **Country:** United States

## Discipline Information

No Discipline Information

## Public Documents

If disciplinary information appears above but no documents are listed below, the Division of Professional Regulation has not yet added the documents to the webpage. To request the documents, submit a [Request for Public Records form](#).

No Public Documents Available Online