



**Illinois Department of
PUBLIC HEALTH**

HF115199

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
03/07/2019		7002447
Pregnancy Termination Specialty Center		
Effective: 03/08/2018		

Aanchor Health Center, Ltd.
1186 Roosevelt Road
Glen Ellyn, IL 60137

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

← **DISPLAY THIS PART IN A
CONSPICUOUS PLACE**

Exp. Date 03/07/2019

Lic Number 7002447

Date Printed 02/09/2018

Validation Num 18677

Aanchor Health Center, Ltd.

1186 Roosevelt Road
Glen Ellyn, IL 60137

FEE RECEIPT NO.



Pregnancy Termination Center (ASTC) Licensure Renewal Application

ASTC ID NUMBER <u>700 244 7</u>
PROGRAM CATEGORY - 86
Department Use Only

\$300 Application Fee

Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 5/1 et seq) And the rules of the Department of Public Health entitled Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205).

1.

Name of ASTC Anchor Health Center, Ltd.

Address 1186 Roosevelt Rd.

City Glen Ellyn County DuPage State IL Zip Code 60137

Telephone Number (Area Code) 630-495-4400 Fax Number 630-629-5892 E-mail accounting@officegci.com

2. OWNERSHIP AND MANAGEMENT

A. Type of Ownership of the ASTC

- Individual Association
 Partnership Corporation
 Other _____

IMPORTANT NOTICE
THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 5/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



Pregnancy Termination Center (ASTC) Licensure Renewal Application

B. If Individual-Partnership or Association-owned, list all persons who own the ASTC.:

Name	Address
NA	

C. Names under which persons in #2 do business (other than this ASTC)

Name	Business
N/A	

D. Corporate Ownership

(1.) Name of Corporation

Anchor Health Center, Ltd.

(2.) List title, name and address of each corporate officer.

Title	Name	Address
President/VP	Vijay Goyal	1186 Roosevelt Rd., Glen Ellyn, IL 60137
V.P./Secretary	Vera Schmidt	1186 Roosevelt Rd., Glen Ellyn, IL 60137
V.P./Treasurer	Vinod Goyal	1186 Roosevelt Rd., Glen Ellyn, IL 60137



Pregnancy Termination Center (ASTC) Licensure Renewal Application

E. List name and address of each shareholder holding more than 5 percent of shares

Name	Address	% of Shares
Total Health Center, Ltd.		20%
Carrol Health Center, Ltd.		80%

F. For other than individual ownership, list the name and address of the Illinois Registered Agent or the person(s) legally authorized to receive service of process for the facility.

Name of Registered Agent	Address
LP Agents LLC	2 North LaSalle St., Suite 200 Chicago IL 60602

G. List the names and addresses of all persons under contract to manage or operate the facility:

(Check here if not applicable).

Name	Address
N/A	

H. Have any of the following been convicted of a felony or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit IA.)

- | | | |
|---|------------------------------|--|
| 1. Applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any officer or director of a corporation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



Pregnancy Termination Center (ASTC) Licensure Renewal Application

3. ADMINISTRATION AND PERSONNEL

A. Administrator (Attach resume as Exhibit II)

Name Aimee Dillard

Address 1186 Roosevelt Rd., Glen Ellyn, IL 60137

Telephone Number 630-495-4400

License or Certification Number (if applicable) N/A

B. Medical Director (Attach resume as Exhibit III)

Name Fermina Ventura, M.D.

Address 1186 Roosevelt Rd., Glen Ellyn, IL 60137

Telephone Number 630-495-4400 License Number 036-058183

Please note that, in accordance with section 205.710(b)(1), the information concerning medical staff and other personnel required in Section 205.120(b)(5) through (7) must be maintained at the facility and be available for inspection by the Department.

4. SURGICAL PROCEDURES

A list of surgical procedures being performed at the facility must be included with the renewal application. (Identify as Exhibit V).



Pregnancy Termination Center (ASTC) Licensure Renewal Application

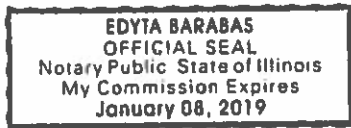
5. VERIFICATION

I (we) swear or affirm that this application and accompanying documents are true and complete. I (we) further certify that I (we) have knowledge of and understand the action required to comply with the act and licensing requirements.

Signed 7(1)(b) Signed _____

Title Assistant Administrator Title _____

Signed and sworn (or attested) to before me this 1st day of February 20 18.



Notary Public

[Signature]

My commission expires January 8th 20 19.

SUBMIT APPLICATION AND FEE TO
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FINANCIAL SERVICES
VALIDATION UNIT
535 W. JEFFERSON ST. -4TH FLOOR
SPRINGFIELD, IL 62761-0001



Pregnancy Termination Center (ASTC) Licensure Renewal Application

APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility applications:

Ambulatory Surgical Treatment Center

Home Health Agency

Hospice Program

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) Yes No

The following question must be answered only if the applicant is an Individual (sole proprietor):

I hereby certify, under penalty of perjury, that I Am Am not (check one) more than 30 days delinquent in complying with a child support order.

Signed _____

Date _____

FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE; AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT (5 ILCS 100/10-65-(C)).



Pregnancy Termination Center (ASTC) Licensure Renewal Application

Pregnancy Termination Specialty Center Renewal Application Checklist

- Completed application for ASTC Renewal Licensure
- Articles of Incorporation
- Administrator's Resume
- Medical Director's Resume
- Supervising Nurse's Resume
- List of Medical Staff
- Separate list of Personnel Staff
- Narrative Description of facility
- Surgical Procedures and services provided
- Lab Services (Section 205.540(d))
- Transfer Agreement, etc. (Section 205.540(d))
- Organizational plan
- Local Building, utility and safety codes
- License fee of \$500

Form **BCA-2.10** | **ARTICLES OF INCORPORATION**

(Rev. Jan. 1999)

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

This space for use by Secretary of State

FILED

DEC 7 2000

JESSE WHITE
SECRETARY OF STATE

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 12-7-00

Franchise Tax \$ 25-

Filing Fee \$ 75-

Approved: [Signature]

1. CORPORATE NAME: AANCHOR HEALTH CENTER, LTD.

DEC 08 2000

PAID

(The corporate name must contain the word "corporation", "company," "incorporated," "limited liability company," or some other abbreviation thereof.)

2. Initial Registered Agent: Andrew J. Creighton

Initial Registered Office:	<u>1640 N. Arlington Heights Road</u>	<u>Suite 105</u>
	<u>Arlington Heights IL 60004</u>	<u>Cook</u>
	<u>City</u>	<u>ZIP Code</u>
	<u>Street</u>	<u>Suite #</u>
	<u>Number</u>	<u>County</u>
	<u>First Name</u>	<u>Middle Initial</u>
	<u>Last name</u>	

3. Purpose or purposes for which the corporation is organized:
(If not sufficient space to cover this point, add one or more sheets of this size.)

44

The transaction of any or all lawful businesses for which corporations may be incorporated under the Illinois Business Corporation Act of 1983.

4. Paragraph 1: Authorized Shares, Issued Shares and Consideration Received:

Class	Par Value per Share	Number of Shares Authorized	Number of Shares Proposed to be Issued	Consideration to be Received Therefor
common	\$ 0	10,000	1,000	\$ 1,000.00
				TOTAL = \$ 1,000.00

Paragraph 2: The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are:

(If not sufficient space to cover this point, add one or more sheets of this size.)

5. **OPTIONAL:** (a) Number of directors constituting the initial board of directors of the corporation: _____
 (b) Names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and qualify:

Name	Residential Address	City, State, ZIP

6. **OPTIONAL:** (a) It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____
 (b) It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____
 (c) It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____
 (d) It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

7. **OPTIONAL: OTHER PROVISIONS**
 Attach a separate sheet of this size for any other provision to be included in the Articles of Incorporation, e.g., authorizing preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual, etc.

8. **NAME(S) & ADDRESS(ES) OF INCORPORATOR(S)**

The undersigned incorporator(s) hereby declare(s), under penalties of perjury, that the statements made in the foregoing Articles of Incorporation are true.

Dated December 6, 2000
 (Month & Day) Year

- | | |
|--|--|
| <p>1. <u>7(1)(b)</u>
 Signature
 Andrew J. Creighton
 (Type or Print Name)</p> <p>2. _____
 Signature
 (Type or Print Name)</p> <p>3. _____
 Signature
 (Type or Print Name)</p> | <p>Address Suite # 105
 1. 1640 N. Arlington Heights Road
 Street
 Arlington Heights, IL 60004
 City/Town State ZIP Code</p> <p>2. _____
 Street
 City/Town State ZIP Code</p> <p>3. _____
 Street
 City/Town State ZIP Code</p> |
|--|--|

(Signatures must be in **BLACK INK** on original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)
NOTE: If a corporation acts as incorporator, the name of the corporation and the state of incorporation shall be shown and the execution shall be by its president or vice president and verified by him, and attested by its secretary or assistant secretary.

FEE SCHEDULE

- The initial franchise tax is assessed at the rate of 15/100 of 1 percent (\$1.50 per \$1,000) on the paid-in capital represented in this state, with a minimum of \$25.
- The filing fee is \$75.
- The minimum total due (franchise tax + filing fee) is \$100.
 (Applies when the Consideration to be Received as set forth in Item 4 does not exceed \$16,667)
- The Department of Business Services in Springfield will provide assistance in calculating the total fees if necessary.
 Illinois Secretary of State Springfield, IL 62756
 Department of Business Services Telephone (217) 782-9522 or 782-9523

Aimee Dillard
1186 Roosevelt Rd. Glen Ellyn IL 60137
630-629-5892

OBJECTIVE To obtain a full-time position in Health Care Administration that utilizes my skills, abilities and experience.

EMPLOYMENT HISTORY

- | | | |
|----------------|--|--------------------|
| 2007 – Present | Access Health Center Ltd
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Downers Grove , IL |
| 2007 – 2015 | ACU Health Center
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Hinsdale, IL |
| 2007 – Present | Anchor Health Center
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Glen Ellyn, IL |
| 2007 – Present | Michigan Avenue Center for Health
<i>Assistant Administrator</i> <ul style="list-style-type: none">• Responsible for Administrative Aspects of Facility | Chicago, IL |
| 2005-2007 | ACU Health Center
<i>Office Manager</i> <ul style="list-style-type: none">• Supervision and scheduling of office staff• Assist Administrator with projects• Maintain employee files• Inventory monitoring/ Ordering Supplies | Hinsdale, IL |
| 2003-2005 | Stork Snapshots
<i>Ultrasound Technician</i> <ul style="list-style-type: none">• Familiar with 2D and 3D imaging• Ability to determine gender• Limited diagnostic work• Responsible for filling out and organizing patient paperwork• General clerical skills | Naperville, IL |

EDUCATION

- | | | |
|------|---|-------------|
| 2003 | Medical Careers Institute
<ul style="list-style-type: none">• Diploma in ultrasound• CAAHEP accredited school | Chicago, IL |
|------|---|-------------|

SKILLS

- Knowledge of Phillips HDI 4000 imaging machine
- Good interpersonal and communication skills
- Good communication with patients

Fermina Ventura, M.D.

Curriculum Vitae:

Professional Licensure

- State of Illinois – License No. 036-058183
- State of Oklahoma

Education and Post Graduate Training

- 1965-1968 Pre-Medical: University of St. Thomas
Manila, Philippines
- 1968-1972 Medical: University of St. Thomas
Manila, Philippines
- 1972-1973 Rotating Internship at University of St. Thomas
1973-1974 Ob/Gyn Residency
Makati Medical Center
Makati, Metro Manila, Philippines
- 1974-1975 Rotating Internship
Edgewater Hospital
Chicago, IL 60657
- 1975-1976 Resident in Anesthesia
Cook County Hospital
Chicago, IL 60604
- 1976-1979 Chief Resident Physician – Ob/Gyn Residency Program
Columbus-Cuneo-Cabrini Hospital, with affiliations at
Northwestern University Hospital
Chicago, IL 60614

Post Graduate Courses

- Post Graduate Courses in Colposcopy (1987, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999 & 2000) School of Medicine, Northwestern University Medical Ctr.
- Advanced Courses in Colposcopy (1991, 1995 & 1998) – Harvard University Medical Center, School of Medicine
- Laser Courses in Gynecological Practice (1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999 & 2000). Northwestern University Medical Center, School of Medicine
- UroDynamics in Female (1991, 1992 & 1996) – Rush Presbyterian St. Luke Medical Center, School of Medicine
- High Risk Obstetrics (1992, 1995, 1998 & 2000) – Northwestern University Medical Center, School of Medicine

- Hysteroscopy Courses for Beginners (1991, 1992 & 1993) – Northwestern University Medical Center, School of Medicine
- Advanced Hysteroscopy (1992, 1993, 1995 & 1998) – Northwestern University Medical Center, School of Medicine

Fermina Ventura, M.D.
Ob/Gyn

- Gynecological Endocrinology (1988, 1990, 1992, 1995 & 1998) – University of Chicago Medical Center, School of Medicine
- Obstetrical Ultrasound Courses (1990, 1992, 1996 & 2000) – Loyola University Medical Center, School of Medicine
- CME Primed

Private Medical Practice

1979 - Present Solo practice in Ob/Gyn in Chicago, Illinois

Hospital Affiliations

1979-Present	Senior Attending Staff Columbus-Cunco-Cabrini Hospital 2520 N. Lakeview Ave. Chicago, IL 60614
1979-1989	Senior Attending Staff Grant Hospital 735 W. Webster Ave. Chicago, IL 60614
1984-Present	Senior Attending Staff Thorek Hospital 850 W. Irving Park Rd. Chicago, IL 60615
1990-Present	Senior Attending Staff Illinois Masonic Hospital 527 W. Wellington Ave. Chicago, IL 60614
1998-Present	Senior Attending Staff Resurrection – St. Joseph Hospital 2400 N. Lakeshore Dr. Chicago, IL 60614

Allyson Debow, R.N.

1186 Roosevelt Rd, Glen Ellyn, Illinois 60137

OBJECTIVE:

To obtain a Registered Nurse position within the hospital setting.

WORK EXPERIENCE:

Access Health Center Ltd.

Nursing Supervisor -April 2017-Present

AAncor Health Center Ltd

Nursing Supervisor -April 2017-Present

Walgreens Co.

06/2007-Present

Senior Certified Pharmacy Technician: Provide medication and other health care products to patients and consumers. Handle insurance and billing issues, type prescriptions and correctly bill insurance companies, prepare medication and order inventory.

CLINICAL EXPERIENCE:

- Holy Cross Hospital: Chicago, IL Medical-Surgical 3 Completed 60 hours
 - Duties: Obtain and record patients' vital signs, intake and output and blood glucose, assist patients with activities of daily living, follow isolation precautions and infection control procedures, interpret laboratory values and interpret EKG strip.
 - Mount Sinai Hospital: Chicago, IL Medical - Surgical 2 Completed 32 Hours
 - Duties: Medication administration, obtain and record vital signs, ensure patient safety, follow isolation precautions, monitor intake and output, discharge patient and education.
 - Northwestern College: Bridgeview, IL Obstetrics Completed 20 Hours
 - Duties: Learned how to help women during pregnancy, labor and childbirth
 - University of Illinois at Chicago Hospital: Chicago, IL Medical-Surgical 1
 - Duties: Obtain and record patients' vital signs, intake and output and glucose, assist patients with activities of daily living, follow isolation precautions and infection control procedures, patient charting, medication administration.
 - Mount Sanai Hospital: Chicago, IL Medical-Surgical 1 Completed 32 Hours
 - Duties: Observing patient and creating a care plan.
 - St. Patrick's Nursing Home: Naperville, IL Fundamentals of Nursing Completed 32 Hours
 - Duties: Assessment, assisted with feedings and morning care, provided behavioral and emotional supports, followed infection control procedures, assisted patients with activities of daily living.
 - University of Illinois at Chicago Hospital: Chicago, IL Pediatrics Completed 32 Hours
 - Duties: Patient Assessment, medication administration, obtain/record vitals.
- Completed 20 Hours

EDUCATION:

Northwestern College

Bridgeview, IL

Associate in Applied Science Degree

Major: Nursing

Graduation: SEPTEMBER 2016

GPA: 3.00/4.00

CERTIFICATION/LICENSURE:

Registered Nurse-License # 041-450440 Expires: 5/31/2018

Certified Pharmacy Technician: Walgreens - Expires: 03/2018

CPR American Red Cross: Joliet Junior College - Expires: 01/2019

Certified Nurse Aid: Joliet Junior College - Expires: 10/2017

Medical Staff

<u>Specialty</u>	<u>Name</u>	<u>License No.</u>
Surgeon	Fermina Ventura, M.D.	036-058183
Surgeon	Vinod K. Goyal, M.D.	036-049046
Surgeon	Famarz Salimi, M.D.	036-045577
Surgeon	Georgi T. Bakardjiev M.D.	036-115001
Surgeon	Nisha Patel, M.D.	036-124169
Surgeon	Morgan Madison M.D.	036-137978
Surgeon	Patricia Chico M.D.	036-137560
Anesthesiologist	Sampath Chennamaneni, M.D.	036-070672
Anesthesiologist	Pankaj Haridas, M.D.	036-097116
Anesthesiologist	Galina Pikovski, M.D.	036-098599
Anesthesiologist	Narayanarao Ravishankar	036-077082
M.D.General Practice	Vijay Goyal, M.D.	036-062651

Personnel Staff

Position/Classification	Name	License No./ Registration Certificate/ Years of Experience
Assistant Administrator	Aimee Dillard	14 years experience
Office Manager	Vanessa Munoz	13 years experience
Assistant Manager Ultrasound Tech.	Gisela Rodriguez	15 years experience
Health Educator	Sandra Gustafson	14 years experience
Health Educator	Lori Buddig	14 years experience
Medical Assistant Ultrasound Tech	Paige Seldal	2 years experience
Medical Assistant	Julia Gonzalez	3 years experience
Medical Assistant	Maria Marquez	3 months experience
Medical Assistant	Evelyn Fernandez	3 months experience
P.O.C/Medical Assistant	Andrii Kaminskyi	3 months experience
Receptionist	Ellysa Fornowski	3 months experience
Receptionist	Victoria Garcia	3 months experience
Supervising RN	Allyson Debow	License: 041-450440 8 months experience
RN	Tracy Sourwine	License: 041-312518 20 years experience
RN	Kathy Springer	License: 041-455620 1 year 5 months experience

Exhibit V

List of Approved Procedures

Dilation and Curetage

Dilation and Evacuation

Dilation and Extraction

Endocervical Curetage

Laminaria Insertion

Dilation and Curetage, Diagnostic and/or therapeutic



AAncor Health Center, Ltd.

1186 Roosevelt Road, Glen Ellyn, IL 60137
Phone: (630) 495-4400 • Toll Free: (888) 910-4400
Fax: (630) 629-5892 • www.aanchorhealthcenter.com

February 1, 2018

Sent Via UPS Express

Validation Unit
Division of Financial Services
Illinois Department of Public Health
535 West Jefferson Street, 4th Floor
Springfield, IL 62761

***Re: Renewal Application
Pregnancy Termination Center
License Number 7002447***

To Whom It May Concern:

Enclosed you will find the annual license renewal application you have requested, as well as the \$300.00 application fee.

Please do not hesitate to contact me at the number/address above if you have any questions. I can also be reached via telephone at (847) 255-7400. If I am unavailable, you may contact accounting via telephone: 847-255-7400, fax: 847-398-4585, or email accounting@officegci.com.

Sincerely,

7(1)(b)

Aimee Dillard
Assistant Administrator
AAncor Health Center, Ltd.

Cert # 7001084



**Illinois Department of
PUBLIC HEALTH**

HF114884

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Nirav D. Shah, M.D.,J.D.
Director

Issued under the authority of
the Illinois Department of
Public Health

EXPIRATION DATE 1/22/2019	CATEGORY	LICENSE NUMBER 7001084
Ambulatory Surgery Treatment Center		
Effective: 01/23/2018		

Hope Clinic for Women, Ltd., The
1602 21st Street
Granite City, IL 62040

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #48240 5M 5/16

← DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 1/22/2019
Lic Number 7001084
Date Printed 1/2/2018
Validation Num 12602

Hope Clinic for Women, Ltd., The
1602 21st Street
Granite City, IL 62040

FEE RECEIPT NO.



Ambulatory Surgical Treatment Center Renewal Licensure

ASTC ID No. <u>7001084</u>
Program Category - 86
Department Use Only

IMPORTANT NOTICE: Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 55/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 IL Adm Code 205).

\$300 Application Fee

1. Facility Name/Address

Name of ASTC The Hope Clinic for Women, Ltd.

Address 1602 21st Street

City Granite City County Madison State IL Zip Code 62040

Telephone Number (Area Code) 618-451-5722 Fax Number 618-451-9092 E-mail debwe1602@hopeclinic.com

Administrator's Signature

The Administrator of the facility must review this survey form for completeness and accuracy, then sign and date in the spaces below to certify that, to the best of his/her knowledge, the information provided is complete and accurate.

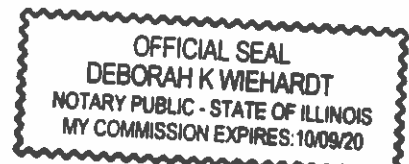
Typed or Printed Administrator Name Erin King, MD 7(1)(b) 11/28/17
 Administrator Signature (original only) _____ Date of Completion _____

Signed and Sworn (or attested) to before me this 28 day of Nov. 2017

Deborah K. Wiehardt

Notary Public

My commission expires 10/9 2020



This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under (210 ILCS 5/1 et seq.). Disclosure of this information is mandatory, this form has been approved by the Forms Management Center

DUE DATE: 30 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE

7001084 4-11-17-3-01-P-4 \$300.00 CHECK #2202 12/06/17



2. Ownership

1. Please indicate type of ownership with an "X":

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership (*RA) |
| <input checked="" type="checkbox"/> Corporation (*RA) | <input type="checkbox"/> Limited Liability Company (*RA) |
| <input type="checkbox"/> Partnership (Registered within county) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership (*RA) | * RA - Registered Agent |

2. Registered Agent

If your facility ownership indicated above requires a registered agent, please indicate the name, address (including zip code plus four), and telephone number of this person or company. (If you are unable to identify this person or company, contact the Secretary of State's office to identify the facility's registered agent)

Name of Illinois Registered Agent: Northwest Registered Agent Service, Inc

Address of Illinois Registered Agent: 1900 E. Golf Rd., Suite 950A

City, State, Zip Code plus four: Schaumburg, IL 61073

Telephone of Illinois Registered Agent (including area code): 618-451-5722

3. Ownership Information

If your facility is required to have a Registered Agent (see #2 above) or is required to have at least three officers, list the name of the state where the home or parent firm is incorporated or registered.

Name of Parent Firm or Organization: The Hope Clinic for Women, Ltd

State where Parent Firm or Organization is Incorporated or Registered: Illinois

List the name and address of the following officers:

TITLE	NAME	FULL ADDRESS
President	<u>Erin King, MD</u>	<u>1602 21st Street Granite City, IL 62040</u>
Vice-President	_____	_____
Secretary	<u>Sally Burgess</u>	<u>1602 21st Street Granite City, IL 62040</u>
Treasurer	<u>Erin King, MD</u>	<u>1602 21st Street Granite City, IL 62040</u>



Ambulatory Surgical Treatment Center Renewal Licensure

4. Shareholder Information

If your ASTC is a CORPORATION, list the number of shares held by shareholders with more than five percent of common stock or the top five stockholders, whichever is less. Also, indicate the percentage of total shares that each stockholder holds.

NAME OF STOCKHOLDER	SHARES HELD	PERCENT OF SHARES
Hector Zevallos		100%

5. Other Ownership

Owners

If your facility is a SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER-owned, list the name of the owner(s), the address (es) of each owner, the owner(s)'s profession, and the business that employs each owner. If the owner is self-employed, indicate this by entering "SELF" in the PROFESSION column.

NAMES OF OWNERS	FULL ADDRESS	PROFESSION	BUSINESS NAME

6. Contract Management

If management or operation of the ASTC is performed by independent contractor(s) and not an employee, list the individual name(s) and address(es) of the independent contractor(s). If management or operation is not performed by independent contractor(s), indicate this by checking the box.

Check here if not applicable

NAME	FULL ADDRESS



Ambulatory Surgical Treatment Center Renewal Licensure

7. History of Conviction

Have any of the following been convicted of a felony, or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit I)

- 1. Applicant Yes No
- 2. Any member of a firm, partnership or association Yes No
- 3. Any officer or director of a corporation Yes No
- 4. Administrator or manager of ASTC Yes No

3. ADMINISTRATION AND PERSONNEL

1. Administrator (attach resume as Exhibit II)

Name Erin King, MD

Address 1602 21st Street Granite City, IL 62040

Telephone Number 618-451-5722 License Number 036-117422

2. Medical Director (attach resume as Exhibit III)

Name: Yogendra Shah, MD

Address: 1602 21st Street Granite City, IL 62040

Telephone Number 618-451-5722 License Number 036-38949

3. Supervising Nurse (attach resume as Exhibit IV)

Name: Danyelle Hoff-Nygard, RN

Address: 1602 21st Street Granite City, IL 62040

Telephone Number 618-451-5722 License Number 041.355961



Ambulatory Surgical Treatment Center Renewal Licensure

APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility application:

Ambulatory Surgical Treatment Center

Home Health

Hospice

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) Yes No

The following question must be answered only if the applicant is an Individual (sole proprietor):

I hereby certify, under penalty of perjury, that I am am not (check one) more than 30 days delinquent in complying with a child support order.

Signed: _____

Date: _____

FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT. (5 ILCS 100/10-65-(C)).



Ambulatory Surgical Treatment Center Renewal Licensure

SUPPLEMENT I

Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted priveleges to perform surgical procedures in the center.

SPECIALTY

NAME

LICENSE NO.

SPECIALTY	NAME	LICENSE NO.
GYN	Yogendra Shah, MD	036-48949
GYN	Erin King, MD	036-117422
GYN	Margaret Baum, MD	036-139616

State of Illinois
Illinois Department of Public Health
Ambulatory Surgical Treatment Center Renewal Licensure



Medical Staff (continued)

SPECIALTY	NAME	LICENSE NO.
RN/DON	Danyelle Hoff-Nygard	041.355961
RN	Amber Scruton	041.457881
RN	Patricia Pittman	041.259455
RN	Bonnie Bottenberg	041.145317



Ambulatory Surgical Treatment Center Renewal Licensure

SUPPLEMENT II

Personnel: List position and/or classification; name, education, experience, professional licensure or certification.

POSITION AND/OR CLASSIFICATION **NAME** **LICENSE NUMBER, REGISTRATION
 CERTIFICATION, AND YEARS
 EXPERIENCE**

Director of Bldg Operations	Deborah Wiehardt	HS diploma 34 yrs experience
Director of Counseling	Deborah Stopsky	MA 14 yrs experience
Medical Assistant	Calista Baublitz	diploma 5 yrs experience
Medical Assistant	Danielle Driver	diploma 3 yrs experience
Medical Assistant	Jessica Westwood-Puder	diploma 3 yrs experience
Medical Assistant	Gwendolyn Tylor	diploma 5 yrs experience
Medical Assistant	Kathy Creacy	diploma 18 months experience
Medical Secretary	Savannah Flannigan	HS diploma 18 months experience
Instrument Room Tech	Claudia Hamilton	HS diploma 21 yrs experience
Recovery Room Assistant	Jennifer Reeves	HS diploma 8 yrs experience
Counselor	Becky Woolever	LMSW 7 yrs experience
Counselor	Christine Bracamontes	MA/LPC 5 yrs experience
Counselor	Christina Warden	MA 3 yrs experience
Counselor	Aysha Hill	BA 18 months experience
Counselor	Jessica Klugman	BA 6 months experience
Medical Assistant	Robin Schiller	diploma 6 months experience

Ambulatory Surgical Treatment Center Renewal Licensure



Personnel (continued)

POSITION AND/OR CLASSIFICATION NAME LICENSE NUMBER, REGSITRATION, CERTIFICATION, AND YEARS EXPERIENCE

POSITION AND/OR CLASSIFICATION	NAME	LICENSE NUMBER, REGSITRATION, CERTIFICATION, AND YEARS EXPERIENCE

Exhibit V

Abortion, First Trimester

Abortion, Second Trimester

CORDER'S NOTE: THIS DOCUMENT NOT ENTIRELY
LEGIBLE AND MAY NOT REPRODUCE WELL

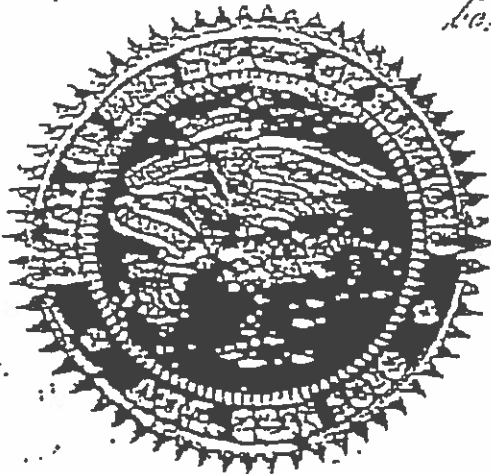


To all to whom these Presents Shall Come, Greeting:

Whereas, *Articles of Incorporation, duly signed and verified of*
FORE CLINIC FOR WOMEN, LTD.
have been filed in the Office of the Secretary of State, on the 15th
day of October A. D. 1976, as provided by "THE BUSINESS
CORPORATION ACT" of Illinois, in force July 13, A. D. 1933.

Now Therefore, I, MICHAEL J. HOWLETT, Secretary of State of the State of Illinois,
by virtue of the powers vested in me by law, do hereby, issue this certificate of
incorporation, and attach thereto a copy of the Articles of Incorporation
of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand, and cause to
be affixed the Great Seal of the State of Illinois.
Done at the City of Springfield, this 15th
day of October A. D. 1976 and
of the Independence of the United States
the two hundred and 1st



Michael J. Howlett

SECRETARY OF STATE

OCT 15 1950
S 18.75
S 75.00
97.25

ARTICLES OF INCORPORATION

OF

HOPE CLINIC FOR WOMEN, LTD.

TO: MICHAEL J. HOWLETT, Secretary of State

The undersigned, DR. HECTOR ZEVALLOS, 24 Camelot, Edwardsville, Illinois 62025, being a natural person of the age of twenty-one (21) years or more, and having subscribed to shares of the corporation to be organized pursuant hereto, for the purpose of forming a corporation under "The Business Corporation Act" of the State of Illinois, does hereby adopt the following Articles of Incorporation:

ARTICLE ONE

The name of the corporation hereby incorporated is: HOPE CLINIC FOR WOMEN, LTD.

ARTICLE TWO

The address of its initial registered office in the State of Illinois is: 24 Camelot, in the City of Edwardsville, County of Madison, and the name of its initial Registered Agent at said address is DR. HECTOR ZEVALLOS.

ARTICLE THREE

The duration of the corporation is perpetual.

ARTICLE FOUR

The purpose, or purposes, for which the corporation is organized is to own, operate and maintain an establishment for the study, diagnosis and treatment of human ailments and injuries, whether physical or mental, and to promote medical, surgical and scientific research and knowledge; provided that medical or surgical treatment, consultation or advice may be given by employees of the corporation only if they are licensed pursuant to the Medical Practice Act

ARTICLE FIVE

BOOK 3043 PAGE 555

PARAGRAPH 1: The aggregate number of shares which the corporation is authorized to issue is 30,000, all of one class, to-wit: common stock. The par value of the shares of stock is One Dollar (\$1.00) per share.

PARAGRAPH 2: The preferences, qualifications, limitations, restrictions and the special or relative rights in respect of the shares of each class are: None.

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration to be received by the corporation therefor, are:

<u>Number of Shares</u>	<u>Class of Shares</u>	<u>Total Consideration Received Therefor</u>
1,000	Common	\$1,000.00

ARTICLE SEVEN

The corporation will not commence business until at least One Thousand Dollars (\$1,000.00) has been received as consideration for the issuance of shares.

ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: One.

ARTICLE NINE

The stock issued within two (2) years from the date hereof, to the maximum amount of Five Hundred Thousand Dollars (\$500,000.00) which shall be received by the corporation, shall be issued pursuant to Section 1244 of the United States Internal Revenue Code.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of October, 1976.

ARTICLE SIX

The class and number of shares which the corporation proposes to issue without further report to the Secretary of State, and the consideration to be received by the corporation therefor, are:

<u>Number of Shares</u>	<u>Class of Shares</u>	<u>Total Consideration Received Therefor</u>
1,000	Common	\$1,000.00

ARTICLE SEVEN

The corporation will not commence business until at least One Thousand Dollars (\$1,000.00) has been received as consideration for the issuance of shares.

ARTICLE EIGHT

The number of directors to be elected at the first meeting of the shareholders is: One.

ARTICLE NINE

The stock issued within two (2) years from the date hereof, to the maximum amount of Five Hundred Thousand Dollars (\$500,000.00) which shall be received by the corporation, shall be issued pursuant to Section 1244 of the United States Internal Revenue Code.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 11 day of October, 1976.

7(1)(b)

DR. HECTOR ZEVALLOS

STATE OF ILLINOIS)
COUNTY OF MADISON) SS.

I, Charles Madisid, a Notary Public, do

hereby certify that on the 11 day of October, BOOK 3043 PAGE 556, 197
DR. HECTOR ZEVALLOS personally appeared before me, and being first
duly sworn by me, acknowledged the signing of the foregoing
document in the respective capacities therein set forth and declared
that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed
my seal the day and year first above written.

Charles W. ...
Notary Public

My commission expires: April 15, 1974

FILED

OCT 15 1976

Michael J. Howlett
Secretary of State

(Disregard this Article where this amendment contains no such provisions.)

ARTICLE FIFTH: The manner in which the exchange, reclassification, cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided for in, effected by, this amendment, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

ARTICLE SIXTH: Paragraph 1: The manner in which said amendment or amendments affect a change in the amount of stated capital or the amount paid-in surplus, or both, is as follows:

(Disregard this Paragraph where amendment does not affect stated capital or paid-in surplus.)

Paragraph 2: The amounts of stated capital and of paid-in surplus changed by this amendment are as follows:

	Before Amendment	After Amendment
Stated capital.....\$	\$	\$
Paid-in surplus.....\$	\$	\$

IN WITNESS WHEREOF, the undersigned corporation has caused these Articles of Amendment to be executed in its name by its _____ President, and its corporate seal to be hereto affixed, attested by its Secretary, this 28th day of October 1977

HOPE CLINIC FOR WOMEN, LTD.

Place (CORPORATE SEAL) Here

By: 7(1)(b) Dr. Hector Zevallos

ATTEST:

7(1)(b)

Jean Zevallos Secretary

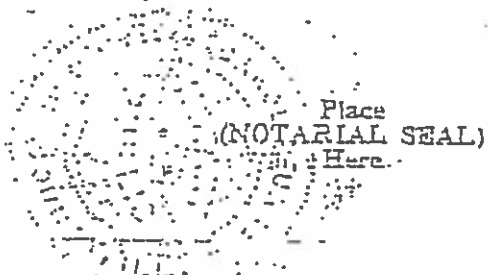
STATE OF ILLINOIS COUNTY OF MADISON ss.

I, Carol Funke, a Notary Public, do hereby certify that on the 28th day of October 1977 Dr. Hector Zevallos personally appeared before me and, being first duly sworn by me, acknowledged that he signed the foregoing document in the capacity therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year before written.

Carol Funke Notary Public

My term expires: May, 1978



Form BCA-51

Notary File

ARTICLES OF AMENDMENT

to the

ARTICLES OF INCORPORATION

of

HOPE CLINIC FOR WOMEN, LTD.

FILED

NOV 4 1977

FILE IN DUPLICATE

Notary Filing Fee \$25.00

Filing Fee for Re-Filed Articles \$160.00

60140-50N-10/75

P.11

CURRICULUM VITAE

NAME: Yogendra Shah, M.D.F.A.C.O.G.

DATE: 7(1)(c)

PLACE OF BIRTH: 7(1)(c)

MARTIAL STATUS: 7(1)(c)

UNIVERSITIES

ATTENDED: S.P. University
V.V. Nagar, Gurjarat, India

Pre-Medical-May 1965
Faculty of Science, M.S. University

Doctor of Medicine-October 1969
M.S. University School of Medicine, India

PROFESSIONAL TRAINING

INTERNSHIP: Type-Rotating
S.S.G. Hospital
Baroda, Gurjarat, India

Mount Sinai Hospital Medical Center
Chicago, Illinois
July 1971-June 1972

RESIDENCY: Type-Pathology (One Year)
Methodist Hospital of Central Illinois
Peoria, Illinois
July 1972-June 1973

Type-Obstetrics and Gynecology
Homer G. Phillips Hospital
St. Louis, Missouri
July 1973-June 1976

FELLOWSHIP: Clinic Obstetrics and Gynecology
St. Luke's Hospital West
Chesterfield, Missouri
July 1976-June 1977

BOARD STATUS: Board Ceertified-November 9, 1979
American Board of Obstetrics & Gynecology

Voluntarily Re-certified - June 26, 1995
Voluntarily Re-certified - 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007,
2008, 2009, 2010, 2011, 2012, 2013, 2014

FELLOWSHIP: American College of Obstetricians and Gynecology
December 1980

EXPERIENCE: Family Planning Medical Officer
Sadhli, Gujarat, India
January 1971 - May 1971

Private Practice
3165 Myrtle Avenue
Granite City, Illinois 62040
July 1977 - 2015

**HONORS
AND AWARDS:** Higher Education and Scholarship
Gujarat Government, India
June 1964- October 1969

**COMMITTE
MEMBERSHIP:** Chairman-Department of OB/GYN
Anderson Hospital
1994-1996

Executive Committee
Anderson Hospital
1194-1996

Chairman-Department of OB/GYN
Gateway Regional Medical Center
(Formerly St. Elizabeth Medical Center)
1991-2000
Performance Improvement Committee
1991-2000
Credential Committee-Member
Gateway Regional Medical Center
2003 - Present
Various Committees Member - Gateway Regional and Anderson Hospital
1977- Present

STATE LICENSES: Flex, June 1973- Missouri and Illinois

HOSPITAL PRIVILEGES: Gateway Regional Medical Center (Formerly St. Elizabeth Medical Center)

Active Staff - 1977 - 2015

Courtesy 2015- Present

Oliver Anderson Hospital - Active Staff

1977-2015

PAPERS PUBLISHED: Bibliographies

"Outpatient Laparoscopy with Local Anesthesia"
International Journal of Gynecology and Obstetrics
Volume 17, Number 4, January-February 1980
p379-381

"Combined Intra and Extra-Uterine Pregnancy"
A Diagnostic Challenge
Journal of Reproductive Medicine
Volume 25, Number 5, November 1980
p290-292

MEDICAL DIRECTOR: The Hope Clinic for Women - July 1987- Present
Madison County Urban League - 1998 - 2015

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
036.048989

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
07/31/2020

LICENSED PHYSICIAN AND SURGEON



YOGENDRA A SHAH MD
1602 21ST ST
GRANITE CITY, IL 62040-5304



Bryan A. Schneider

BRYAN A. SCHNEIDER
SECRETARY

Jessica Baer

JESSICA BAER
DIRECTOR

The official status of this license can be verified at www.idfpr.com

11885404

Erin King, MD, FACOG

7(1)(b) (phone)
(pager)

erking@hopeclinic.com

EDUCATION

Washington University School of Medicine – St. Louis, MO
M.D., May 2003

Stanford University – Stanford, CA
B.A., Human Biology, June 1997 (conferred with honors)

GRADUATE MEDICAL EDUCATION

McGaw Medical Center – Northwestern University – Chicago, IL
Residency Training Obstetrics & Gynecology 2003-2007

BOARD CERTIFICATION

American Board of Obstetrics and Gynecology; Status: Active 1/14/11

MEDICAL LICENSURE

Illinois: *November 2006 to present*
Missouri: *February 2011 to present*

PUBLICATIONS AND PRESENTATIONS

Yee LM, Farner KC, King E, Simon MA (2015) What do Women Want? Experiences of Low-Income Women with Postpartum Contraception and Contraceptive Counseling. *J Preg Child Health* 2: 191. doi:10.4172/2376-127X.1000191

King EL, Redline RW, Smith SD, Kraus FT, Sadovsky Y, Nelson DM. Myocytes of Chorionic Vessels From Placentas With Meconium-Associated Vascular Necrosis Exhibit Apoptotic Markers. *Human Pathology* 2004; 35(4):412-417

King E, Shackelford G, Hamvas A. High-Frequency Oscillation and Paralysis Stabilize Surfactant Protein-B Deficient Infants. *J Perinatology* 2001; 21:421-25 (also abstract poster presentation at American Thoracic Society Conference, 5/97)

Cole F, Hamvas A, Rubinstein P, King E, Trusgnich M, Noguee L, deMello D, Colten H. Population-Based Estimates of Surfactant Protein B Deficiency. *Pediatrics* 2000; 105(3):538-41

WORK EXPERIENCE / FACULTY APPOINTMENTS

Gynecology surgery, ASC Administrator/Manager (Interim Executive Director 4/16 to present; Associate Medical Director 2/11 to 4/16); The Hope Clinic for Women; Granite City, IL; 2/10 to present

Generalist in Obstetrics and Gynecology at Affinia Healthcare (formerly Grace Hill Health Centers); medical staff privileges at Barnes Jewish Hospital; St. Louis, MO; 2/11 to present

Part-time gynecology services provider Planned Parenthood of Illinois; Chicago, IL; *6/07 to present*

Clinical Instructor in the Feinberg School of Medicine - Northwestern University; Chicago, IL; *9/07 to 9/11*

Generalist in Obstetrics and Gynecology at Progressive Care for Women, contributed services faculty at Northwestern Memorial Hospital; Chicago, IL; *9/07 to 7/10*

Senior Analyst; Kaiser Permanente Northern California Regional Offices (TPMG); quality and access consulting for M.D. Department Chiefs, *7/00 to 6/01*

Research Technician; Washington University Department of Pediatrics: research resulting in 2 publications noted above, *6/96-9/96; 6/97-9/98*

HOSPITAL AFFILIATIONS

Barnes Jewish Hospital; St. Louis, MO; *6/11 to present*

Gateway Regional Medical Center; Granite City, IL; *4/10 to present*

HONORS/AWARDS

Leadership Training Academy Completion; Physicians for Reproductive Health; *6/15 to present*

Fellow; American College Obstetrics & Gynecology; *(7/12 to present)*

Honored in "Contraception/Family Planning" category of poster presentations; ACOG Annual Meeting *(5/08)*

Excellence in medical student teaching, Feinberg School of Medicine Northwestern University *(5/04 and 5/09)*

First Place: Chicago TAP Debate "Comparing sexual function after total versus supracervical hysterectomy" *(9/05)*

Fourth Year Medical Student Achievement Award in Obstetrics&Gynecology, Washington University *(6/03)*

Honors conferred for thesis in Human Biology, Stanford University *(6/97)*



State of Illinois
Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
036.117422

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
07/31/2020

LICENSED PHYSICIAN AND SURGEON



ERIN LEE KING MD
1602 21ST STREET
GRANITE CITY, IL 62040



Bryan A. Schneider

BRYAN A. SCHNEIDER
SECRETARY

Jessica Baer

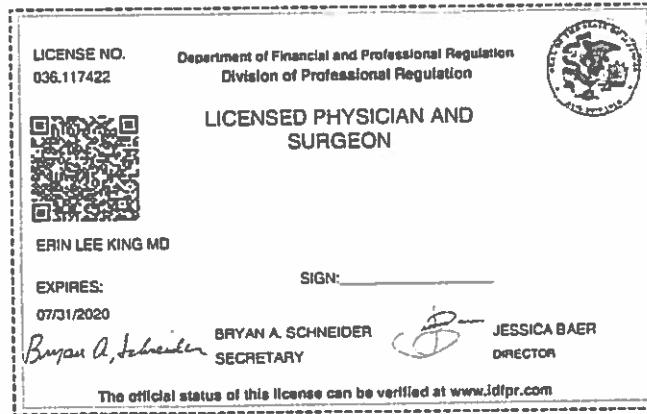
JESSICA BAER
DIRECTOR

The official status of this license can be verified at www.idfpr.com

11706173

Cut on Dotted Line ✂

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 1440831



LICENSE NO.
036.117422

Department of Financial and Professional Regulation
Division of Professional Regulation



LICENSED PHYSICIAN AND
SURGEON

ERIN LEE KING MD

EXPIRES:
07/31/2020

SIGN: _____

Bryan A. Schneider

BRYAN A. SCHNEIDER
SECRETARY

Jessica Baer

JESSICA BAER
DIRECTOR

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	Danyelle Hoff- Nygard
	7(1)(b)
Objective	<p>Long term career goal is to positively and successfully impact a career in the health care field, to expand my professional knowledge in all areas. To take an active role in the research and developments of new technology. And to be an advocator for my patients and their families.</p>
Professional Achievements	<p>Area of Accomplishment as a nurse</p> <ul style="list-style-type: none"> • Knowledge of cardiac defects, surgical repairs and procedures • Understanding of medical terminology, lab results and x-rays • Ability to proficiently manage invasive lines, central lines, chest tubes, tracheotomies, g buttons and ventilators • Experienced in recovering and helping in managing the care of post-operative patients and patients with cardiac issues • ECMO specialist • Experience in assistive devices, such as the Berlin Heart, Centrameg, Heart Mate II, HeartWare and the Novalung. I was a primary nurse for the first patient put on the Novalung. • Ability to emotionally meet the needs of the patient and the patient's parents and/or family and to explain issues at hand • To effectively communicate with others when an issue rises • To communicate effectively with other medical professionals, such as surgeons, intensivists, fellows, pharmacists and other nurses • An advocate for parents to be involved in the care of their child as much as possible • Knowledge of sterile technique and advocate for quality control in the fight against blood stream infections. • Industry trained in HeartWare and Thoratec durable LVADs

	<ul style="list-style-type: none"> • Understanding of medications uses, dosage and administration • Understanding of effectiveness of medication • Effective communication with doctor's offices and hospital staff • Effectively manage inpatient and outpatient care of LVAD patients and care for patients in the clinic settings • Prepare LVAD patients for transplant if an option for them or for life with a LVAD as destination therapy
Work History	<p>Cardiology Research Nurse Washington University St. Louis June 2016 to present</p> <p>Mechanical Assist Device Nurse Coordinator Barnes Jewish Hospital, St. Louis, MO April 2013 to June 2016</p> <p>CICU Staff Nurse St. Louis Children's Hospital, St. Louis, MO June 2006 to June 2016</p> <p>Infusion Home Health Nurse SSM Home Care, St Louis, MO May 2011 to May 2012</p> <p>Home Health Nurse Maxim Health Care, Fairview Heights, IL January 2007 to January 2011</p> <p>Patient Care Technician St. Louis Children's Hospital, St. Louis, MO January 2006 to June 2006</p>
Academic Qualifications	<p>Bachelor of Science in Nursing, University of Missouri St. Louis , St. Louis MO, May 2006</p> <p>Saint Louis University, St Louis, MO August 2001 to June 2003</p>
Certification	<p>Missouri Nursing license number 2006021102 exp 4/30/2017</p> <p>PALS certification exp- 8/2017</p> <p>ACL certification exp- 3/2018</p> <p>CPR certification exp 12/2017</p>
References	<p>References are available on request.</p>

State of Illinois

Department of Financial and Professional Regulation
Division of Professional Regulation

LICENSE NO.
041.355961

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
05/31/2018

REGISTERED PROFESSIONAL NURSE



DANYELLE R HOFF

7(1)(b)



Bryan A. Schneider

BRYAN A. SCHNEIDER
SECRETARY

Daniel Kelber

DANIEL KELBER
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

11070576

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For further reference, the Department is now providing a personal customer identification 'Contact Number' which you may use in lieu of your social security number or FEIN number when contacting the department. Your number is: 1571909

LICENSE NO.
041.355961

Department of Financial and Professional Regulation
Division of Professional Regulation



REGISTERED PROFESSIONAL
NURSE

DANYELLE R HOFF

EXPIRES:
05/31/2018

Bryan A. Schneider

BRYAN A. SCHNEIDER
SECRETARY

Daniel Kelber

DANIEL KELBER
ACTING DIRECTOR

The official status of this license can be verified at www.idfpr.com

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