

# ANNUAL REPORT OF EXAMINING AND LICENSING BOARDS

(FS 1935 S. 116, 214.67)

BOARD: MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

LOCATION: Suite 352, 717 Delaware Street Southeast  
Minneapolis, Minnesota 55414

STATUTORY AUTHORITY: MN. ST. Ch. 146; Ch. 148; Ch. 319

REPORT PERIOD: July 1, 1978 To: June 30, 1980

SUBMITTED BY: Arthur W. Poore, Executive Secretary October 1, 1980

Name	Title	Date
Arthur W. Poore	Executive Secretary	October 1, 1980

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GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 79 and FY 80 and include any changes (additions/deletions) in activities between those years.

The Minnesota State Board of Medical Examiners has been given the following responsibilities:

1. Licensure to Practice Medicine and Surgery

<u>BASIS</u>	<u>LICENSES</u>	<u>ISSUED</u>
	<u>78-79</u>	<u>79-80</u>
A. Flex Written Examination	51	35
B. Flex Examination Other States	33	35
C. Reciprocity	86	53
D. Endorsement of National Board of Medical Examiners	514	509
E. Endorsement of National Board of Osteopathic Examiners	4	5
F. Endorsement of Medical Council of Canada	19	14
TOTAL	707	651

A. Flex Written Examination

The Flex Examination, a three day examination, was adopted by the Board in December of 1971 and is the examination used by all states within the United States. It is also used by Puerto Rico, the District of Columbia and the Province of Saskatchewan.

The Flex Weighted Average of 75.0 is the passing score used by 45 states, including Minnesota. The examination is given in June and December. However, as the June results are not available until August first, the statistics for the year 1978 - 1979 will include the results of the June, 1978 examination and the June, 1979 examination statistics will be included in the 1979 - 1980 report. The June, 1980 examination will be included with the 1980 - 1981 statistics. The Flex examination is unique in that a Minnesota candidate living in Washington can take the examination there as a courtesy candidate and vice versa. Schedule A lists Flex Examination Statistics.

B. Flex Examination Other States

The Board has authorized the office to accept applications on the basis of Flex examinations taken in other states in lieu of taking our written examination or applying on the basis of reciprocity. Most of these applicants are Foreign Medical School Graduates. Schedule B is a listing of states where these candidates took the Flex examination.

C. Reciprocity

Minnesota has reciprocity with all other states. See Schedule C for a listing of states from which candidates have been granted licensure by reciprocity.

D. Endorsement of National Board of Medical Examiners

One normally becomes a Diplomate of the National Board of Medical Examiners by taking Day I, (Basic Science subjects), as a second year medical student, Day II, (Clinical Science subjects), as a fourth year medical student and Day III, (Clinical Competence), as a first year resident. This is the basis on which most United States Graduates and

Continued - Page 2

Many Canadian Graduates are licensed in Minnesota.

E. Endorsement of National Board of Osteopathic Examiners

Since the Board of Osteopathy was merged with the Board of Medical Examiners in 1963, the only license the Doctor of Osteopathy can obtain in Minnesota is the license to practice medicine and surgery; the same license as issued to the Doctor of Medicine. They may apply on the basis of Reciprocity, Examination or the National Board of Osteopathic Examiners. Eighty-nine have been licensed since 1963, (four in 1978 - 1979 and six in 1979 - 1980).

F. Endorsement of Medical Council of Canada

Minnesota Session Laws 1977, Chapter 7, authorized the Board to grant licenses to licentiates of the Medical Council of Canada. Thirty-three licenses were granted on this basis during the two year period of 1978 - 1980.

Medical Schools-Schedule D

The Board feels that the listing of medical schools provided the most important information in regard to the origin of Minnesota physicians.

2. Endorsement Certification to Other States - Schedule E

During the two-year period, July 1, 1978 - June 30, 1980, 398 Minnesota licentiates used their Minnesota license to obtain licensure by reciprocity in other states. Texas and California are the largest recipients of Minnesota Licentiates. In addition to the above endorsements, thousands of certifications are made to the Drug Enforcement Administration, Hospitals, Drug Companies and so forth.

3. Temporary Graduate Training Permits

During 1978 - 1980, 13 Temporary Graduate Training Permits were issued. Thirteen are now in force.

4. Professional Corporations

During the two-year period, July 1, 1978 - June 30, 1980, 106 new corporations were formed, bringing 847 the number formed since the original law was passed in 1951. (more or 600 active at present).

5. Student Loan Program

The 1969 and 1971 Sessions of the Legislature appropriated a \$150,000 Rural Scholarship Loan Fund to the Board. The entire amount was loaned to 43 candidates. Five are practicing in communities of 3,000 or less. Fourteen loans have been paid back. 13 partial payments have been made on many others.

... of ... in ...  
 ... (additions/deletions) in activities  
 between these years.

Continued - Page 3

<u>REPAYMENTS:</u>		<u>INTEREST 8%</u>	<u>PRINCIPAL</u>	<u>BALANCE</u>
<u>Total Loaned</u>				\$150,000
Repaid	1971 - 1972		1,000	149,000
"	1973 - 1974	887.36	5,000	144,000
"	1974 - 1975	2,589.61	5,500	138,500
"	1975 - 1976	3,887.25	11,500	127,000
"	1976 - 1977	5,136.30	12,000	115,000
"	1977 - 1978	4,551.85	14,825	100,175
"	1978 - 1979	3,020.57	5,400	94,775
"	1979 - 1980	<u>6,255.18</u>	<u>10,107</u>	<u>84,668</u>
		26,328.22	65,332	84,668

FLEX EXAMINATION STATISTICS  
BY STATE AND COUNTRY

	1978 - 1979		1979 - 1980	
	PASS	FAIL	PASS	FAIL
District of Columbia	0	0	1	0
Georgia	0	0	1	1
Illinois	0	1	2	1
Indiana	1	0	1	0
Iowa	2	0	2	0
Kansas	0	0	1	0
Kentucky	1	0	0	0
Louisiana	2	0	0	0
Michigan	0	0	1	0
Minnesota	1	0	4	0
Missouri	1	0	0	0
New Hampshire	1	0	0	0
North Carolina	2	0	0	0
Nebraska	1	0	1	0
Ohio	1	0	1	0
Texas	1	0	0	0
Vermont	0	0	1	0
TOTAL	14	1	16	2
Illinois (D.O.)	0	0	0	1
Iowa (D.O.)	0	0	1	0
TOTAL	0	0	1	1
Canada	2	0	3	0
TOTAL	2	0	3	0
Argentina	1	0	0	0
Australia	1	0	1	0
Belgium	1	0	0	0
Dominican Republic	0	1	0	1
Egypt	1	0	0	0
England	1	0	0	0
Greece	0	2	0	0
Hungary	1	1	0	0
India	2	3	1	4
Iran	1	0	0	0
Israel	1	2	1	1
Korea	0	2	1	0

	1968 - 1974		1970 - 1980	
	PASS	FAIL	PASS	FAIL
Lebanon	0	0	1	0
Mexico	3	1	1	0
Netherlands	0	0	1	0
Nicaragua	0	0	0	1
Peru	0	0	1	0
Pakistan	0	2	0	0
Philippine Island	4	10	2	4
Poland	1	0	1	0
Puerto Rico	0	0	0	1
Scotland	1	0	1	0
Singapore	0	0	1	0
South Africa	1	0	3	0
Spain	1	0	1	1
Switzerland	1	0	0	0
Thailand	0	0	1	0
Vietnam	1	1	1	0
West Germany	1	1	0	0
TOTAL	24	26	19	13

# EXHIBIT B

## STATES AND PROVINCES FROM WHICH MINNESOTA ACCEPTED FLEX SCORES AS A BASIS FOR LICENSURE

### Fiscal Year 1978 - 1979

District of Columbia	1
Illinois	3
Indiana	3
Iowa	2
Kansas	1
Maryland	1
Massachusetts	2
Michigan	3
New York	5
North Dakota	5
Pennsylvania	3
Tennessee	1
Virginia	2
Saskatchewan	1
TOTAL	<u>33</u>

### Fiscal Year 1979 - 1980

Arizona	1
Illinois	3
Iowa	2
Kansas	1
Kentucky	1
Louisiana	1
Maine	2
Maryland	3
Massachusetts	4
Michigan	3
Missouri	2
Nebraska	1
New Mexico	1
New York	2
North Carolina	1
North Dakota	2
Ohio	2
Virginia	1
West Virginia	1
	<u>34</u>

SCHEDULE C

States from which licensure was granted by

RECIPROCITY

1978 - 1979

California	5
Florida	2
Georgia	1
Illinois	6
Indiana	8
Iowa	12
Kansas	1
Kentucky	2
Louisiana	4
Massachusetts	4
Maryland	2
Michigan	1
Mississippi	1
Missouri	4
Nebraska	8
New York	1
North Carolina	2
North Dakota	1
Ohio	2
Oklahoma	1
Pennsylvania	2
South Carolina	2
South Dakota	2
Tennessee	1
Texas	3
Utah	1
Virginia	1
Washington D.C.	1
West Virginia	1
Wisconsin	4

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TOTAL 86

1979 - 1980

California	4
Florida	1
Indiana	5
Iowa	8
Illinois	3
Kansas	3
Louisiana	3
Maryland	1
Massachusetts	1
Michigan	3
Missouri	1
Nebraska	2
New York	3
North Carolina	1
North Dakota	5
Oregon	1
Tennessee	1
Texas	6
Virginia	1

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TOTAL 53



1. ALABAMA 2. ALASKA 3. ARIZONA 4. ARKANSAS 5. CALIFORNIA 6. COLORADO 7. CONNECTICUT 8. DELAWARE 9. DISTRICT OF COLUMBIA 10. FLORIDA 11. GEORGIA 12. HAWAII 13. IDAHO 14. ILLINOIS 15. INDIANA 16. IOWA 17. KANSAS 18. KENTUCKY 19. LOUISIANA 20. MAINE 21. MARYLAND 22. MASSACHUSETTS 23. MICHIGAN 24. MISSISSIPPI 25. MISSOURI

SUB TITLE E

ENDORSEMENTS TO OTHER STATES  
FY 78/79

1. Alabama	2	26. Montana	2
2. Alaska	1	27. Nebraska	2
3. Arizona	15	28. Nevada	2
4. Arkansas	2	29. New Hampshire	
5. California	10	30. New Jersey	
6. Colorado	6	31. New Mexico	3
7. Connecticut		32. New York	2
8. Delaware		33. North Carolina	4
9. District of Columbia	1	34. North Dakota	5
10. Florida		35. Ohio	3
11. Georgia	2	36. Oklahoma	3
12. Hawaii	1	37. Oregon	2
13. Idaho	1	38. Pennsylvania	7
14. Illinois	18	39. Rhode Island	
15. Indiana	3	40. South Carolina	
16. Iowa	14	41. South Dakota	5
17. Kansas	3	42. Tennessee	1
18. Kentucky	8	43. Texas	26
19. Louisiana	4	44. Utah	3
20. Maine	5	45. Vermont	1
21. Maryland	2	46. Virginia	2
22. Massachusetts	5	47. Washington	12
23. Michigan	4	48. West Virginia	3
24. Mississippi		49. Wisconsin	16
25. Missouri	3	50. Wyoming	3
		TOTAL ENDORSEMENTS DONE	217

MINNESOTA STATE BOARD OF NOTARY EXAMINERS

SCHEDULE E

ENDORSEMENTS TO OTHER STATES  
FY 79/80

1. Alabama		26. Montana	2
2. Alaska	1	27. Nebraska	2
3. Arizona	7	28. Nevada	1
4. Arkansas	1	29. New Hampshire	1
5. California	14	30. New Jersey	1
6. Colorado	9	31. New Mexico	2
7. Connecticut	4	32. New York	1
8. Delaware		33. North Carolina	3
9. District of Columbia	1	34. North Dakota	6
10. Florida		35. Ohio	2
11. Georgia		36. Oklahoma	
12. Hawaii	1	37. Oregon	7
13. Idaho	4	38. Pennsylvania	5
14. Illinois	7	39. Rhode Island	2
15. Indiana	3	40. South Carolina	3
16. Iowa	6	41. South Dakota	7
17. Kansas	4	42. Tennessee	
18. Kentucky	6	43. Texas	18
19. Louisiana	5	44. Utah	
20. Maine	4	45. Vermont	
21. Maryland	4	46. Virginia	
22. Massachusetts	2	47. Washington	5
23. Michigan	4	48. West Virginia	2
24. Mississippi	1	49. Wisconsin	12
25. Missouri	8	50. Wyoming	3
		TOTAL ENDORSEMENTS DONE	<u>181</u>

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 6 FY 80 5 FY 79 AND 80 11 REGULAR BOARD MEETINGS

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
ANDERSON, CHESTER	REGULAR MEETING	8	85	92				
	OTHER MEETINGS		20	20	MEMBER OF HSOAC			
BERNSTEIN, DOROTHY	REGULAR MEETING	90	85	175	SEC. TREAS. BD. BUS.	336	365	701
	OTHER MEETINGS	28	90	118	DISCIPLINE MEETINGS	72	70	142
BROMAN, HAROLD	REGULAR MEETING	8	85	93	DISCIPLINE MEETINGS		60	60
	OTHER MEETINGS		36	36	MALPRACTICE REVIEW		40	40
CAIN, JAMES	REGULAR MEETING	90	85	175	DISCIPLINE MEETINGS	60		60
	OTHER MEETINGS	36	36	72	OTHER COMMITTEE MTG.	47	74	121
DALY, ALFRED	BOARD MEETINGS	70		70	DISCIPLINE MEETINGS	60		60
DODSON, DALE	BOARD MEETINGS	20		20	MALPRACTICE REVIEW	24		24
	OTHER MEETINGS	16		16				
DONKERS, WILLIAM	BOARD MEETING	8	85	93	DISCIPLINE COMMITTEE		60	60
	OTHER MEETINGS		36	36				
FLINSCH, SUZANNE	BOARD MEETINGS	80	50	130	DISCIPLINE COMMITTEE	60		60
	OTHER MEETINGS	24	20	44				

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 6 FY 80 5 FY 79 AND 80 11 REGULAR BOARD MEETINGS

APPROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING TYPE	HOURS			OTHER ACTIVITIES	HOURS		
		FY 79	FY 80	FY 79 & 80		FY 79	FY 80	FY 79 & 80
ANDERSON, CHESTER	REGULAR MEETING	8	85	92				
	OTHER MEETINGS		20	20	MEMBER OF HSOAC			
BERNSTEIN, DOROTHY	REGULAR MEETING	90	85	175	SEC. TREAS. BD. BUS.	336	365	701
	OTHER MEETINGS	28	90	118	DISCIPLINE MEETINGS	72	70	142
BROMAN, HAROLD	REGULAR MEETING	8	85	93	DISCIPLINE MEETINGS		60	60
	OTHER MEETINGS		36	36	MALPRACTICE REVIEW		40	40
CAIN, JAMES	REGULAR MEETING	90	85	175	DISCIPLINE MEETINGS	60		60
	OTHER MEETINGS	36	36	72	OTHER COMMITTEE MTG.	47	74	121
DALY, ALFRED	BOARD MEETINGS	70		70	DISCIPLINE MEETINGS	60		60
DODSON, DALE	BOARD MEETINGS	20		20	MALPRACTICE REVIEW	24		24
	OTHER MEETINGS	16		16				
DONKERS, WILLIAM	BOARD MEETING	8	85	93	DISCIPLINE COMMITTEE		60	60
	OTHER MEETINGS		36	36				
FLINSCH, SUZANNE	BOARD MEETINGS	80	50	130	DISCIPLINE COMMITTEE	60		60
	OTHER MEETINGS	24	20	44				

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 \_\_\_\_\_ FY 80 \_\_\_\_\_ FY 79 AND 80 \_\_\_\_\_

PROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING	HOURS			OTHER ACTIVITIES	HOURS		
	TYPE	FY 79	FY 80	FY 79 & 80	TYPE	FY 79	FY 80	FY 79 & 80
GRAIS, SAM	REGULAR MEETING	8	70	78	DISCIPLINE COMMITTEE		48	48
	OTHER MEETINGS		36	36				
HEDRICK, WILLIAM	REGULAR MEETINGS	75		75				
	OTHER MEETINGS	24		24				
JACOTT, WILLIAM	BOARD MEETINGS	70	85	155	BOARD PRESIDENT BUSINESS	74	120	194
	OTHER MEETINGS	36	36		OTHER COMMITTEE MEETINGS	26	30	56
MCPHEE, DAVID	REGULAR MEETINGS	70		70				
	OTHER MEETINGS	36		36	OTHER COMMITTEE MEETINGS	20		20
NELSON LOREN	BOARD MEETINGS							
NELSON, LOREN	REGULAR MEETINGS	70	70	140	DISCIPLINE COMMITTEE	48		48
	OTHER MEETINGS	36	30	96				
OLSON, THERESA	REGULAR MEETINGS		16	16				
SATHER, RUSSELL	REGULAR MEETINGS	90	85	175				
	OTHER MEETINGS	36	36	72	OTHER COMMITTEE MEETINGS	34	20	54

Clause b: TOTAL NUMBER MEETINGS HELD FY 79 \_\_\_\_\_ FY 80 \_\_\_\_\_ FY 79 AND 80 \_\_\_\_\_

PROXIMATE TOTAL NUMBER OF HOURS SPENT BY BOARD MEMBERS IN MEETINGS AND ON OTHER BOARD ACTIVITIES.

BOARD MEMBER'S NAME	MEETING TYPE	HOURS			OTHER ACTIVITIES TYPE	HOURS		
		FY 79	FY 80	FY 79 & 80		FY 79	FY 80	FY 79 & 80
WOLD, CAROL	REGULAR MEETINGS	70		70	BOARD BUSINESS	30		30
	PHYSICAL THERAPY EXAMINING COUNCIL				DISCIPLINE COMMITTEE	48		48
ALLISON, JACK	COMMITTEE MEETING	16		16				
ANDERSON, RUTH	COMMITTEE MEETINGS	24	30	54	APTA MEETINGS	36	40	76
BISTIVINS, RITA	COMMITTEE MEETINGS	10	16	26				
JOHNSON, LYLE	COMMITTEE MEETINGS	16		16				
FITERMAN, CAROL	COMMITTEE MEETINGS	24	30	54	APTA MEETINGS	36	40	76
SCUDDER, GLENN	COMMITTEE MEETINGS	45	40	85	APTA MEETINGS	36	40	76
TINKHAM, ROBERT	COMMITTEE MEETINGS	20	8	28				

Clause c: THE RECEIPTS AND DISBURSEMENTS OF BOARD FUNDS

Total State Appropriations

Total Non-Dedicated Fee Receipts

Total Disbursements

FY 79	FY 80	FY's 79 - 80
234.5	306.5	541.0
367.2	365.0	732.2
234.5	259.0	493.5

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COMMENTS (Optional)

FOR EASY REFERENCE PLEASE GIVE:

- (A) Number of Board members required by statute: 5  
UNTIL 1980 LEGISLATION ADDED A LAYPERSON AND PHYSICAL THERAPY ASSISTANT
- (B) The statutory length of term: 4 YEARS

Page



PLEASE PRINT:

(A) Number of Board Members required by statute: 11

(B) The statutory length of term: 4 Years

NAME & ADDRESS	OCCUPATION	GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT
Cain, James C. Rochester, MN	Medical Doctor	1) 7-15-57 to 5-1-64 2) 5-1-64 to 5-1-72 3) 5-1-72 to 1-5-81
Daly, Alfred Burnsville, MN	Medical Doctor	1) 1-5-76 to 1-1-79
Dodson, Dale Northfield, MN	Osteopathic Doctor	1) 7-19-63 to 5-1-70 2) 5-1-70 to 1-1-79
Flinsch, Suzanne St. Paul, MN	Attorney	1) 2-7-75 to 1-4-82
Jacott, William Duluth, MN	Medical Doctor	1) 4-23-76 to 1-3-83
McPhee, David St. Paul, MN	Catholic Priest	1) 8-1-74 to 1-1-79
Nelson, Loren St. Paul, MN	Medical Doctor	1) 7-8-71 to 1-1-80 2) 1-1-80 to 1-1-84
Sather, Russell Crookston, MN	Medical Doctor	1) 2-9-59 to 5-1-65 2) 5-10-65 to 5-1-73 3) 5-1-73 to 1-4-82
Wold, Carol Minneapolis, MN	Minneapolis City Employee	1) 1-12-78 to 1-7-80
Bernstein, Dorothy Minneapolis, MN	Medical Doctor	1) 4-24-77 to 1-5-81
Hedrick, William Minneapolis, MN	Medical Doctor	1) 5-13-78 to 1-1-79
Donkers, William Red Wing, MN	Osteopathic Doctor	1) 6-12-79 to 1-3-83
Grais, Sam St. Paul, MN	Retired businessman	1) 6-12-79 to 1-3-83
Broman, Harold St. Paul, MN	Medical Doctor	1) 6-12-79 to 1-3-83
Anderson, Chester Hector, MN	Medical Doctor	1) 6-12-79 to 1-3-83
Olson, Theresa Rochester, MN	Housewife	1) 5-7-80 to 1-1-84

NAME	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	STATUS		
			FT	PT	Dates of Service
Anderson, Therese	Clerk Typist 2	0980	X		10-25-76
Branjond, Lori	Clerk Typist 2	0980	X		1-10-80
Ghuran, Barbara	Clerk Typist	0180	X		10-20-76
Orr, Marcella	Clerk Typist	0180	X		9-27-78
Vrooman, Cynthia	Executive I	0292	X		1-12-78
Mendenhall, Rita	Clerk 2	0177	X		4-2-79
Gillingham, Cynthia	Clerk 2	0177	X		5-7-80 8-12-80
West, Constance	Clerk 2	0177	X		6-2-76 9-9-80
Vrooman, Robyn	Clerk Typist	0180	X		7-18-79 8-28-79
Digre, Annette	Clerk 2	0177	X		8-28-78 3-25-80
Greene, Nancy	Clerk Typist 2	0980	X		1-31-79 10-23-79
Daubanton, Susan	Clerk Typist	0180	X		7-11-79 10-9-79
Swanson, Therese	Clerk 2	0177	X		2-14-79 3-6-79
Paatalo, Judith	Clerk Typist	0180		X	12-12-78 12-14-78
Gordon, Kathleen	Clerk Typist 2	0980	X		1-17-79 1-17-79
Duryee, Debra	Clerk Typist 2	0980	X		12-4-78 12-8-78
Wheeler, Janice	Executive I	0292	X		8-18-76 10-24-78
Wheeler, M. Jean	Clerk Typist 2	0980	X		9-1-76 10-17-78
Pesendez, Gloria	Clerk Typist	0180	X		11-9-77 8-28-78
Kroone, Jean	Clerk 2	0177	X		1-16-78 8-5-78

THE MINNESOTA STATE BOARD OF MEDICAL EXAMINERS HAS ADOPTED THE FOLLOWING RULES, WHICH WILL BE EFFECTIVE JULY 1, 1981. THESE RULES WILL BE PUBLISHED IN THE 70<sup>TH</sup> ANNUAL REPORT OF THE BOARD. CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

No rules were adopted during this period.

Rules are being proposed as follows. Notice has been published in the State Register.

1. Rules relative to Physical Therapy Legislation passed in 1980. These rules will address scope, supervision of assistants and housekeeping matters.
2. Rules creating a retired Medical licensure status.
3. Rules limiting the number of times our Medical licensure examination can be taken to five.
4. Delete rules referring to citizenship requirements for licensure.
5. Rules on advertising.

THE UNITED STATES OF AMERICA  
DEPARTMENT OF AGRICULTURE  
(Circular 1212, 12-15-1944)

[illegible]

## ADMINISTRATION OF EXAMINATIONS BY BOARD

**WRITTEN**

PRACTICAL

0-2-1

[illegible]

Clause h

EXAMINATION:

LOCATION	TYPES OF LICENSE/REGISTRATION	DATES
Minneapolis	Register to Practice Physical Therapy	8-17-78
Minneapolis	Register to Practice Physical Therapy	9-21-78
Minneapolis	Register to Practice Physical Therapy	10-19-78
Minneapolis	Register to Practice Physical Therapy	11-16-78
Minneapolis	Register to Practice Physical Therapy	1-18-79
Rochester	Register to Practice Physical Therapy	4-19-79
Minneapolis	Register to Practice Physical Therapy	4-28-79
Duluth	Register to Practice Physical Therapy	5-17 & 21-79
Minneapolis	Register to Practice Physical Therapy	6-21-79
Minneapolis	Register to Practice Physical Therapy	8-16-79
Minneapolis	Register to Practice Physical Therapy	9-20-79
Minneapolis	Register to Practice Physical Therapy	10-18-79
Rochester	Register to Practice Physical Therapy	4-19-80
Minneapolis	Register to Practice Physical Therapy	5-3-80
Duluth	Register to Practice Physical Therapy	5-21-80
Minneapolis	Register to Practice Physical Therapy	6-2-80

WRITTEN

PRACTICAL

0-2-1

Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

TYPE OF LICENSE/REGISTRATION MEDICINE AND SURGERY

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25																											
26-34	26	4	30	22	2	24	4	2	6	21	6	27	10	3	13	⑦	③	⑩	47	10	57	32	5	37	⑦	③	⑩
35-50	22	13	35	10	8	18	12	5	17	14	10	24	9	3	12	⑩	①	①	36	23	59	19	11	30	⑩	①	①
51-65																											
66 & Over																											
Total	48	17	65	32	10	42	16	7	23	35	16	51	19	6	25	⑦	④	⑪	83	33	116	51	16	67	⑦	④	⑪
Calculate % of Male and % of Female to the Total of Each Category																											
% of Total	74	26	100	76	24	100	70	30	100	69	31	100	77	23	100	62	38	100	72	28	100	76	24	100	65	35	100

0 = Must complete internship

Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION MEDICINE AND SURGERY

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25																											
26-34	4	1	5	4	1	5				9	1	10	6	1	7	3	0	3	13	2	15	10	2	12	3	0	3
35-52	3	3	6	2	0	2	1	3	4	1	1	2	1	0	1	0	1	1	4	4	8	3	0	3	1	4	5
53-65																											
66 & Over																											
Total	7	4	11	6	1	7	1	3	4	10	2	12	7	1	8	3	1	4	17	6	23	13	2	15	4	4	8

Calculate % of Male and % of Female to the Total of Each Category

% of Total	54	36	100	86	14	100	25	75	100	83	17	100	88	12	100	75	25	100	74	26	100	87	13	100	50	50	100
------------	----	----	-----	----	----	-----	----	----	-----	----	----	-----	----	----	-----	----	----	-----	----	----	-----	----	----	-----	----	----	-----

State	PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																										
AK	1	0	1	1	0	1													1	0	1	1	0	1			
CT										1	0	1	1	0	1				1	0	1	1	0	1			
IL	1	0	1	1	0	1				2	0	2				2	0	2	3	0	3	1	0	1	2	0	2
KS										0	1	1				0	1	1	0	1	1				0	1	1





# Clauses i, j, k: MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration

## TYPE OF LICENSE/REGISTRATION

## Registration to Practice Physical Therapy

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25	0	5	5				0	5	5	17	58	75	17	58	75				26	93	119	26	93	119		5	5
26-34	22	20	42	22	20	42				10	11	21	10	11	21				32	31	63	32	31	63			
35-50	2	2	4	2	2	4				0	1	1	0	1	1				2	3	5	2	3	5			
50-65																											
66 & Over																											
Total	33	62	95	33	57	90	0	5	5	27	70	97	27	70	97	0	0	0	60	132	192	60	127	187	0	5	5

Calculate % of Male and % of Female to the Total of Each Category

% of Total	35	65	100	37	63	100	0	100	100	28	72	100	28	72	100	0	0	100	31	69	100	32	68	100	0	100	100
------------	----	----	-----	----	----	-----	---	-----	-----	----	----	-----	----	----	-----	---	---	-----	----	----	-----	----	----	-----	---	-----	-----

# Clauses i, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

List the number of Non-Minnesota Residents only who were (1) examined and either (2) licensed/registered or (3) Not licensed/registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION

Registration to Practice Physical Therapy

AGE GROUP	FY 79									FY 80									FY 79 AND FY 80								
	EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS			EXAMINED			LIC/REGIS			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																											
18-25		1	1		1						2	2		2	2					3	3		3	3			
26-34		3	3		3															3	3		3	3			
35-50		1	1		1															1	1		1	1			
50-65																											
66 & OVER																											
Total		5	5		5						2	2		2	2					7	7		7	7			

Calculate % of Male and % of Female to the Total of Each Category

% of Total	0	100	100			100			100		100	100		100	100			100		100	100		100	100			100
------------	---	-----	-----	--	--	-----	--	--	-----	--	-----	-----	--	-----	-----	--	--	-----	--	-----	-----	--	-----	-----	--	--	-----

State	PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE																										
WI		2			2						1	1		1	1					3	3		3	3			
IL		1			1						1	1		1	1					2	2		2	2			
GA		1			1															1	1		1	1			
CANADA		1			1															1	1		1	1			

or Clauses i, j, k (Non-Residents)

Page

Q 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79 33	FY 80 35	FY 79-80 68
NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	_____	_____	_____

FOR EACH PERSON GIVE:

Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	MN			32	17			43	6	FLEX - Other State	49		
	FL				1			1			1		
	IL			1	2			3			3		
	IA			1	1			1			1		
	MA			1				1			1		
	NJ			1				1			1		
	NY				4			4			4		
	ND			1	3			3	1		4		
	OH				2			2			2		
	UT				1				1		1		
	WS				1			1			1		

TIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 CONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

isc 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 79  
86 FY 80  
53 FY 79-80  
139

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

OR EACH PERSON GIVE:

Lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	MN			63	10	1		69	5	Reciprocity	74		
	AZ			1				1			1		
	CA			1	1			2			2		
	CO			1	1			2			2		
	FL				2			2			2		
	HI				1			1			1		
	IL			1				1			1		
	IN			1				1			1		
	IA			1	2			3			3		
	KS			1				1			1		
	LA			2				2			2		

IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

isc 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 79        FY 80        FY 79-80         
 NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION                     

OR EACH PERSON GIVE:

Lic./Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	MD			2				2		Reciprocity	2		
	MA			2				2			2		
	MO			2	3			5			5		
	MI			1	1			2			2		
	NE			2	1			2	1		3		
	NV				1			1			1		
	NY					1		1			1		
	NC				1			1			1		
	ND			4	8			12			12		
	OK			1	1			2			2		
	OH			1	2			3			3		

IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

use 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF ,

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION        FY 79        FY 80        FY 79-80

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION                     

OR EACH PERSON GIVE:

/Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	OR			1	1			1	1	Reciprocity	2		
	RI				1			1			1		
	SC				1			1			1		
	SD				1			1			1		
	TN			1				1			1		
	UT			1				1			1		
	VA			1				1			1		
	WS			1	5			6			6		
	WY				1				1		1		

IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF ,

NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79 514	FY 80 509	FY 79-80 1023
NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	_____	_____	_____

EACH PERSON GIVE:

Dis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
ED & SURG.	MN			803	53			117 717	17 139	National Board of Medical Examiners	856	134	1 - Legal question 1 - Score question 132 - Internship incomplete
	AL				1			1			1		
	AK			1				1			1		
	AZ			2				2			2		
	AR			1				1			1		
	CA			6	1			6	1		7		
	CO			2	2			4			4		
	FL			3				3			3		
	GA			1	1			2			2		
	HI			1				1			1		

Y METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.



1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION      FY 79    FY 80    FY 79-80  
 \_\_\_\_\_  
 NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION      \_\_\_\_\_  
 \_\_\_\_\_

EACH PERSON GIVE:

State	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
MED & SURG.	IL			7	1			6	2	National Board	8		
	IN			2				2		of Medical Examiners	2		
	IA			5				5			5		
	KS				1			1			1		
	MD				2			2			2		
	MA			4				3	1		4		
	MI			13				11	2		13		
	MO			3	1			2	2		4		
	NJ				2			2			2		
	NY			8	2			9	1		10		
	NC			1				1			1		

FY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION      FY 79    FY 80    FY 79-80  
 \_\_\_\_\_  
 NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION      \_\_\_\_\_  
 \_\_\_\_\_

EACH PERSON GIVE:

Dis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
PHYSICIAN & SURG.	ND			25	5			30		National Board	30		
	OH			5	1			6		of Medical Examiners	6		
	OK			2				2			2		
	OR			4				4			4		
	PA			3				2	1		3		
	SD			6				5	1		6		
	TX			1 7				1 6	1		7	1	INTERNSHIP INCOMPLETE
	UT			2				2			2		
	WA			4				4			4		
	WS			18	4			19	3		22		
	W. VA			2				2			2		

FY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79	FY 80	FY 79-80
	_____	_____	_____
NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION			
	_____	_____	_____

FOR EACH PERSON GIVE:

No.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	19-25	26-34	35-59	60-69	66-				Grant	Deny	
ED & URG.	CANADA			3	2			4	1	NATIONAL BOARD OF MEDICAL EXAMINERS	5		

FY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

c 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF.

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 79 4 FY 80 5 FY 79-80 9  
 NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION \_\_\_\_\_

FOR EACH PERSON GIVE:

Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	Min			5	1			6		National Board of	6		
	IA			1				1		Osteopathic Examiners	1		
	MI			1				1			1		
	NY			1				1			1		

IFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 NS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

Q 1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 79 19    FY 80 14    FY 79-80 33

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION \_\_\_\_\_

FOR EACH PERSON GIVE:

Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	19-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
Med. & Surg.	MN			9	3	1		10	3	Licentiate Medical Council of Canada	13		
	IL			1				1			1		
	ND				2			2			2		
	OH			1				1			1		
	TX				1		1	2			2		
	Canada			8	6			12	2		14		

TIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 ONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF.

NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION	FY 79 <u>58</u> 2	FY 80 <u>49</u> 0	FY 79-80 <u>107</u> P.E.S. 2 <i>Grants</i> <i>Regrs.</i>
NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION	<u>          </u>	<u>          </u>	<u>          </u>

EACH PERSON GIVE:

Regis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.:			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
PHYSICAL THERAPY	AL	1							1	P.E.S. EXAMINATION OTHER STATES	1		
	AZ		1					1			1		
	CA			2				2			2		
	CO	2							2		2		
	CT		1	1				1	1		2		
	FL			1					1		1		
	GA			1					1		1		
	IA	1	4	2				3	4		7		
	IL	1	5	3					9		9		
	IN	1							1		1		
	KY	1	1						2		2		

CITY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

1: THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 79        FY 80        FY 79-80       

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION                     

FOR EACH PERSON GIVE:

Dis.:	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis..			** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F		Grant	Deny	
PHY. THERAPY	MA		2						2	P.E.S. OTHER STATES	2		
	MO	1							1		1		
	MI		3					1	2		3		
	NC			1					1		1		
	ND	18	12	2				8	24		32		
	NE		3					2	1		3		
	NY	1	4						5		5		
	OK	2	1					1	2		3		
	OH		1	1					2		2		
	PA			3				1	2		3		
	VA		1						1		1		

IFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 NS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

THE NUMBER OF PERSONS NOT TAKING EXAMINATIONS WHO WERE LICENSED OR REGISTERED BY THE BOARD OR WHO WERE DENIED LICENSING OR REGISTRATION WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF

ER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 79 FY 80 FY 79-80

ER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

CH PERSON GIVE:

P.T.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.			** Reasons for Granting or Denial
		0-18	19-25	26-34	35-59	60-65	66-	M	F		Grant	Deny	
	VT	1						1		P.E.S. EXAM OTHER	1		
	WA		1					1		STATES.	1		
	WI	13	6	1				3	17		20		
	AMERICAN REGISTRY		2					2		AMERICAN REGISTRY	2		

Y METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.



Clause m: PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD  
WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED  
OR OTHERWISE ALTERED IN STATUS WITH BRIEF STATEMENTS OF  
THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 79	Fy 80	FY's 79-80
3	1	4
2	1	3
11	13	24

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Physician & Surgeon			Limited	Prescribe where no need indicated
" "			"	" " "
" "			"	Drug Abuse
" "	Revoked (Retired)			Prescribe where no need indicated
" "	Revoked (Retired)			Prescribe where no need indicated
" "			Limited	Alcohol & drug abuse
" "	Surrender			Improper conduct with female patients
" "		Suspension Stayed	Limited Probation	Court upheld Bds. 1977 decisio Re: unacceptable course of treatment female pts.
" "		Suspension		Committed
" "			Limited	Prescribe where no need indicated
" "			Limited	Negligence in care of patients

Clause m: PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD  
WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED  
OR OTHERWISE ALTERED IN STATUS WITH BRIEF STATEMENTS OF  
THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 79	FY 80	FY's 79-80

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Physician & Surgeon			Limited	Drug Abuse
" "			"	" "
" "			"	" "
" "			Limitation Removed	Limitation removed Re: Prescribing restriction
" "		Suspension		Improper conduct with patient
" "			Limited	Drug Abuse
" "			"	" "
" "			"	<del>Drug Abuse</del>
" "			"	" "
" "			Limited	Prescribe where no need Indicated
" "			"	Prescribe where no need indicated

Clause m: PERSONS PREVIOUSLY LICENSED OR REGISTERED BY THE BOARD  
WHOSE LICENSES OR REGISTRATIONS WERE REVOKED, SUSPENDED  
OR OTHERWISE ALTERED IN STATUS WITH BRIEF STATEMENTS OF  
THE REASONS FOR THE REVOCATION, SUSPENSION OR ALTERATION.

TOTAL number of revocations

TOTAL number of suspensions

TOTAL number of other status changes

FY 79	FY 80	FY's 79-80
		2

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
Physician & Surgeon			Limited	Prescribe where no need indicated
" "			Limited	Incompetence - must complete training
" "			Limited	Alcohol abuse
" "			Limited	Health problems
" "	Revoked (Retired)			Incompetence
" "			Limitation removed	Limitation removed Re: Drug abuse
" "			Limitation removed	Limitation removed Re: Drug abuse
" "			Limited	Limitation changed Re: place of practice

Clause n: LIST THE NUMBER OF COMPLAINTS AND OTHER COMMUNICATIONS RECEIVED BY THE EXECUTIVE SECRETARY, EACH BOARD MEMBER, EMPLOYEE OR OTHER PERSON PERFORMING SERVICES FOR THE BOARD

IN FY 79

292 Written  
No.

0 \*\* Oral  
No.

IN FY 80

247 Written  
No.

0 \*\* Oral  
No.

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE.

\*\* Numerous phone calls are received and many matters resolved. However, complaints must be submitted in writing.

IN FY 79

2 Written  
No.

4 Oral  
No.

IN FY 80

0 Written  
No.

6 Oral  
No.

WHICH ARE FORWARDED TO OTHER AGENCIES AS REQUIRED BY M.S. 214.10.

Please indicate the number of complaints referred to each other governmental agencies in each fiscal year. (Federal, State, and Local).

Clause o SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1972 and complaints and communications received but not disposed of as of June 30, 1980, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
222 Malpractice Settlements Reported	202 No Statutory Violations 15 Being Reviewed 5 Under Investigation
3 Improper Conduct With Patient	1 License Surrendered 1 No Statutory Violation 1 Under Investigation
20 Prescribing Where No Need Indicated	7 Licenses Limited 5 Warnings Issued 2 Voluntary Retirements 6 Under Investigation
10 Drug/Alcohol Abuse	10 Licenses Limited
21 Practising Without A License	3 Complaints Filed With County Attorney 6 Under Investigation 1 Moved From State 11 No Statutory Violations
2 Confidentiality Violated	2 No Statutory Violation
231 Patient Compliants & Inquiries	224 No Statutory Violation 7 Under Investigation
1 Board 1977 Suspension Stayed & Boards Records Sealed.	1 District Court Found in Favor of Board
1 Committment for Alcoholism	1 Suspension
1 Conviction of Falony	1 Suspension
3 Hospital Privileges Reduced	2 Licenses Limited 1 Under Investigation

Clause of: SUMMARIZE BY CATEGORY THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (h) OF M.S. 211.07 AND THE RESPONSES OR DISPOSITIONS THEREOF PURSUANT TO M.S. 214.10 and 214.11 (INDICATE AUTHORITY/CITATIONS FOR DISPOSITION).

(Dispositions occurring during this period of complaints and communications received prior to July 1, 1978 and complaints and communications received but not disposed of as of June 30, 1980, should be included).

SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY CATEGORY (Give number in each category)	SUMMARY OF RESPONSES AND DISPOSITIONS (Give number in each category)
10 Applicants for Licensure	2 Denied 8 Licensed
14 Limitations Reviewed	2 Removal 1 Limit Changes 11 No Changes Made

Clause p: STATE ANY OTHER OBJECTIVE INFORMATION WHICH THE BOARD MEMBERS BELIEVE WILL BE USEFUL IN REVIEWING BOARD ACTIVITIES:

(For Example: In what other states do your licensees hold licenses? Number of Minnesota licenses verified/certified to other states? Number of inspections? Comparisons with past Biennial Reports?)

We have no record of where our professionals hold licenses.

The number of complaints filed with the Attorney General during the last period 1978-1980 increased 200 percent, (17 in 1978-79, 41 in 1979-80) over the last reporting period.

The number of Disciplinary Committee meetings has increased (each committee serves 6 months), several Psychiatric Exams. Consultant Evaluations, and Conferences were held during this period. There were no actual legal hearings held although several were scheduled.

The Board will soon be registering Physician Assistants which will add considerably to its' work load.

Continuing Medical Education (CME) is now a requirement. Thirty-seven known licenses have been discontinued because CME requirements were not met. This does not include the hundreds of licenses which were not renewed at the beginning of the year for which no reason was given.