

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
ONLINE RENEWAL REPORT FOR - 4301086582

FIRST NAME: MIDDLE NAME: LAST NAME: SUFFIX:  
Kelly Marie Gumbrecht

Last 4 SSN: DATE OF BIRTH: DAYTIME TELEPHONE NUMBER:  
[REDACTED] [REDACTED] 248 [REDACTED]

License Address - 1135 W University  
Suite 100  
Rochester Hills MI 48307  
United States

Email Address - pomalu@contemporarydoctors.co  
License Type - **Medical Doctor**  
Renewal Questions Week Answered  
**1/27/2013**

**RENEWAL QUESTIONS**

Have you been convicted of a felony?	N
Have you been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	N
Have you been convicted of a misdemeanor involving the illegal delivery, possession or use of alcohol or a controlled substance (including motor vehicle violations)?	N
Have you had 3 or more malpractice settlements, awards or judgments?	N
Have you had one or more malpractice settlements, awards or judgments totaling \$200,000 or more?	N
Have you been censured or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	N
Have you had a federal, state or other country's health professional license revoked, suspended or otherwise disciplined?	N
Do you currently have any disciplinary action pending against you in any other state, country or federal agency?	N
Have you completed the 150 hours of required continuing education with at least 75 of those hours in Category 1?  <font color="red">IF THIS IS YOUR FIRST RENEWAL, ANSWER YES.</font>	Y

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License Address - 1135 W University Email Address - pomalu@contemporarydoctors.co  
Suite 100 License Type - **Medical Doctor**  
Rochester Hills MI 48307 Renewal Questions Week Answered  
United States **12/6/2015**

**RENEWAL QUESTIONS**

<!--1581 74 Standard Q--> Have you been convicted of a felony you have not previously reported to the Department?	N
<!--1582 75 Standard Q--> Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department?	N
<!--1583 76 Standard Q--> Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department?	N
<!--1584 77 Standard Q--> I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.	Y
<!--1585 79--> As required by Section 16177(3) of the Public Health Code, 1978 PA 368, MCL 333.16177(3), report the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice.	Crittenton Hospital
<!--1601 80--> Have you completed the 150 hours of required continuing education with at least 75 of those hours in Category 1?	Y

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License Address - 1135 W University Email Address - pomalu@contemporarydoctors.co  
Suite 100 License Type - **Medical Doctor**  
Rochester Hills MI 48307 Renewal Questions Week Answered  
United States **12/30/2018**

**RENEWAL QUESTIONS**

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- <!--1581 74 Standard Q-->1) Have you been convicted of a felony you have not previously reported to the Department? N
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- <!--1582 75 Standard Q-->2) Have you been convicted of a misdemeanor punishable by imprisonment for a maximum of 2 years or a misdemeanor conviction involving the illegal delivery, possession, or use of alcohol or a controlled substance you have not previously reported to the Department? N
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- <!--1583 76 Standard Q-->3) Have any sanctions been imposed against you by a similar licensure, registration, certification, or disciplinary board of another state or country you have not previously reported to the Department? N
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- <!--1801-85-Den-->4) As required by Section 16177(3) of the Public Health Code, 1978 PA 368, MCL 333.16177(3), report the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice. Crittenton Hospital
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