

Physician - Resident Details		
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Personal Information

First Name	Heather
Middle Name	Renee
Last Name	Williams
Other Names Used	Killingsworth Williams
Birth Year	1982

License Information

License Type	Physician - Resident
License Number	R-09679
Status	Inactive
Basis for Application	
State of Principal License (if licensed via IMLC)	
Original Issue Date	05/21/2013
Expiration Date	06/30/2017
Renewal Date	
Relinquished Date	
Status at time of Relinquishment	
Public Charges and/or Public Discipline	No

Public Documents

Practice Information

Primary Specialty

Physician License Information Only: Please note that a physician's specialty information is self-reported and is not verified by this board.

NPI

Location (Work Address - 1)

Address Type	Work
Business / Organization	
Bldg/House Number	200
Street Prefix	
Street Name	HAWKINS
Street Type	Drive
Street Direction	
Unit Type	
Unit Number	
City	Iowa City
State	Iowa
Zip Code	52242-1009
Country	
Phone	3193562294

Education History

Medical or Acupuncture School	University of Arkansas College of Medicine
Graduation Date	2013
Degree Received	MD

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