

841470

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

(MS 1982, SECTION 214.07)

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; c. 147

REPORT PERIOD: July 1, 1982 To: June 30, 1984

SUBMITTED BY: Arthur W. Poore, Executive Secretary October 1, 1984
Name Title Date

Copies of this report shall be delivered to: (A) the Legislature in accordance with Section 3.195 (1 copy to the Secretary of the Senate, 1 copy to the Chief Clerk of the House of Representatives and 10 copies to the Legislative Reference Library); (B) the Governor; and (C) Commissioner of Administration. Each health-related board shall also deliver a copy of their report to the Board of Health.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 83 and FY 84 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 ISSUED</u>	
	<u>82-83</u>	<u>83-84</u>
A. Flex Written Examination	62	64
B. Flex Examination Other State	38	56
C. Reciprocity	83	65
D. Endorsement of National Board of Medical Examiners	552	605
E. Endorsement of National Board of Osteopathic Examiners	8	6
F. Endorsement of Medical Council of Canada	16	11
	<u>759</u>	<u>807</u>

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 all states, including Minnesota. The Examination is given in June and December. The Flex examination is unique in that a Minnesota candidate living in Washington can take the examination there as courtesy candidate and vice versa. In June 1985 a New Flex Examination called Flex I & II will be used. This examination will be in two parts, each 1½ days long. Candidates will have to pass each part with an average of 75.0 percent.

B. Flex Examination Other States

The Board has authorized the office to accept application on the Basis of Flex examination 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.

C. Reciprocity

Minnesota has reciprocity with all other states having examination requirements equal to or greater than Minnesota's

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 many Canadian Graduates are licensed in Minnesota.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 83 and FY 84 and include any changes (additions/deletions) in activities between those years.

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.

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.

2. Endorsement of Certification to Other States

During the Two-year period, July 1, 1982 - June 30, 1984, 351 Minnesota licentiates used their Minnesota license to obtain licensure by reciprocity in other states. 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 1982 - 1984 11 Temporary Graduate Training Permits were issued.

4. Professional Corporations

During the two-year period, July 1, 1982 - June 30, 1984, 85 new Corporations were formed, bringing 1056 the number formed since the original law was passed in 1951.

5. Temporary License

A temporary license to practice medicine can be issued until the next Board meeting if all requirements for full licensure have been met. From July 1, 1982 to June 30, 1984 400 temporary licenses were issued.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 83 and FY 84 and include any changes (additions/deletions) in activities between those years.

6. 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, 27 loans have been paid back, partial payments have been made on many of the others. One loan is being recovered through bankruptcy and one has been sent to the Attorney General for collection. As of July 1, 1984, 12 loans including these two remain outstanding.

<u>REPAYMENT</u>	<u>INTEREST</u>	<u>PRINCIPAL PAID</u>	<u>PRINCIPAL FORGIVEN</u>	<u>BALANCE</u>
<u>Total Loaned</u>				\$150,000.00
Repaid 1971 - 1972		1,000.00		149,000.00
" 1973 - 1974	887.36	5,000.00		144,000.00
" 1974 - 1975	2,589.61	5,500.00		138,500.00
" 1975 - 1976	3,887.35	11,500.00		127,000.00
" 1976 - 1977	5,136.30	12,000.00		115,000.00
" 1977 - 1978	4,551.85	14,825.00		100,175.00
" 1978 - 1979	3,020.57	5,400.00		94,775.00
" 1979 - 1980	6,255.18	10,107.40		84,667.60
" 1980 - 1981	5,726.86	14,329.60	1,875.00	68,463.00
" 1981 - 1982	2,536.72	8,867.80	1,962.50	57,632.70
" 1982 - 1983	7,824.40	14,151.80		43,480.90
" 1983 - 1984	<u>3,463.37</u>	<u>6,297.98</u>	<u>625.00</u>	<u>36,557.92</u>
Total	45,876.57	108,979.58	4,462.50	

7. Physical Therapy

Physical Therapists have been registered in Minnesota since 1953. As of June 30, 1982 2,742 Certificates of Registration have been issued. Physical Therapists may be registered on the basis of having passed the Professional Examination Service (P.E.S.) examination or on the basis of the American Registry of Physical Therapy examination (this examination is no longer available).

Fiscal Year 1982/83 - 150
Fiscal Year 1983/84 - 160

Total 310

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 6 FY 84 5 FY 83 AND 84 11

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 83	FY 84	FY 83 & 84		FY 83	FY 84	FY 83 & 84
ANDERSON, CHESTER	BOARD MEETING	45	40	85				
	LEGISLATIVE COMM.	60	60	120				
	LIC. COMMITTEE		10	10				
	FEDERATION MTG.	30		30				
BERNSTEIN, DOROTHY	BOARD MEETING	55	40	95				
	FLEX TEST COMM.	30	30	60				
BROMAN, HAROLD	BOARD MEETING	50		50				
	FEDERATION MTG. (quarterly)	30		30				
DONKERS, WILLIAM	BOARD MEETING	55	55	110				
	CHAIRMAN, DISP. COMM.	80		80				
	FEDERATION MTG. (quarterly)	60	30	90				

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 _____ FY 84 _____ FY 83 AND 84 _____

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 83	FY 84	FY 83 & 84	TYPE	FY 83	FY 84	FY 83
GRAIS, SAM	BOARD MEETING	55	-	55				
	SEC-TREASURER	40	-	40				
JACOTT, WILLIAM	BOARD MEETING	35	50	85				
NELSON, LOREN	FED. ST. MD. BD. MTC.	120	120	240				
	BOARD MEETING	45	20	65				
	DISP. COMMITTEE		50	50				
OLSON, THERESA	BOARD MEETING	45	20	75				
	DISP. COMMITTEE	100	40	140				
	PUBLICITY	20	20	40				

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 _____ FY 84 _____ FY 83. AND 84 _____

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 TYPE	HOURS		
		FY 83	FY 84	FY 83 & 84		FY 83	FY 84	FY 83
TOMPKINS, RICHARD	BOARD MEETING	45	50	95				
	CHAIRMAN, DIS. COMM 76		339	415				
	MTG. W/DR., LIMITED LIC.		6	6				
	FLEX MEETING	30	30	60				
MARTIN, GEORGE	BOARD MEETING	45	30	75				
	ADV/CME COMM.	20	20	40				
YUGEND, MARCIA	BOARD MEETING	45	50	95				
	DIS/CME COMM.		60	60				
	SEC.-TREASURER	40	40	80				
	FLEX MEETING	30	30	60				
BERT, JACK	BOARD MEETING	45	50	95				
	DIS/CME COMM.		60	60				
	MTG. W/DR., LIMITED LIC.		20	20				
	FLEX MEETING	30		30				

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 _____ FY 84 _____ FY 83 AND 84 _____

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 83	FY 84	FY 83	& 84	TYPE		FY 83	FY 84	FY 83 & 84
HARTMANN, MARY	BOARD MEETING		50	50						
	CME COMMITTEE	20	20	40						
	MTG. DR. W/LIMITED LIC.	20	20	20						
	FED. ST. MD. BD. MTG.	30	30	30						
SIGEL, MELVIN	BOARD MEETING		30	30						
	LIC. COMMITTEE		20	20						
	FED. ST. MD. BD. MTG.		30	30						
KELLEY, STEPHEN	BOARD MEETING		30	30						

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 2 FY 84 2 FY 83 AND 84 4

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 TYPE	HOURS		
		FY 83	FY 84	FY 83 & 84		FY 83	FY 84	FY 83 & 84
ANDERSON, RUTH	COUNCIL MEETING	50	20	70				
	APTA MEETING	30		30				
BISTEVINS, RITA	COUNCIL MEETING	40	40	80				
FITERMAN, CAROL	COUNCIL MEETING	30	30	60				
FRANKLIN, JACQUELINE (PETERSEN)	COUNCIL MEETING	50	50	100				

MINNESOTA BOARD OF MEDICAL EXAMINERS BOARD

Clause b: TOTAL NUMBER MEETINGS HELD FY 83 _____ FY 84 _____ FY 83 AND 84 _____

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 TYPE	HOURS		
		FY 83	FY 84	FY 83 & 84		FY 83	FY 84	FY 83 &
SHAFF, JACK	COUNCIL MEETING	50	50	100				
SCUDDER, GLENN	COUNCIL MEETING	50	50	100				
	SECRETARY	20	20	40				
	APTA MEETING	30	30	60				
GARRETT, TOM	COUNCIL MEETING		20	20				
MONTGOMERY, TRISH	COUNCIL MEETING		20	20				

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

	FY 83	FY 84	FY's 83 & 84
Total State Appropriations	381.9	449.5	831.40
Total Non-Dedicated Fee Receipts	414.9	417.7	832.60
Total Disbursements	381.9	449.5	831.40

COMMENTS (Optional)

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 83 AND FY 84

FOR EASY REFERENCE PLEASE GIVE:

(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
ANDERSON, CHESTER A. HECTOR, MN	MEDICAL DOCTOR	1) 6-12-79 2) 1-3-83 to 1-3-83 to 1-5-87
BERNSTEIN, DOROTHY M. MINNEAPOLIS, MN	MEDICAL DOCTOR	1) 1-14-79 2) 5-14-81 to 1-5-81 to 1-7-85
BERT, JACK ST. PAUL, MN	MEDICAL DOCTOR	1) 4-6-83 to 1-5-87
BROMAN, HAROLD NO. ST. PAUL, MN	MEDICAL DOCTOR	1) 6-12-79 to 1-3-83
DONKERS, WILLIAM RED WING, MN	OSTEOPATHIC DOCTOR	1) 6-12-79 2) 1-3-83 to 1-3-83 to 1-5-87
GRAIS, SAM ST. PAUL, MN	RETIRED BUSINESSMAN	1) 6-12-79 to 1-3-83
HARTMANN, MARY ST. PAUL, MN	BUSINESSWOMAN	1) 4-6-83 to 1-5-87
JACOTT, WILLIAM DULUTH, MN	MEDICAL DOCTOR	1) 4-23-74 2) 1-3-83 to 1-3-83 to 1-5-87
KELLY, STEPHEN P. MINNEAPOLIS, MN	ATTORNEY	1) 1-26-84 to 1-4-88
MARTIN JR., GEORGE B. THEIF RIVER FALLS, MN	MEDICAL DOCTOR	1) 3-17-82 to 1-6-86
NELSON, LOREN ST. PAUL, MN	MEDICAL DOCTOR	1) 7-8-71 2) 1-1-80 to 1-1-80 to 1-1-84
OLSON, THERESA ROCHESTER, MN	HOUSEWIFE	1) 5-7-80 to 1-1-84
SIGEL, MELVIN E. MINNEAPOLIS, MN	MEDICAL DOCTOR	1) 1-20-84 to 1-4-88
TOMPKINS, RICHARD ROCHESTER, MN	MEDICAL DOCTOR	1) 5-14-81 to 1-7-85
YUGEND, MARCIA MINNEAPOLIS, MN	BUSINESSWOMAN	1) 3-17-83 to 1-6-86

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 83 AND FY 84

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: 7.

(B) The statutory length of term: 4 YEARS.

[illegible]

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED
DURING FY 83 AND/OR FY 84

NAME	JOB CLASSIFICATION/TITLE & CLASS	CLASS CODE	STATUS		
			FT	PT	Dates of Service
ALBRIGHT, FLORENCE A.	CLERK 2	0177	X		9-20-80
ANDERSON, KATHLEEN M.	OFFICE SERVICES SUPERVISOR I	2192	X		1-18-84
ANDERSON, THERESE A.	CLERK TYPIST 2	0980	X		10-25-76
DE LONG, BARBARA	CLERK TYPIST 2	0980	X		10-20-76
LLOYD, MARY JO	CLERK TYPIST 2	0980	X		7-12-82
MENDENHALL, RITA P.	CLERK TYPIST 3	1929	X		4-2-79
ORR, MARCELLA	CLERK TYPIST 2	0980	X		9-27-78
PAULSON, VICKY	CLERK TYPIST 2	0980	X		5-2-84
POORE, ARTHUR W.	EXECUTIVE SECRETARY, MEDICAL EXAM. BD.	8126	X		4-14-66
WALLACE, JACK	HEALTH PROGRAM REP., SENIOR	0833	X		12-17-80
ANDERSON, MARGARET M.	CLERK 2	0177	X		10-17-83 1-17-84
DE BCW, CYNTHIA	OFFICE SERVICES SUPERVISOR I	2192	X		1-12-78 11-18-83
LACKNER, PATRICIA	CLERK TYPIST 2	0980	X		9-14-80 4-10-84
PASSER, GLORIA	CLERK 2	0177	X		2-22-84 4-3-84
WENDLING, LISA	CLERK 2	0177	X		8-1-83 9-13-83

Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 83 AND FY 84. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

Rules promulgated as of June 4, 1984 are as follows:

1. Rules relative to Physical Therapy Legislation in 1980. These rules address scope, supervision of assistants, and housekeeping matters.
2. Rules creating a retired medical licensure status.
3. Rules limiting the number of times the medical licensure examination can be taken to five. Eliminates partial retake provision.
4. Deleted rules referring to citizenship requirements for licensure.
5. Rules changing the number of Continuing Medical Education requirements from 150 to 75 hours, per three year reporting cycle.

Rules are being proposed as follows:

1. Rules on advertising.

Clause g: LIST THE NUMBER OF PERSONS HAVING EACH TYPE OF LICENSE
AND REGISTRATION ISSUED BY THE BOARD AS OF JUNE 30, 1984
(IN THE YEAR OF THE REPORT)

[illegible]

EXAMINATION:

[illegible]

WRITTEN

PRACTICAL

ORAL

Classes 1, j, k: NON-MINNESOTA RESIDENTS BY TYPE OF LICENSE/REGISTRATION

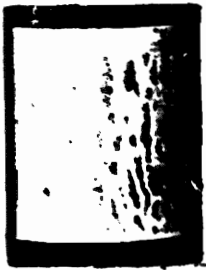
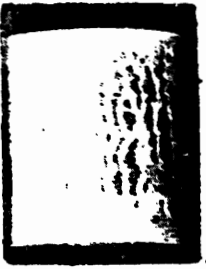
List the number of Non-Minnesota Residents only who were (1) examined and either (2) Licensed/Registered or (3) Not Licensed/Registered after being examined for the type of license/registration noted. Use a separate page for each type of license or registration.

TYPE OF LICENSE/REGISTRATION PHYSICIANS & SURGEONS

AGE GROUP	FY 83						FY 84						FY 83 AND FY 84					
	EXAMINED			NOT			EXAMINED			NOT			EXAMINED			NOT		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																		
18-25	2	1	3	0	0	0	2	1	3	4	2	6	3	1	4	1	1	2
26-34	5	3	8	3	0	3	2	3	5	5	5	10	3	4	7	2	1	3
35-59	4	8	12	3	5	8	1	3	4	3	1	4	1	0	1	2	1	3
60-65																		
66 & Over																		
Total	11	12	23	6	5	11	6	7	12	12	8	20	7	5	12	5	3	8
Calculate % of Male and % of Female to the Total of Each Category																		
% of Total	48	52	100	55	45	100	50	50	100	60	40	100	58	42	100	63	37	100

State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

	D.C.						TA						IL						KS					
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1	10	11	0	4	4	1	6	7	1	4	5	1	2	3	0	2	2	0	1	1	0	1	1
	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0



PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

NO	2	0	2	2	0	0	0	0	0	0	0	0	0	2	0	2	2	0	0	0
ND	1	0	1	1	0	1	0	0	1	1	0	1	0	0	0	2	0	2	0	0
NY	2	0	2	1	0	1	1	0	1	3	1	4	1	0	1	2	1	3	5	1
OH	0	1	1	0	0	0	0	1	1	0	1	1	0	1	1	0	0	0	0	1

Pages for Clauses i, j, k (Non-Residents)

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

PA	2	0	2	0	0	2	0	2	2	0	2	2	0	2	2	0	2	2	0	2
TN	1	0	1	0	0	1	0	1	1	0	1	0	0	1	1	0	1	0	0	1
TX	1	0	1	1	0	1	0	0	0	0	0	0	0	0	1	0	1	0	0	0
MS	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1	0	1	0	0	2

Pages for Clauses i, j, k (Non-Residents)

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

CANADA	1	0	1	1	0	1	0	0	0	1	1	2	1	2	0	0	0	2	1	3
HOLLAND	0	0	0	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0	1	0

2 of 14 Pages for Clauses i, j, k (Non-Residents)

Clause 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.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION 38 FY 83 56 FY 84 94 FY 83 & 84

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION _____

FOR EACH PERSON GIVE:

Type of 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	
PHYSICIANS & SURGEONS	CA			1	3			3	1	FLEX STATE	4		
	IA			1	1			1	1		2		
	IL			2	1	2		3	2		5		
	KY			1				1	0		1		
	MA				1				1		1		
	MD				1				1		1		
	MI			1	3			4	0		4		
	MN		3	39	7			38	11		49		
	MO			1	1			2	0		2		
	ND		1	2	1			3	1		4		
	NJ				1			1	0		1		

* IDENTIFY 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.

FY 83 FY 84 FY 83

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

	AGE GROUP					SEX		Method of Lic./Regis.			Reasons for Granting or Denial
	1-10	10-25	26-30	31-59	60-65	66-	M	F	Grant	Deny	
PHYSICIANS & SURGEONS											
OH		1	1				1	1	2		
PA				2			1	1	2		
SD			1				1	0	1		
TN				1			1	0	1		
TX			2				1	1	2		
WI		1	5	5			10	1	11		
CANADA				1			1	0	1		

ATTACH METHOD: O.F. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc

5 of 14 pages for Clause 1

<u>83</u>	FX 83	
<u>65</u>	FX 84	
<u>148</u>	IV 83 E	

83	65	148
FY 83	FY 84	FY 83

[illegible]Page 23

MINNESOTA BOARD OF MEDICAL EXAMINERS

Continued

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.

FY 83 FY 84 FY 83 & 84
83 65 148

NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

PERSON GIVE:

State	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			
PHYSICIANS & SURGEONS											
MI			2	1	1		4	0	RECIPROCITY	4	
MN		5	25	8	4		76	16		92	
MO			1	1			2	0		2	
NC			1				1	0		1	
ND			1	4	4		9	0		9	
NE				2	1	1	4	0		4	
OK				1			1	0		1	
PA				1			1	0		1	
SC				1			1	0		1	
SD				2			2	0		2	
TN				1			1	0		1	

Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. for GRANTING OR DENIAL: Attach Additional Sheets if necessary.

PROAIR

FX 83	FX 84	FX 83 E
<u>83</u>	<u>65</u>	<u>148</u>

$$\begin{array}{r} 83 \\ \hline 65 \\ \hline 148 \end{array}$$

11-11-11

xx Request for
Granting of Daniel

nation, Comity, etc

MINNESOTA BOARD OF MEDICAL EXAMINERS

DATE

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

FY 83 8 FY 84 6 FY 85 14

OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

NOT GIVEN

		AGE GROUP					SEX	Method of Lic./Regis.	NATIONAL BOARD OF OSTEOPATH	Grant		Reasons for Granting or Denial
		18-25	26-34	35-59	60-69	66-				Grant	Deny	
PHYSICIANS	AZ		1				1	0		1		
SURGEONS	IA		2	1			3	0		3		
	IL		1				1	0		1		
	MN		5	1			6	0		6		
	MO		1				1	0		1		
	OH		1				1	0		1		
	WI		1				1	0		1		

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

Clause 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.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION
 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

FY 83 FY 84 FY 83 & 84

FOR EACH PERSON GIVE:

Type of Rec./Reg.	State of Res.	AGE GROUP					SEX		* Method of Lic./Regis.	Grant Deny		** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-65	66+	M	F			
PHYSICIANS	MI		5	9	1			2	4	L.M.C.C.	15	
SURGEONS	IA				1			1	0		1	
	SD					1		1	0		1	
	CANADA	1	6	2	1			7	3		10	

Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. ATTACHMENT FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

FY 83	FY 84	FY 83 E
<u>552</u>	<u>605</u>	<u>1157</u>

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** Reason for
Granting or Denial

NAME: Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.
 MAILING 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 NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 83 552
FY 84 605
FY 83 1157

NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

SEE PAGE PERSONS GIVEN

	AGE GROUP					SEX		Method of Lic./Regis.	Grant/Deny		Reasons for Granting or Denial
	0-10	11-25	26-34	35-59	60-64	65+	M	F			
PHYSICIANS &											
IL			23	3			20	6	26		
SURGEONS											
IN			1	1			1	1	2		
KS			4				4	0	4		
KY			1	1			2	0	2		
MA			8	1			6	3	9		
MD			2				2	0	2		
ME			1				1	0	1		
MI			11	3			9	5	14		
MN		31	804	63			681	216	897		
MO			3	2			3	2	5		
MS			1				1	0	1		

Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc. ATTACHING OR DENIAL: Attach Additional Sheets if necessary.

MINNESOTA BOARD OF MEDICAL EXAMINERS

Form

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.

FY 83 FY 84 FY 83 &
552 605 1157

THE NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

NOT GIVEN

	AGE GROUP					SEX	Method of Lic./Regis.			Reasons for Granting or Denial
	0-18	18-25	26-34	35-59	60-64	65-				
PHYSICIANS &										
NC			4			4	0	4		
ND			31	10	1	35	7	42		
NE			3			3	0	3		
NH			1			1	0	1		
NJ			1	1		2	0	2		
NV			2			2	0	2		
NY			6		1	6	1	7		
OH			4			4	0	4		
OK			1			0	1	1		
OR			3	2		5	0	5		
PA		1	5			5	1	6		
SURGEONS										

ANALYSIS METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

REASON 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 ON WITH THE REASONS FOR THE LICENSING OR REGISTRATION OR DENIAL THEREOF.

PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 83 552 FY 84 605 FY 83 1157

PERSONS GIVE:

Physician/Regis.	State	AGE GROUP						SEX		* Method of Lic./Regis.				** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-64	65-	M	F	NATIONAL BOARDS	Grant	Deny		
PHYSICIANS *	SC			1				1	0		1			
SURGEONS	SD		1	7	1			8	1		9			
	TN			1				1	0		1			
	TX			8	2	0		6	4		10			
	UT			3				3	0		3			
	VA			1				1	0		1			
	VT			1	1			2	0		2			
	WA			1				1	0		1			
	WI			27	8			28	7		35			
	WY			1	1			2	0		2			
	CANADA			2				2	0		2			

STANDARD METHOD: C.F. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

Classes 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 licensc or registration.

TYPE OF LICENSE/REGISTRATION

PHYSICAL THERAPY

AGE GROUP	FY 83						FY 84						FY 83 AND FY 84					
	EXAMINED			LIC/REGIS			EXAMINED			LIC/REGIS			EXAMINED			LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18-25	2	11	13	2	11	13	0	0	0	6	23	29	6	22	28	0	1	1
26-34	0	5	5	0	5	5	0	0	0	10	11	21	10	11	21	0	0	0
35-59	0	2	2	0	1	1	0	1	1	0	3	3	0	3	3	0	0	0
60-65	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0
66 & Over	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	2	2	0	1	1	0	1	1	16	37	53	16	36	52	0	1	1

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

% of Total	0	100	100	0	100	100	0	100	100	30	70	100	31	69	100	0	100	100	24	76	100	25	75	100	0	100	100
------------	---	-----	-----	---	-----	-----	---	-----	-----	----	----	-----	----	----	-----	---	-----	-----	----	----	-----	----	----	-----	---	-----	-----

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

State	CA	CO	IA	IL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CA	0	0	0	0	0	0	0	0	0	2	3	5	2	3	5	0	0	0	2	3	5	2	3	5	0	0	0
CO	0	0	0	0	0	0	0	0	0	3	1	4	3	1	4	0	0	0	3	1	4	3	1	4	0	0	0
IA	1	4	5	1	4	5	0	0	0	0	7	7	0	7	7	0	0	0	1	11	12	1	11	12	0	0	0
IL	0	0	0	0	0	0	0	0	0	5	6	11	5	5	10	0	1	1	5	6	11	5	5	10	0	1	1

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

PHYSICAL THERAPY

AGE GROUP	FY 83				FY 84				FY 83 AND FY 84			
	EXAMINED		LIC/REGIS		NOT		EXAMINED		LIC/REGIS		NOT	
	M	F	T	M	F	T	M	F	T	M	F	T
Under 18												
18-25												
26-34												
35-59												
60-65												
66 & Over												
Total												

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

% of Total		100		100		100		100		100		100

State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

MI	0	0	0	0	0	0	2	2	0	2	2	0	2	2	0	0
MO	0	0	0	0	0	0	2	2	0	2	2	0	2	2	0	0
MT	0	2	0	2	0	0	0	0	0	0	0	0	2	2	0	0
NC	0	0	0	0	0	0	1	1	0	1	1	0	1	1	0	0

Clases 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

PHYSICAL THERAPY

AGE GROUP	FY 83						FY 84						FY 83 AND FY 84					
	EXAMINED			NOT LIC/REGIS			EXAMINED			NOT LIC/REGIS			EXAMINED			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 18																		
18-25																		
26-34																		
35-44																		
45-54																		
55-64																		
65 & over																		
Total																		
of Total			100			100			100			100			100			100

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

State

PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

State	FY 83						FY 84						FY 83 AND FY 84					
	EXAMINED			NOT LIC/REGIS			EXAMINED			NOT LIC/REGIS			EXAMINED			NOT LIC/REGIS		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
ND	0	2	2	0	2	2	0	0	0	0	0	0	0	2	2	0	2	2
NJ	0	1	1	0	1	1	0	0	0	0	0	0	1	1	0	1	1	0
NM	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	1	1	0
NY	0	1	0	0	1	1	0	0	0	0	0	0	1	2	1	2	3	0

Classes 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 _____

PHYSICAL THERAPY _____

AGE GROUP	FY 83			FY 84			FY 83 AND FY 84					
	EXAMINED		LIC/REGIS		NOT LIC/REGIS		EXAMINED		LIC/REGIS		NOT LIC/REGIS	
	M	F	T	M	F	T	M	F	T	M	F	T
Under 18												
18-25												
26-34												
35-59												
60-65												
66 & Over												
Total												

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

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

State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

PA	0	1	1	0	1	1	0	0	0	1	1	0	1	1	0	0	0	0
TX	0	0	0	0	0	0	0	0	0	0	1	1	1	1	0	1	0	0
VA	0	1	1	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0
WA	0	0	0	0	0	0	0	0	0	1	4	5	1	4	5	0	0	0

Clases 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

PHYSICAL THERAPY

AGE GROUP	FY 83				FY 84				FY 83 AND FY 84			
	EXAMINED		LIC/REGIS		NOT		EXAMINED		LIC/REGIS		NOT	
	M	F	T	M	F	T	M	F	T	M	F	T
Under 18												
18-25												
26-34												
35-59												
60-65												
66 & Over												
Total												

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

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

State PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE

WV	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	0	0
WI	1	1	2	1	1	2	0	0	3	8	11	3	7	10	0	1	1
Australia	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	1	0
CANADA	0	1	1	0	1	1	0	0	0	0	0	0	0	0	0	1	0

MEDICAL EXAMINERS

BOARD

Clause 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 .

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION FY 83 FY 84 FY 83 &
39 57 90
 TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION 0 0 0

FOR EACH PERSON GIVE:

Type of 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	
	AR			1				1		P.E.S. EXAM Other States	1		
	CA		3	2	1			3	3	"	6		
	CT			1					1	"	1		
	CO			2					2	"	2		
	IA		1	3				3	1	"	4		
	IL		2	4	1				7	"	7		
	IN		1						1	"	1		
	KY		1						1	"	1		
	MD			1					1	"	1		
	MI			2	1			1	2	"	3		
	MO		2	2					4	"	4		

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

Clause 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.

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION

FY 83 39 FY 84 51 FY 83 & 84 90

TOTAL NUMBER OF PERSONS NOT TAKING EXAMS AND DENIED LICENSES OR REGISTRATION

0 0 0

FOR EACH PERSON GIVE:

Type of lic./Regis.	State of Res.	AGE GROUP						SEX		* Method of Lic./Regis.	Grant		Deny		** Reasons for Granting or Denial
		0-18	18-25	26-34	35-59	60-69	66-	M	F						
	ND		9	12	2			7	16	P.E.S. EXAM Other States	23				
	NE		1						1	"	1				
	NJ			1					1	"	1				
	NM			1				1		"	1				
	NY				6			3	3	"	6				
	OK						1		1	"	1				
	PA				2				2	"	2				
	TX		1	2				1	2	"	3				
	VA		1					1		"	1				
	WV			1				1		"	1				
	WI		12	5	1			4	14	"	18				

* IDENTIFY 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 ,

FOR EACH PERSON GIVE:

[illegible]

Page 41

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 83	FY 84	FY's 83&84
2	1	3
1	1	2
11	16	27

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
MEDICAL DOCTOR		XX	REINSTATED LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	JUDGEMENT IN DETERMINING SURGICAL NEED AND PROCEDURE
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	JUDGEMENT IN DETERMINING SURGICAL NEED AND PROCEDURE
MEDICAL DOCTOR	XX			LICENSE LIMITED TO ONE LOCATION LEFT STATE
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS

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 83	FY 84	FY's 83&84

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR	XX			PRACTICE DID NOT MEET STANDARDS
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMIT REMOVED	FRAUDULENT BILLING
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR DRUGS
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR	XX			PERSONAL USE OF ALCOHOL OR DRUGS
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PRESCRIBING 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 83	FY 84	FY's 83&84

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMIT REMOVED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMIT REMOVED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMITED	PRESCRIBING WHERE NO NEED INDICATED
MEDICAL DOCTOR			LIMITED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR			LIMIT REMOVED	PERSONAL USE OF ALCOHOL OR NARCOTICS
MEDICAL DOCTOR				DISTRICT COURT UPHOLDS BOARD'S REVOCATION OF LICENSE (ALREADY IN

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 83	FY 84	FY's 83&84

TYPE OF LICENSE OR REGISTRATION (By case)	TYPE OF STATUS CHANGE			REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE
	Revoked	Suspended	Other (Specify)	
MEDICAL DOCTOR				LICENSE DENIED ON THE BASIS THAT APPLICANT FAILED MINNESOTA
				EXAMINATION THEN APPLIED FOR LICENSURE ON THE BASIS OF
				RECIPROCITY FROM A STATE WHERE HE HAD THEIR OWN WRITTEN EXAM
				NOT EQUAL TO THE FLEX EXAMINATION REQUIREMENTS.

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 83

318 Written
No.

 Oral
No.

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

IN FY 84

299 Written
No.

 Oral
No.

IN FY 83

10 Written
No.

 Oral
No.

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

IN FY 84

7 Written
No.

 Oral
No.

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, 1982, and complaints and communications received but not disposed of as of June 30, 1984 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)		
310 Malpractice Cases	No license has been limited solely on the basis of malpractice settlements. However, settlements have been used in pursuing Board Action already started.		
SUMMARY OF MALPRACTICE REPORTS:			
<u>REPORTING PERIOD</u>	<u>NUMBER OF SETTLEMENTS</u>	<u>AMOUNT</u>	<u>AVERAGE</u>
1976 - 1977	65	\$1,166,479.00	\$17,945.00
1977 - 1978	74	\$1,465,101.00	\$19,798.00
1978 - 1979	100	\$2,467,234.00	\$24,672.00
1979 - 1980	120	\$3,324,620.00	\$27,705.00
1980 - 1981	83	\$4,810,546.00	\$57,958.00
1981 - 1982	132	\$8,163,753.00	\$61,846.00
1982 - 1983	150	\$8,649,086.53	\$57,660.00
1983 - 1984	160	\$7,180,680.39	\$44,879.25
AS OF JUNE 30, 1984 THERE WERE 50 PHYSICIANS WITH LIMITED LICENSES. THE LARGEST NUMBER WERE RELATIVE TO THE USE OF OR PRESCRIBING OF DRUGS AND/OR ALCOHOL. SEVENTEEN OF THESE PHYSICIANS REPORT ON A REGULAR BASIS TO INDIVIDUAL BOARD MEMBERS.			

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, 1982, and complaints and communications received but not disposed of as of June 30, 1984 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)
152 Patient Complaints	1 Revoked 4 Warning letters 96 Dismissed 51 Open
66 Alcohol/Drugs	2 Suspended 15 Limited 6 Warning letters 1 Cancelled 2 Retired 15 Dismissed 24 Open
57 Alleged Practice of Medicine Without a License, Etc.	17 Referred to other agency 1 Stipulation signed agreeing to cease the illegal practice of medicine 2 Matters regarding unlicensed persons to county attorney 3 Warning letters to unlicensed persons 30 No statutory violation 2 Warnings to M.D.'s regarding aiding the illegal practice of medicine 1 District Court upheld Boards Revocation Order 1 Law suit against Board Secretary sent to Attorney General
2 Psychiatric Problems	1 Deceased 1 Retired
30 Application Irregularities	23 Licensed 7 Denied License

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.