



Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
KIMBERLY THERESE REMSKI MD	SKOKIE, IL 60076	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036141615	LICENSED PHYSICIAN AND SURGEON	ACTIVE	08/30/2016	07/22/2020	07/31/2023	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
125065834	TEMPORARY MEDICAL PERMIT	CANCELLED	06/23/2014	07/01/2014	06/30/2017	N
33*****14	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	08/30/2016	07/24/2018	09/30/2020	N
33*****78	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	10/30/2018	07/23/2020	07/31/2023	N

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Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
KIMBERLY THERESE REMSKI MD	Wood Dale, IL 60191	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****14	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	08/30/2016	07/24/2018	09/30/2020	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036141615	LICENSED PHYSICIAN AND SURGEON	ACTIVE	08/30/2016	07/22/2020	07/31/2023	N
125065834	TEMPORARY MEDICAL PERMIT	CANCELLED	06/23/2014	07/01/2014	06/30/2017	N
33*****78	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	10/30/2018	07/23/2020	07/31/2023	N

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Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
KIMBERLY THERESE REMSKI MD	Skokie, IL 60076	

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
33*****78	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	10/30/2018	07/23/2020	07/31/2023	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036141615	LICENSED PHYSICIAN AND SURGEON	ACTIVE	08/30/2016	07/22/2020	07/31/2023	N
125065834	TEMPORARY MEDICAL PERMIT	CANCELLED	06/23/2014	07/01/2014	06/30/2017	N
33*****14	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	08/30/2016	07/24/2018	09/30/2020	N

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Illinois Department of Financial and Professional
Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
KIMBERLY THERESE REMSKI MD	Chicago, IL 60612	

License

License Information

License Number	Description	Status	First Issuance Date	Effective Date	Expiration Date	Program	Program Start Date	Ever Disciplined
125065834	TEMPORARY MEDICAL PERMIT	CANCELLED	07/01/2014	07/01/2014	06/30/2017	Family Medicine	07/01/2014	N

Other Licenses

Other Licenses

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
036141615	LICENSED PHYSICIAN AND SURGEON	ACTIVE	08/30/2016	07/22/2020	07/31/2023	N
33*****14	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	NOT RENEWED	08/30/2016	07/24/2018	09/30/2020	N
33*****78	LICENSED PHYSICIAN CONTROLLED SUBSTANCE (Schedules II III IV V)	ACTIVE	10/30/2018	07/23/2020	07/31/2023	N

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GRETCHEN WHITMER
GOVERNOR



ORLENE HAWKS
DIRECTOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 12/02/2021

NAME: Kimberly Therese Remski
ADDRESS: 19305 W Seven Mile Rd
Detroit, MI 48219

BIRTH YEAR: [REDACTED]
STATUS: Active

LICENSE TYPE: Medical Doctor License

ORIGINAL DATE: 03/06/2017
EXPIRATION DATE: 03/06/2024

LICENSE NUMBER: 4301111613
OBTAINED BY: Web By Examination

SPECIALTY:
None

<u>EXAM DATE</u>	<u>EXAM TYPE</u>	<u>EXAM RESULTS</u>
05/22/2016	USMLE	P

OPEN FORMAL COMPLAINTS

No

<u>DISCIPLINARY ACTION</u>	<u>START DATE</u>	<u>END DATE</u>
None		

A handwritten signature in black ink, appearing to read "Brian DeBano".

Brian DeBano, Division Director
Bureau of Professional Licensing
Licensing Division
(517) 241-0199



Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
IPLA Executive Director

INCOMPLETE APPLICATION NOTIFICATION

September 9, 2021

Kimberly Remski
Applicant # 3613343

Upon review of your Physician application, the following documentation is required before the application can be completed.

- Official verification(s) from any State (except Indiana) where you hold or have held licenses/certificates/registrations/permits of a regulated profession (we do not accept web verifications; it must come directly from the state in which you are licensed).
- National Exam Scores
- National Practitioner Databank Report/Healthcare Integrity and Protection Databank (800-767-6732), www.npdb-hipdb.hrsa.gov
- Criminal history background check; please register at <https://www.in.gov/pla/3240.htm>
- Notarized medical degree
- Notarized copy of 1 year post grad. We need the exact beginning and ending dates for the program such as mm/dd/yyyy to mm/dd/yyyy.
- Official transcripts confirming medical degree

Verifications Required. If blank, no verifications are required. If you have requested verifications to be sent through a national database, please disregard this section.

State	License Type	License Number
IL	Medicine	036.141615
MI	Medicine	4301111613

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If documentation is not received, your application will abandon after one year. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice.

Additionally, you can submit documentation through the Indiana Licensing Enterprise portal. Go to MyLicense.IN.gov and log in using your Access Indiana, single sign-on account. If you do not have an Access Indiana account, you can create one using the **Register for an Access Indiana Account** link.

Once logged in, documentation can be submitted using the **License Update** item on the left menu.

If you have any questions, please contact the Medical Licensing Board of Indiana by e-mail at pla3@pla.in.gov.



AMA Physician Profile

PREPARED FOR

Professional Licensing Agency, Indianapolis, IN

Name and Mailing Address

KIMBERLY THERESE REMSKI
APT 202
1725 W NORTH AVE
CHICAGO, IL 60622-2106

Primary Office Address

5304 N BROADWAY ST
CHICAGO, IL 60640-2312

Birth date



Phone (773) 784-2822

Physician's major professional activity

OFFICE BASED PRACTICE

Self-designated practice specialty

FAMILY MEDICINE (primary)
UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source

Current and/or historical NPI information

National Provider Identifier (NPI)	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1073930137	03/26/2014	NOT RPTD	NOT RPTD	NOT RPTD	08/20/2021

Current and/or historical medical school

MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICINE

Degree Awarded: YES
Degree Year: 2014



Current and/or historical post graduate medical training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME)

Beginning with the 2010 cycle of the National GME Census, post-graduate training segments will include the name of the program attended in addition to the sponsoring institution. Program-level information prior to 2010 will not be available for reporting. Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with the projected date of completion.

Beginning with the 2016/2017 cycle of the National GME Census post-graduate training segments will include a training type of specialty (residency) or subspecialty (fellowship). Training types for programs reported prior to 2016 will not include this designation.

Post-graduate training performed at accredited osteopathic institutions or in Canada are updated on the AMA Physician Masterfile only upon verification by the program. US licensing authorities accept graduate medical education from both entities as equivalent to training performed in a US program accredited by ACGME.

If a segment below is indicated as "being re-verified", it typically means that the physician is a current resident and the AMA is confirming with the residency program that the physician is still enrolled - this standard process occurs on an annual basis.

Sponsoring Institution: UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO
Sponsoring State: ILLINOIS
Program name: UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE AT CHICAGO PROGRAM
Specialty: FAMILY MEDICINE
Training Type: SPECIALTY
Dates: 7/2014 - 6/2017 (Verified)

NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 0

Specialty Board Certification

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF FAMILY MEDICINE



Certificate: FAMILY MEDICINE
 Certificate type: GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	07/01/2017	n/a	02/15/2022	INITIAL	09/07/2021	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2021 American Board of Medical Specialties. All right reserved.

+The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
4301111613	MD	MI	03/06/2017	03/06/2024		ACT	UNL	08/12/2021	Kimberly Therese Remski
036.141615	MD	IL	08/30/2016	07/31/2023		ACT	UNL	08/17/2021	KIMBERLY REMSKI
125.065834	MD	IL	06/23/2014	06/30/2017		INA	RES	08/17/2021	KIMBERLY REMSKI

Abbreviation key: ACT = Active, DEN = Denied, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action Notifications

To date, there have been no actions reported to the AMA by any US state licensing agency.

To date, there have been no Medicare/Medicaid sanctions reported to the AMA by the Department of Health and Human Services.

To date, there have been no federal sanctions reported to the AMA by any branch of the US military, the Veteran's Administration or the US Department of Justice.

U.S. Drug Enforcement Administration (DEA)



DEA Number*	Business Activity†	Drug Schedule	Activity	Expiration Date	Payment Indicator	Last Reported	Address
None Reported							

* Only the last three characters of DEA numbers are displayed

† The Business Activity code and subcode provide additional detail about the physician. For instance, Business Activity code-subcode combinations C-1, C-4, C-5, C-6, C-9, C-A, C-B, C-C, and C-D indicate the physician holds a DEA DATA waiver.

[Learn more](#) about Business Activity code-subcode combinations.

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG Certification

Applicant Number:

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at <https://cvsonline2.ecfm.org/>

Profile Information

The content of the AMA Physician Profile is intended to assist with credentialing. An organization's appropriate use of the data contained in the AMA Physician Masterfile meets selected primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission(AAHCC)/Utilization Review Accreditation Commission (URAC). The AMA Physician Masterfile is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on our profiles website, go to the profile manager tab, find the provider for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile we will update the link in profile manager for this provider so that you can access the new, updated information.

If you have any questions or need additional information about the AMA Physician Profile Service, please call (800) 665-2882.

STATE OF INDIANA
ONLINE INITIAL APPLICATION

Application Submission Date: September 9, 2021

Person Info

Name: Kimberly Remski, Kimberly
 Citizenship Status: US Citizen
 Military Status:
 License Number: Pending

Address Info

Street Address: 1725 W. North Ave
 Apt 202
 City: CHICAGO
 State: IL
 Zipcode: 60622
 County: Cook
 Phone: [REDACTED]
 Email: [REDACTED]

Question Response Summary

Has disciplinary action ever been taken regarding any license, certificate, registration, or permit you hold or have held?	N
Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any other regulated health occupation in any state (including Indiana) or country, or surrendered your license?	N
Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	N
Have you ever been the subject of an investigation by a regulatory agency concerning your license?	N
Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, (1) have you ever been arrested;	N
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	N
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	N
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	N
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	N
Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restriction, probation or any other type of discipline or limitations?	N
Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	N
Have you ever had a malpractice judgment against you or settled any malpractice action?	N
Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	N
Have you ever been excluded from being a Medicare or Medicaid provider?	N
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training/residency?	N
Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	N
Were all internships, residencies, and/or fellowships ACGME/AOA/RC accredited at the time of enrollment?	Y
Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	Y
Please enter your ECFMG Certificate Number. If not applicable, enter "N/A."	NA
Please select your exam type(s) you have taken and passed or failed:	USMLE Step I,USMLE Step III
Please enter your National Practitioner Identification Number. If not applicable, enter "N/A."	1073930137

Education Information

MI STATE UNIV COLL HUMAN MED, EAST LANSING MI 4882	
School Type: Medical Schools - Dropdown Major:	
Degree: M.D.	Graduation Date: 5/18/2014
University of Illinois College of Medicine at Chic	
School Type: Medical Internship Program Major: Family medicine	
Degree:	Graduation Date: 6/30/2017

Medical Professional Information Profile

This report provides credentialing information for:

Name: **Remski, Kimberly Therese**

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

FID#: **217901727**

Recipient: **IN - Medical Licensing
Board of Indiana**

Delivery Date: **10/14/2021**

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile ("Profile") is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.



**FEDERATION OF
STATE MEDICAL BOARDS**



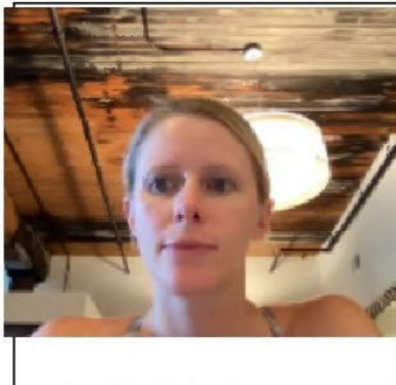
I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Kimberly T Remski

Applicant's Signature (must be signed in the presence of a notary)

Remski

Applicant's Printed Last Name

Kimberly T

Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)

09/17/2021

Date of Signature (must correspond to date of notarization)



State of Virginia, County of Virginia Beach

I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 17 day of September, 2021.

Notary Public Signature: Stephanie Nahleen Gates

My Notary Commission Expires: 10/31/2024

Notarization using 2way Audio/Video technology

Please complete and mail this original document to the Federation of State Medical Boards at:

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL (817) 868-5000

Biographic Information

Medical professional Name(s): **Remski, Kimberly Therese**

Date of Birth: [REDACTED]

Place of Birth: Dearborn, Michigan, UNITED STATES

Contact Information

Business Address: 4711 Golf Road
Suite 920
Skokie
Chicago, IL 60640
UNITED STATESHome Address: 1725 W. North Ave
202
IL
Chicago, IL 60622
UNITED STATES

Mobile Phone: [REDACTED]

Business Phone: [REDACTED]

Email: [REDACTED]

Email: [REDACTED]

Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: Remski Kimberly THERESE
Last First Middle

FCVS ID Number: 217,901,727

Notary – Please complete the section below:

State of Virginia County of Virginia Beach

I certify that on the date set forth below, the individual named above, did appear personally before me and presented one of the following forms of identification as proof of his/her identity (Birth Certificate or Passport). I further certify that I did identify this applicant by comparing his/her physical appearance with the photograph on a Government issued photo identification presented by the applicant.

The statements on this document are subscribed and sworn to before me by the applicant on this (Day) 17, of (Month) September, (Year) 2021.

Notary Public Signature: Stephanie Nahleen Gates

Commission Expiration Date* (Month) 10 / (Day) 31 / (Year) 2024

*** The notary's commission expiration date must be current and legible. If no expiration date, such as 'lifetime', an explanation must be provided.**

Notarization using 2way Audio/Video technology

Notary Stamp Here



Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards

ATTN: FCVS

400 Fuller Wisser Rd., Suite 300

Eules, TX 76039-3856



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
08/20/2010	05/18/2014	Medical Education	Michigan State University College of Human Medicine East Lansing Michigan UNITED STATES
06/01/2014	07/01/2014	Vacation	None
07/01/2014	06/30/2017	Postgraduate Training	University of Illinois College of Medicine at Chicago Program Chicago Illinois UNITED STATES
07/01/2017	08/01/2017	Seeking Employment	None
08/01/2017	08/01/2018	Work	Advance Urgent Care 1021 Karl Greimel Dr Suite 102 Brighton, Michigan UNITED STATES
08/01/2017	08/01/2018	Work	Northland Family Planning 24450 Evergreen Road Suite 220 Southfield, Michigan UNITED STATES
08/01/2017	08/01/2018	Work	Northland Family Planning 35000 Ford Road Suite 3 Westland, Michigan UNITED STATES
08/01/2017	08/01/2018	Work	Northland Family Planning 3810 17 Mile Road Suite 1 Sterline Heights, Michigan UNITED STATES
08/01/2017	08/01/2018	Work	Scotsdale Women's Center 19305 W 7 Mile Rd Detroit MI, Idaho UNITED STATES
08/01/2017	08/01/2018	Work	Women's Center of Flint G-3422 Flushing Road, Diplomat Plaza Flint, Michigan UNITED STATES
08/01/2017	08/01/2018	Work	Women's Center of Saginaw 3141 S. Cabaret Trail Suite 100 Saginaw, Michigan UNITED STATES
09/01/2018	12/01/2019	Work	Advantage Healthcare Ltd. 203 E Irving Park Rd Wood Dale, Illinois UNITED STATES
10/01/2018		Work	carafem 4711 Golf Rd #920 Skokie, Illinois UNITED STATES



01/01/2019		Work	Advocate Family medicine Group 5304 N Broadway chicago, Illinois UNITED STATES
12/01/2020		Work	Scotsdale Women's Center 19305 W 7 Mile Rd MI, Michigan UNITED STATES

End of Chronology of Activities report for: Remski, Kimberly Therese



Medical Education

Medical School: Michigan State University College of Human Medicine

Location: East Lansing, MI
UNITED STATES

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

FCVS**FEDERATION CREDENTIALS
VERIFICATION SERVICE****fsmb****Institution Name:** Michigan State University College of Human Medicine**City:** East Lansing**State/Province:** Michigan**Country:** UNITED STATES**Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: **Baccalaureate****Enrollment and Participation:**Our records indicate that **Remski, Kimberly**attended our medical school for a total of **146** weeks of medical education on the following dates:From MM/DD/YYYY: **08/30/2010** To MM/DD/YYYY: **05/02/2014**This individual was awarded the degree of **Doctor of Medicine**on **05/02/2014**

DS

Sk

Unusual circumstances**1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?** YES NO N/A

If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

			From MM/DD/YYYY:	To MM/DD/YYYY:
Personal/Family	Applicable	N/A	/ /	/ /
Academic remediation	Applicable	N/A	/ /	/ /
Health	Applicable	N/A	/ /	/ /
Financial	Applicable	N/A	/ /	/ /
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	/ /	/ /
Other	Applicable	N/A	/ /	/ /

Other Explanation:

Medical School Code: 023010

FID: 217901727

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education?

YES **NO** **N/A**

If YES, please select the reason(s) for the probation and indicate the date(s) of placement on and removal from probation.

From MM/DD/YYYY: To MM/DD/YYYY:

Academic Probation	Applicable	N/A	/	/	/	/
Probation for unprofessional conduct/behavior	Applicable	N/A	/	/	/	/
Probation for other reason	Applicable	N/A	/	/	/	/

Other Reason Explanation:

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university?

YES **NO** **N/A**

If YES, please provide detailed information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university?

YES **NO** **N/A**

If YES, please provide detailed information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason?

YES **NO** **N/A**

If YES, please provide detailed information about the nature of the limitations or special requirements:

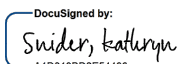
6. Do you have a Dean's Letter to Attach?

YES **NO**

7. Would you like to upload an additional attachment?

YES **NO**

Attestation of Person completing Verification of Medical Education document: I hereby attest that the information contained herein accurately reflects the training records of the above-named physician.

<p>ELECTRONIC SEAL VERIFIED</p>	<p>Name: Katy Snider</p> <p>Title: College Records Officer</p> <p>Signature:  <small>DocuSigned by: A1D819BD2E54480...</small></p> <p>Date of Signature: 9/15/2021</p> <p style="text-align: right;">Email: chmstudentrecords@hc.msu.edu</p>
--	---

MICHIGAN STATE
UNIVERSITY

March 26, 2019

Federation Credentials Verification Services
400 Fuller Wiser Road, Suite 300
Euless TX 76039

To whom this may concern:

Due to office staffing of multiple campuses:

Katy Snider, M.Ed.
College Records Officer and Coordinator of Enrollment Services
616-234-2805
CHMStudentRecords@hc.msu.edu

Katy Snider is responsible for completion and certification of all medical education verification documents. These are the designated individuals available in the Office of Student Affairs and Services who can sign the forms in addition to Mrs. Snider:



**College of
Human Medicine**

Office of Student
Affairs and Services

Secchia Center
Michigan State University
15 Michigan Street NE
Grand Rapids, MI 49503

616-234-2805
Fax: 616-234-2638

A handwritten signature in black ink, appearing to read "Angela Jenks".

Angela Jenks
Office Coordinator
Assistant College Records Officer

Thank you,

A handwritten signature in black ink, appearing to read "Wanda D. Lipscomb".

Wanda D. Lipscomb, Ph.D.
Associate Dean for Student Affairs
Sr. Associate Dean for Diversity & Inclusion



Medical School

Medical Professional Name: Remski, Kimberly

Michigan State University College of Human Medicine

Unusual Circumstances**Did you have any interruption(s) or extension(s) in your medical education?** No**Were you ever placed on probation?** No**Were you ever disciplined or placed under investigation?** No**Were any negative reports for behavioral reasons ever filed by instructors?** No**Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?** No

End of Applicant Reported Unusual Circumstances report for: Remski, Kimberly

Michigan State University

College of Human Medicine

Upon the nomination of the Faculty and the Dean has conferred upon

Kimberly Therese Remski

the Degree of

Doctor of Medicine

Given under the Seal of the University at East Lansing in the State of Michigan on this second day of May in the year Two Thousand and Fourteen.

[Signature]
Chairman of the Board of Trustees

[Signature]
President of the University



SEAL
VERIFIED

ELECTRONIC
SEAL
VERIFIED

217 901 727



THIS IS TO CERTIFY THIS IS A TRUE COPY

Nancy Terres
NANCY TERRES, ASSISTANT REGISTRAR

SIGNED BEFORE ME IN INGHAM COUNTY, MI,
ON SEPTEMBER 21, 2021

Rhonda S. Miller

SEAL
VERIFIED

RHONDA S. MILLER
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF CLINTON

My Commission Expires September 30, 2022
Acting in the County of Ingham



Postgraduate Training

Accreditation ID: 1201621488
Institution: University of Illinois College of Medicine at Chicago Program
Location: Chicago, IL
UNITED STATES

Credentials Analysis Information for Postgraduate Training

There is no Omission/Discrepancy/Miscellaneous information identified.



Federation Credentials Verification Service (FCVS)

400 Fuller Wiser Rd, Euless, TX 76039
Tel: (817) 868-5000 Email: fcvs@fsmb.org

Verification of Postgraduate Medical Education

Institution: University of Illinois College of Medicine at Chicago Program
Specialty: Family Medicine
Address: Chicago, IL

Attention: Program Director
Affiliated University: University of Illinois Chicago

Verification For: Name: Kimberly Remski
DOB: 07/17/1987
Individual's Name on Record (If different from above):

Program Participation: Important: Report incomplete postgraduate years (PGY) separate from those that were successfully completed.

PGY: 1 Specialty/Subspecialty: Family Medicine
From: 07/01/2014 To: 06/30/2015
Successfully Completed?: Yes No In Progress
Accredited by: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

If the postgraduate year is currently in progress report the expected completion date in the "To" field. Report Internships, Residencies and Fellowships separately.

PGY: 2 Specialty/Subspecialty: Family Medicine
From: 07/01/2015 To: 06/30/2016
Successfully Completed?: Yes No In Progress
Accredited by: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

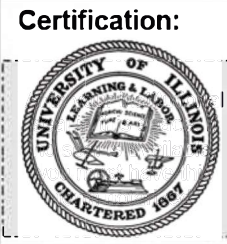
PGY: 3 Specialty/Subspecialty: Family Medicine
From: 07/01/2016 To: 06/30/2017
Successfully Completed?: Yes No In Progress
Accredited by: ACGME AOA LCGME RSC CFPC RCPC APPAP None of these

Unusual Circumstances: Check the correct response. Omitted responses require written explanation. If necessary, you may continue your explanation on a separate sheet of paper.

- 1. Did this individual ever take a leave of absence or break from his/her training? Yes No
2. Was this individual ever placed on probation? Yes No
3. Was this individual ever disciplined or placed under investigation? Yes No
4. Were any negative reports for behavioral reasons ever filed by instructors? Yes No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? Yes No

Please explain any "Yes" response from above:

ELECTRONIC SEAL VERIFIED



Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: L. Amanda Perry, MD Signature:
Title: Program Director, UIC FM Residency Date of Signature: 10/08/2021
Tel: 312-413-9206 Fax: E-Mail: lperry74@uic.edu



Graduate Medical Education

Medical Professional Name: Remski, Kimberly

Accreditation ID: 1201621488

Institution: University of Illinois College of Medicine at Chicago
Program

Specialty: Family Medicine

Unusual Circumstances

Training Period: 7/1/2014 - 6/30/2017 **Internship/Residency**

Did you have any interruption(s) or extension(s) in your medical education? **No**

Were you ever placed on probation? **No**

Were you ever disciplined or placed under investigation? **No**

Were any negative reports for behavioral reasons ever filed by instructors? **No**

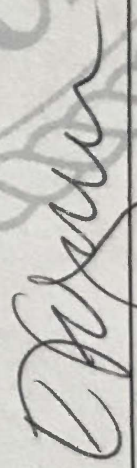
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason? **No**

End of Applicant Reported Unusual Circumstances report for: Remski, Kimberly

The University of Illinois at Chicago College of Medicine

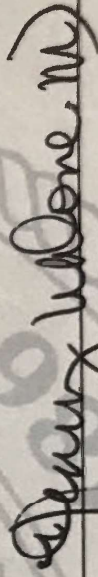
Kimberly Remski, M.D.

has completed a program of Graduate Medical Education in
Family Medicine
at the University of Illinois (UIC) College of Medicine at Chicago,
University of Illinois Hospital & Health Sciences System,
and its Affiliated Institutions
July 1, 2014 to June 30, 2017



Evelyn Figueroa, M.D.

Program Director



Henry W. Dove, M.D.

Associate Dean for Graduate Medical Education



Licensure / Examinations

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 10/14/2021

PRACTITIONER INFORMATION

Name: Remski, Kimberly Therese
 DOB: XXXXXXXXXX
 Medical School: Michigan State University College of Human Medicine
 East Lansing, Michigan, UNITED STATES
 Year of Grad: 2014
 Degree Type: MD
 NPI: 1073930137

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1073930137	Individual			12/22/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ILLINOIS	125065834	06/23/2014	06/30/2017	09/30/2021
ILLINOIS	036141615	08/30/2016	07/31/2023	09/30/2021
MICHIGAN	4301111613	03/06/2017	03/06/2024	09/30/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FR6412770	22N 33N 4 5	SKOKIE,IL 60076	04/30/2022	10/12/2021
FR9817151	22N 33N 4 5	DETROIT,MI 48219	04/30/2023	10/12/2021

PRACTITIONER PROFILE

Prepared for: FCVS As of Date: 10/14/2021
 Practitioner Name: Remski, Kimberly Therese

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2017		02/15/2022	Initial	09/30/2021

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AOA® CERTIFICATION HISTORY

No AOA Certifications found.

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PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:9/1/2021

PRACTITIONER INFORMATION

Name: Remski, Kimberly Therese
 DOB: XXXXXXXXXX
 Medical School: Michigan State University College of Human Medicine
 East Lansing, Michigan, UNITED STATES
 Year of Grad: 2014
 Degree Type: MD
 NPI: 1073930137

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

NATIONAL PROVIDER IDENTIFIER (NPI)

NPI	NPI Type	Deactivation Date	Reactivation Date	Last Reported
1073930137	Individual			12/22/2020

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
ILLINOIS	125065834	06/23/2014	06/30/2017	08/20/2021
ILLINOIS	036141615	08/30/2016	07/31/2023	08/20/2021
MICHIGAN	4301111613	03/06/2017	03/06/2024	08/31/2021

ACTIVE US DRUG ENFORCEMENT ADMINISTRATION (DEA)

DEA Number	Schedule	Address	Expiration Date	Last Reported
FR6412770	22N 33N 4 5	SKOKIE,IL 60076	04/30/2022	08/11/2021
FR9817151	22N 33N 4 5	DETROIT,MI 48219	04/30/2023	08/11/2021

PRACTITIONER PROFILE

Prepared for: Uniform Application for Physician State Licensure As of Date:9/1/2021

Practitioner Name: Remski, Kimberly Therese

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Family Medicine
 Certificate: Family Medicine
 Certification Type: General
 Certification Status: Certified
 Participating in MOC: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	MOC	07/01/2017		02/15/2022	Initial	08/26/2021

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