

BIENNIAL REPORT OF EXAMINING AND LICENSING BOARDS

031730

(M.S. 1985 Supplement, Section 214.07)

BOARD: MEDICAL EXAMINERS

LOCATION: 2700 University Avenue West, #106

St. Paul, MN 55114-1080

STATUTORY AUTHORITY: M.S. Chapters 146, 147, 146, 319A

REPORT PERIOD: July 1, 1984 To: June 30, 1986

SUBMITTED BY: David Ziegenhagen, Executive Director November 19, 1986  
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.

Remarks of George B. Martin, M. D. to the Minnesota Medical Association House of Delegates, 1 May 1986.

President Craig, Speaker Simmons, Officers, Trustees, Delegates, Members and Guests:

After an unavoidable four year hiatus, I admit to a warm feeling of having returned home to the House of Medicine. Since home is a place where one can feel free to express one's self, I will use my time in sharing with you my perception of the events that have finally created a Board of Medical Examiners that will be able to function effectively for Minnesota's citizens and physicians.

The report of the Board is in your handbook and with its attachments tells some of the story.

In 1961 I first became aware of Minnesota Medical Association's concerns about the Board's structure and function. There were many private consultations and conversations leading eventually to the 1977-78 Minnesota Medical Association report and recommendations for change. Nothing happened until 1984-1985. Why? The needed ingredients for change were missing.

The public and legislature's awareness of the need for change was brought on by a media investigative report. Now it wasn't just the Minnesota Medical Association that wanted change. Several bills of a patchwork nature were proposed, but the Board felt a major re-write of the Medical Practice Act, particularly in the areas of finance, licensure and discipline was a much more practical approach.

Gradually over the past years, the character of the Board of Medical Examiners has changed. The appointments to the Board over the last ten to twelve years, and particularly Governor Perpich's appointments and reappointments of the last four years have created a Board whose members are uniquely talented to create change in our act and reorganize the Board's function.

Lay members of the Board, Steven Kelly, J.D., who correlated various model acts and wrote the first draft of the Board's bill; Ms. Mary Hartmann, who spent countless hours sheparding our bill through the legislative process with able assistance from Dr. Anderson; Ms. Marsha Yeugand, whose several years on the Discipline Committee gave the Board an expanded view of the process and its needed improvements. She did not seek reappointment in 1986. Her seat is now ably filled by Ms. Meredith Hart. Jack Breviu's efforts went far beyond his assigned duties as principal attorney for the Board, both in the development of the bill and lobbying for its passage.

It must be noted here that the Minnesota Medical Association's strong support and Kathy Myerlie's legislative efforts were vital in the eventual passage of our act.

Physician members of the Board, Bill Jacott, Chester Anderson and Richard Tompkins are very well-known to you. Members not as well known who possess equal talent, dedication and wisdom are Mel Segal, Jack Bert, Cassius Ellis, and the osteopathic member, Bill Donkers.

At long last, everyone was facing the same way when the race started.

We all know that a good Practice Act, a dedicated Board, and a supportive physician community are not enough to give our citizens the protection they deserve. In August of 1985, the Board lost the services of its Executive Secretary due to illness.

Last years President of the Board, Dr. Richard Tompkins, have spent many days in the early reorganization of the Board's office, then spent countless hours over the next nine months arranging for a replacement and adequate compensation for the Chief Executive Officer of the Board. Minnesotans are indeed in his debt.

On occasion you meet someone who has the talent and expertise to make complex problem-solving seem easy. The Board has a Chief Executive Officer who possesses these qualities. I would like to introduce Mr. David Ziegenhagen. Dave, would you stand please.

Are all our problems resolved? Of course not. Will everything run smoothly now? Much more smoothly than previously.

The Board is convinced that we are on the right track and with Minnesota Medical Association support we can all help make medical practice in Minnesota better, safer, and more dependable. Our citizens rightfully expect that of us.

Thank you for the privilege of reporting to you today. Mr. Ziegenhagen and I will be at the Reference Committee meeting to respond to your questions.

George B. Martin, M. D.

GBM/jw

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 85 and FY 86 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

| BASIS   | LICENSES ISSUED |            |
|---|-----------------|------------|
|   | F.Y.85          | F.Y.86     |
| A. Flex Written Examination                               | 46              | 57         |
| B. Flex Examination Other State                           | 89              | 102        |
| C. Reciprocity  | 40              | 23         |
| D. Endorsement of National Board of Medical Examiners     | 559             | 558        |
| E. Endorsement of National Board of Osteopathic Examiners | 15              | 18         |
| F. Endorsement of Medical Council of Canada               | 18              | 14         |
|   | <u>767</u>      | <u>772</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 Score of 75.0 on each part is the passing score used by all states, including Minnesota. The Examination is given in June and December. This examination is in two parts, each 1½ days long. Candidates will have to pass each part with a score 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 of 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. This means Minnesota will accept exam scores from other states, but does not guarantee licensure.

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

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

**This description should cover both FY 85 and FY 86 and include any changes (additions/deletions) in activities between those years.**

(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.

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, 1984 - June 30, 1986, 458 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. Professional Corporations

During the two-year period, July 1, 1984 - June 30, 1986, 78 new corporations were formed, bringing the total of corporations formed since the original law was passed in 1951 to 1134.

4. Temporary Licenses

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, 1984 to June 30, 1986, 448 temporary licenses were issued.

Clause a: GENERAL STATEMENT OF BOARD ACTIVITIES

This description should cover both FY 85 and FY 86 and include any changes (additions/deletions) in activities between those years.

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, 28 loans have been paid back, and partial payments have been made on many others. Nine loans remain outstanding.

| <u>REPAYMENT</u> | <u>INTEREST</u> | <u>PRINCIPAL PAID</u> | <u>PRINCIPAL FORGIVEN</u> | <u>BALANCE</u> |
|------------------|-----------------|-----------------------|---------------------------|----------------|
| Total Loaned     |                 |                       |                           | \$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      | 6,225.18        | 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      | 3,463.37        | 6,297.98              | 625.00                    | 36,557.92      |
| " 1984-1985      | 2,912.63        | 3,417.00              | 2,671.00                  | 35,627.63      |
| " 1985-1986      | 2,588.96        | 7,942.00              |                           | 24,337.96      |
|                  | \$51381.16      | \$120,338.58          | \$7,133.50                |                |

6. Physical Therapy

Physical Therapists have been registered in Minnesota since 1953. 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 1984-1985 - 153

Fiscal Year 1985-1986 - 183

Total 336

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 24 FY 86 24 FY 85 AND 86 48

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 85 | FY 86 | FY 85 & 86 | TYPE             | FY 85 | FY 86 | FY 85 & 86 |
| ANDERSON, CHESTER   | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Licensure  | 24    | 24    | 48         |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| BERNSTEIN, DOROTHY  | Board      | 50    |       | 50         |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| BERT, JACK          | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Discipline | 300   | 372   | 672        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| DUNKERS, WILLIAM    | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 \_\_\_\_\_ FY 86 \_\_\_\_\_ FY 85 AND 86 \_\_\_\_\_

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 85 | FY 86 | FY 85 & 86 | TYPE             | FY 85 | FY 86 | FY 85 & 86 |
| ELLIS, CASSIUS M.   | Board     |       | 50    | 50         |                  |       |       |            |
|                     | Licensure |       | 12    | 12         |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |
| HART, MEREDITH      | Board     |       | 50    | 50         |                  |       |       |            |
|                     | Licensure |       | 12    | 12         |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |
| HARTMANN, MARY      | Board     | 50    | 50    | 100        |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |
| JACOTT, WILLIAM     | Board     | 50    | 50    | 100        |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |
|                     |           |       |       |            |                  |       |       |            |

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 \_\_\_\_\_ FY 86 \_\_\_\_\_ FY 85 AND 86 \_\_\_\_\_

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 85 | FY 86 | FY 85 & 86 | TYPE             | FY 85 | FY 86 | FY 85 & 86 |
| KELLEY, STEPHEN     | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Discipline | 186   | 372   | 458        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| MARTIN, GEORGE      | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Discipline | 180   | 186   | 366        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| SIGEL, MELVIN       | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Discipline |       | 372   | 372        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
| TOMPKINS, RICHARD   | Board      | 50    | 50    | 100        |                  |       |       |            |
|                     | Discipline | 180   |       | 180        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |

Clause b: TOTAL NUMBER MEETINGS HELD FY 85 \_\_\_\_\_ FY 86 \_\_\_\_\_ FY 85 AND 86 \_\_\_\_\_

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 85 | FY 86 | FY 85 & 86 | TYPE             | FY 85 | FY 86 | FY 85 & 86 |
| YUGEND, MARCIA      | Board      | 50    |       | 50         |                  |       |       |            |
|                     | Discipline | 150   |       | 150        |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |
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|                     |            |       |       |            |                  |       |       |            |
|                     |            |       |       |            |                  |       |       |            |

Clause c: THE RECEIPT AND DISBURSEMENT OF BOARD FUNDS

|                                  | FY 85 | FY 86 | FY'S 85 & 86 |
|----------------------------------|-------|-------|--------------|
| Total State Appropriations       | 520.7 | 627.5 | 1148.2       |
| Total Non-Dedicated Fee Receipts | 437.2 | 739.1 | 1176.3       |
| Total Disbursements              | 530.8 | 822.2 | 1353.0       |

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COMMENTS (Optional)

Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 85 AND FY 86

FOR EASY REFERENCE PLEASE GIVE:

(A) Number of Board members required by statute: 11.

(B) The statutory length of term: Four Years.

| NAME & ADDRESS        | OCCUPATION     | GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT |
|-----------------------|----------------|--|
| ANDERSON, CHESTER A.  | MEDICAL DOCTOR | 1)6-12-79 to 1-3-83      2)1-3-83 to 1-5-87                    |
| BERNSTEIN, DOROTHY    | MEDICAL DOCTOR | 1)1-14-79 to 1-5-81      2)5-14-81 to 1-7-85                   |
| BERT, JACK            | MEDICAL DOCTOR | 1)4-6-83 to 1-5-87   |
| DONKERS, WILLIAM J.   | MEDICAL DOCTOR | 1)6-12-79 to 1-3-83      2)1-3-83 to 1-5-87                    |
| ELLIS, CASSIUS M.     | MEDICAL DOCTOR | 1)1-16-85 to 1-5-89  |
| HART, MEREDITH        | BUSINESSWOMAN  | 1)1-6-86 to 1-6-90   |
| HARTMANN, MARY        | BUSINESSWOMAN  | 1)4-6-83 to 1-5-87   |
| JACOTT, WILLIAM       | MEDICAL DOCTOR | 1)4-23-74 to 1-3-83      2)1-3-83 to 1-5-87                    |
| KELLEY, STEPHEN P.    | ATTORNEY       | 1)1-26-84 to 1-4-88  |
| MARTIN, GEORGE B. JR. | MEDICAL DOCTOR | 1)3-17-82 to 1-6-86      2)1-6-86 to 1-6-90                    |
| SIGEL, MELVIN E.      | MEDICAL DOCTOR | 1)1-20-84 to 1-4-88  |
| TOMPKINS, RICHARD B.  | MEDICAL DOCTOR | 1)5-14-81 to 1-7-85      2)1-7-85 to 1-7-89                    |
| YUGEND, MARCIA        | BUSINESSWOMAN  | 1)3-17-83 to 1-6-86  |
|                       |                |  |
|                       |                |  |
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|                       |                |  |
|                       |                |  |

**Clause d: LIST OF BOARD MEMBERS WHO SERVED DURING FY 85 AND FY 86**

FOR EASY REFERENCE PLEASE GIVE:

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

(B) The statutory length of term: 4 years

| NAME & ADDRESS       | OCCUPATION         | GIVE BEGIN AND END DATE OF APPOINTMENT AND EACH RE-APPOINTMENT |
|----------------------|--------------------|--|
| BISTEVINS, Rita      | Medical Doctor     | 1) 02/15/80 - 01/01/84   |
|                      |                    | 2) 01/01/84 - 01/01/88   |
| FRANKLIN, Jackie     | P.T. Assistant     | 1) 01/01/81 - 01/01/85   |
|                      |                    | 2) 01/01/85 - 01/01/87   |
| GARRETT, Tom         | Physical Therapist | 1) 01/01/84 - 01/01/88   |
| MONTGOMERY, Patricia | Physical Therapist | 1) 01/01/84 - 01/01/88   |
| SCHAAF, John R       | Businessman        | 1) 09/01/80 - 01/01/84   |
|                      |                    | 2) 01/02/84 - 01/01/85   |
|                      |                    | 3) 01/01/85 - 01/01/87   |
| SCUDDER, Glenn       | Physical Therapist | 1) 01/11/78 - 06/30/80   |
|                      |                    | 2) 06/30 80 - 01/01/84   |
|                      |                    | 3) 01/01/84 - 01/01/85   |
|                      |                    | 4) 01/01/85 - 01/01/87   |
| VACANT               | Medical Doctor     |  |
|                      |                    |  |
|                      |                    |  |
|                      |                    |  |
|                      |                    |  |

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED  
DURING FY 85 AND/OR FY 86

| NAME               | JOB CLASSIFICATION/TITLE & CLASS                                    | CLASS CODE | STATUS |    |                         |
|--------------------|---|------------|--------|----|-------------------------|
|                    |   |            | FT     | PT | Dates of Service        |
| ALBRIGHT, FLORENCE | CLERK 3   | 001928     | X      |    | 9-20-80                 |
| ALBRIGHT, RICHARD  | CLERK 1   | 000176     | X      |    | 1-8-86 to<br>1-10-86    |
| ANDERSON, KATHLEEN | OFFICE MANAGER<br>OFFICE SERVICES SUPERVISOR I                      | 002192     | X      |    | 1-18-84 to<br>7-18-86   |
| ANDERSON, MARGARET | CLERK 2   | 000177     | X      |    | 10-31-84 to<br>12-14-84 |
| ANDERSON, MARGARET | CLERK 2   | 000177     | X      |    | 10-31-85 to<br>12-16-85 |
| ANDERSON, THERESE  | CLERK TYPIST 2  | 000980     | X      |    | 10-25-76                |
| AULD, RICHARD      | ASSISTANT EXECUTIVE DIRECTOR<br>RESEARCH ANALYSIS SPECIALIST SENIOR | 000659     | X      |    | 11-27-85                |
| DELONG, BARBARA    | CLERK TYPIST 2  | 000980     | X      |    | 10-20-76                |
| EIYNCK, MARY       | CLERK TYPIST 2  | 000980     | X      |    | 8-27-85 to<br>9-11-85   |
| GERBOZY, PATRICIA  | CLERK TYPIST 2  | 000980     | X      |    | 11-14-84 to<br>1-10-85  |
| HINES, MARGE       | CLERK 1   | 000176     | X      |    | 9-16-85 to<br>10-25-85  |
| HOLM, RUTH         | CLERK TYPIST 2  | 000980     | X      |    | 10-30-85 to<br>12-30-85 |
| KAUPPILA, LOIS     | OFFICE MANAGER<br>OFFICE SERVICES SUPERVISOR I                      | 002192     | X      |    | 11-21-85                |
| KOLSTAD, PAMELA    | CLERK TYPIST 2  | 000980     | X      |    | 11-18-85 to<br>2-4-86   |
| LIPINSKI, TERRI    | CLERK TYPIST 3  | 001929     | X      |    | 9-13-85 to<br>10-24-85  |
| LLOYD, MARY JO     | CLERK TYPIST 2  | 000980     | X      |    | 7-12-82 to<br>9-3-85    |
| MENDENHALL, RITA   | CLERK TYPIST 3  | 001929     | X      |    | 4-2-79 to<br>4-19-85    |
| MESSERVEY, BETTY   | CLERK STENOGRAPHER 2  | 000981     | X      |    | 6-16-86                 |
| NILSSON, RITA      | CLERK TYPIST 2  | 000980     | X      |    | 11-18-85                |
| ORR, MARCELLA      | CLERK TYPIST 2  | 000980     | X      |    | 9-27-78                 |

Clause e: LIST BOARD EMPLOYEES WHO WERE EMPLOYED  
DURING FY 85 AND/OR FY 86

| NAME               | JOB CLASSIFICATION/TITLE & CLASS                                      | CLASS CODE | STATUS |    |                      |
|--------------------|---|------------|--------|----|----------------------|
|                    |   |            | FT     | PT | Dates of Service     |
| PASSER, MARY       | CLERK TYPIST 2  | 000980     | X      |    | 10-7-85 to 12-6-85   |
| PAULSON, VICKY     | CLERK TYPIST 3  | 001929     | X      |    | 5-2-84               |
| PERRY, JANE        | COMMERCE INVESTIGATOR   | 001800     | X      |    | 4-23-86 to 9-30-86   |
| POORE, ARTHUR      | EXECUTIVE SECRETARY   | 008126     | X      |    | 4-14-66 to 12-31-85  |
| REIZEWITZ, CHERI   | CLERK TYPIST 1  | 000180     | X      |    | 2-4-86 to 6-27-86    |
| WALLACE, JACK      | ASSISTANT EXECUTIVE SECRETARY<br>HEALTH PROGRAM REPRESENTATIVE SENIOR | 000833     | X      |    | 12-17-80 to 11-20-85 |
| ZIEGENHAGEN, DAVID | EXECUTIVE DIRECTOR  | 008126     | X      |    | 8-19-85              |
|                    |   |            |        |    |                      |
|                    |   |            |        |    |                      |
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Clause f: BRIEF SUMMARY OF BOARD RULES PROPOSED OR ADOPTED DURING THIS REPORTING PERIOD, FY 85 AND FY 86. GIVE APPROPRIATE CITATIONS TO THE STATE REGISTER AND PUBLISHED RULES FOR THOSE ADOPTED.

Rule setting fees for licensees.









Clauses i, j, k: MINNESOTA RESIDENTS PY 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 PHYSICIAN SURGEON

| AGE GROUP   | FY 85    |    |     |           |    |     |               |    |     | FY 86    |     |     |           |    |     |               |   |     | FY 85 AND FY 86 |    |     |           |    |     |               |    |     |   |   |   |   |  |   |
|---|----------|----|-----|-----------|----|-----|---------------|----|-----|----------|-----|-----|-----------|----|-----|---------------|---|-----|-----------------|----|-----|-----------|----|-----|---------------|----|-----|---|---|---|---|--|---|
|   | 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   | M | F | T |   |  |   |
| Under 18  |          |    |     |           |    |     |               |    |     |          |     |     |           |    |     |               |   |     |                 |    |     |           |    |     |               |    |     |   |   |   |   |  |   |
| 18-25   | 1        |    | 1   |           |    |     | 1             |    | 1   | 3        |     | 3   |           |    |     | 3             |   | 3   | 4               |    | 4   |           |    |     | 4             |    | 4   |   |   |   | 4 |  | 4 |
| 26-34   | 35       | 7  | 32  | 9         | 2  | 11  | 26            | 5  | 31  | 23       | 5   | 31  | 4         | 1  | 5   | 19            | 1 | 20  | 58              | 9  | 67  | 13        | 3  | 16  | 45            | 6  | 51  |   |   |   |   |  |   |
| 35-59   | 3        | 1  | 4   | 1         | 1  | 2   | 2             | 0  | 2   | 2        | 2   | 4   |           | 1  | 1   | 2             | 1 | 3   | 5               | 3  | 8   | 1         | 2  | 3   | 4             | 1  | 5   |   |   |   |   |  |   |
| 60-65   |          |    |     |           |    |     |               |    |     |          |     |     |           |    |     |               |   |     |                 |    |     |           |    |     |               |    |     |   |   |   |   |  |   |
| 66 & Over   |          |    |     |           |    |     |               |    |     |          |     |     |           |    |     |               |   |     |                 |    |     |           |    |     |               |    |     |   |   |   |   |  |   |
| Total   | 39       | 8  | 47  | 10        | 3  | 13  | 29            | 5  | 34  | 28       | 4   | 32  | 4         | 2  | 6   | 24            |   | 26  | 67              | 12 | 79  | 14        | 5  | 19  | 53            | 7  | 60  |   |   |   |   |  |   |
| Calculate % of Male and % of Female to the Total of each Category |          |    |     |           |    |     |               |    |     |          |     |     |           |    |     |               |   |     |                 |    |     |           |    |     |               |    |     |   |   |   |   |  |   |
| % of Total  | 83       | 17 | 100 | 77        | 23 | 100 | 85            | 15 | 100 | 87½      | 12½ | 100 | 67        | 33 | 100 | 92            | 8 | 100 | 85              | 15 | 100 | 74        | 26 | 100 | 88            | 12 | 100 |   |   |   |   |  |   |

CONTINUATION SHEET:

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 PHYSICIAN SURGEON

| State | FY 85    |   |    |           |   |   |               |   |    | FY 86    |   |   |           |   |   |               |   |   | FY 85 AND FY 86 |   |    |           |   |   |               |   |   |    |   |    |
|-------|----------|---|----|-----------|---|---|---------------|---|----|----------|---|---|-----------|---|---|---------------|---|---|-----------------|---|----|-----------|---|---|---------------|---|---|----|---|----|
|       | 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 | M  | F | T  |
| IL    |          | 2 | 2  |           |   |   | 2             | 2 |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 3               | 3 |    |           |   |   |               |   |   | 3  | 3 |    |
| NY    | 5        |   | 5  |           |   |   | 5             | 5 |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 6               | 6 |    |           |   |   |               |   |   | 6  | 6 |    |
| ND    | 1        |   | 1  |           |   |   | 1             | 1 |    |          |   |   |           |   |   |               |   |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| PA    | 1        |   | 1  | 1         | 1 |   |               |   |    |          |   |   |           |   |   |               |   |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| WI    | 1        |   | 1  |           |   |   |               |   |    | 1        | 1 |   |           |   |   |               |   |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| IRAN  | 1        |   | 1  |           |   |   |               |   |    | 1        | 1 |   |           |   |   |               |   |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| GA    |          |   |    |           |   |   |               |   |    | 1        | 1 |   | 1         | 1 |   |               |   |   | 1               | 1 |    | 1         | 1 |   |               |   |   |    |   |    |
| CA    |          |   |    |           |   |   |               |   |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| IA    |          |   |    |           |   |   |               |   |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| NJ    |          |   |    |           |   |   |               |   |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| TX    |          |   |    |           |   |   |               |   |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
| FL    |          |   |    |           |   |   |               |   |    | 1        | 1 |   |           |   |   | 1             | 1 |   | 1               | 1 |    |           |   |   |               |   |   | 1  | 1 |    |
|       | 9        | 2 | 11 | 1         | 0 | 1 | 8             | 2 | 10 | 4        | 4 | 8 | 0         | 1 | 1 | 4             | 3 | 7 | 12              | 6 | 18 | 0         | 1 | 1 |               |   |   | 12 | 5 | 17 |

CONTINUATION SHEET:

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 Registration

| State | FY 95  |   |   |           |   |   |               |   |   | FY 86    |    |    |           |    |    |               |   |   | FY 85 AND FY 86 |    |    |           |    |    |               |   |   |   |   |
|-------|--|---|---|-----------|---|---|---------------|---|---|----------|----|----|-----------|----|----|---------------|---|---|-----------------|----|----|-----------|----|----|---------------|---|---|---|---|
|       | 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 | M | F |
|       | PLEASE LIST THE TOTAL NUMBER OF NON-RESIDENTS BY STATE |   |   |           |   |   |               |   |   |          |    |    |           |    |    |               |   |   |                 |    |    |           |    |    |               |   |   |   |   |
| WI    | 0  | 4 | 4 | 0         | 4 | 4 | 0             | 0 | 0 | 1        | 5  | 6  | 1         | 5  | 6  | 0             | 0 | 0 | 1               | 9  | 10 | 1         | 9  | 10 | 0             | 0 | 0 |   |   |
| MI    | 0  | 1 | 1 | 0         | 1 | 1 | 0             | 0 | 0 | 0        | 1  | 1  | 0         | 1  | 1  | 0             | 0 | 0 | 0               | 2  | 2  | 0         | 2  | 2  | 0             | 0 | 0 |   |   |
| MO    | 0  | 0 | 0 | 0         | 0 | 0 | 0             | 0 | 0 | 1        | 0  | 1  | 1         | 0  | 1  | 0             | 0 | 0 | 1               | 0  | 1  | 1         | 0  | 1  | 0             | 0 | 0 |   |   |
| IL    | 0  | 1 | 1 | 0         | 1 | 1 | 0             | 0 | 0 | 1        | 3  | 4  | 1         | 3  | 4  | 0             | 0 | 0 | 1               | 4  | 5  | 1         | 4  | 5  | 0             | 0 | 0 |   |   |
| AZ    | 0  | 0 | 0 | 0         | 0 | 0 | 0             | 0 | 0 | 1        | 1  | 2  | 1         | 1  | 2  | 0             | 0 | 0 | 1               | 1  | 2  | 1         | 1  | 2  | 0             | 0 | 0 |   |   |
| MA    | 0  | 0 | 0 | 0         | 0 | 0 | 0             | 0 | 0 | 1        | 0  | 1  | 1         | 0  | 1  | 0             | 0 | 0 | 1               | 0  | 1  | 1         | 0  | 1  | 0             | 0 | 0 |   |   |
| TX    | 0  | 1 | 1 | 0         | 1 | 1 | 0             | 0 | 0 | 0        | 0  | 0  | 0         | 0  | 0  | 0             | 0 | 0 | 0               | 0  | 0  | 0         | 1  | 1  | 0             | 0 | 0 |   |   |
| TOTAL | 0  | 7 | 7 | 0         | 7 | 7 | 0             | 0 | 0 | 5        | 10 | 15 | 5         | 10 | 15 | 0             | 0 | 0 | 5               | 17 | 22 | 5         | 17 | 22 | 0             | 0 | 0 |   |   |

**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** Physical Therapy Registration

| AGE GROUP   | FY 85     |           |            |           |           |            |               |          |          | FY 86     |           |            |           |           |            |               |          |          | FY 85 AND FY 86 |            |            |           |            |            |               |   |     |  |  |  |
|---|-----------|-----------|------------|-----------|-----------|------------|---------------|----------|----------|-----------|-----------|------------|-----------|-----------|------------|---------------|----------|----------|-----------------|------------|------------|-----------|------------|------------|---------------|---|-----|--|--|--|
|   | 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   | 12        | 54        | 66         | 12        | 54        | 66         |               |          |          | 12        | 79        | 91         | 12        | 79        | 91         |               |          |          | 24              | 133        | 157        | 24        | 133        | 157        |               |   |     |  |  |  |
| 26-34   | 10        | 21        | 31         | 10        | 21        | 31         |               |          |          | 9         | 12        | 21         | 9         | 12        | 21         |               |          |          | 19              | 33         | 52         | 13        | 33         | 52         |               |   |     |  |  |  |
| 35-59   | 0         | 5         | 5          | 0         | 5         | 5          |               |          |          | 1         | 7         | 8          | 1         | 7         | 8          |               |          |          | 1               | 12         | 13         | 1         | 12         | 13         |               |   |     |  |  |  |
| 60-65   |           |           |            |           |           |            |               |          |          |           |           |            |           |           |            |               |          |          |                 |            |            |           |            |            |               |   |     |  |  |  |
| 66 & Over   |           |           |            |           |           |            |               |          |          |           |           |            |           |           |            |               |          |          |                 |            |            |           |            |            |               |   |     |  |  |  |
| <b>Total</b>  | <b>22</b> | <b>80</b> | <b>102</b> | <b>22</b> | <b>80</b> | <b>102</b> | <b>0</b>      | <b>0</b> | <b>0</b> | <b>22</b> | <b>98</b> | <b>120</b> | <b>22</b> | <b>98</b> | <b>120</b> | <b>0</b>      | <b>0</b> | <b>0</b> | <b>44</b>       | <b>178</b> | <b>222</b> | <b>44</b> | <b>178</b> | <b>222</b> |               |   |     |  |  |  |
| Calculate % of Male and % of Female to the Total of Each Category |           |           |            |           |           |            |               |          |          |           |           |            |           |           |            |               |          |          |                 |            |            |           |            |            |               |   |     |  |  |  |
| % of Total  | 22        | 78        | 100        | 22        | 78        | 100        | 0             | 0        | 100      | 18        | 82        | 100        | 18        | 82        | 100        | 0             | 0        | 100      | 20              | 80         | 100        | 20        | 80         | 100        | 0             | 0 | 100 |  |  |  |

**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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>46</u> | FY 86<br><u>57</u> | FY 85 & 86<br><u>103</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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. | ** Reasbns for Granting or Denial |      |
|----------------------|---------------|-----------|-------|-------|-------|-------|-----|-----|----|-------------------------|-----------------------------------|------|
|                      |               | 0-18      | 18-25 | 26-34 | 35-59 | 60-65 | 66- | M   | F  |                         | Grant                             | Deny |
| Phys. Surg.          | MN            |           | 16    | 64    | 7     |       |     | 72  | 15 | FLEX                    | 87                                |      |
|                      | NY            |           | 3     | 1     |       |       |     | 1   | 3  | "                       | 4                                 |      |
|                      | WI            |           |       | 1     | 1     |       |     | 1   | 1  | "                       | 2                                 |      |
|                      | IL            |           |       | 2     |       |       |     | 2   | 0  | "                       | 2                                 |      |
|                      | ND            |           |       | 3     | 1     |       |     | 1   | 2  | "                       | 4                                 |      |
|                      | OK            |           |       | 1     |       |       |     | 1   | 0  | "                       | 1                                 |      |
|                      | OH            |           |       | 2     |       |       |     | 1   | 1  | "                       | 2                                 |      |
|                      | ME            |           |       |       | 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.

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br>89 | FY 86<br>102 | FY 85 & 86<br>191 |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 |                                   |
| Phys. Surg.          | MN            |           | 12    | 81    | .17   |       |     | 85  | 25 | FOS                     | 110   |      |                                   |
|                      | CA            |           |       | 2     | 4     |       |     | 6   | 0  | "                       | 6     |      |                                   |
|                      | WI            |           |       | 8     | 4     |       |     | 9   | 3  | "                       | 12    |      |                                   |
|                      | WA            |           |       | 1     |       |       |     | 1   | 0  | "                       | 1     |      |                                   |
|                      | IA            |           |       | 5     | 1     |       |     | 4   | 2  | "                       | 6     |      |                                   |
|                      | SD            |           |       | 3     | 1     |       |     | 4   | 0  | "                       | 4     |      |                                   |
|                      | KS            |           |       | 1     |       |       |     | 1   | 0  | "                       | 1     |      |                                   |
|                      | AR            |           |       | 1     |       |       |     | 1   | 0  | "                       | 1     |      |                                   |
|                      | ND            |           |       | 7     | 4     |       |     | 10  | 1  | "                       | 11    |      |                                   |
|                      | CT            |           |       | 1     |       |       |     | 1   | 0  | "                       | 1     |      |                                   |
|                      | MI            |           |       | 5     | 2     |       |     | 5   | 2  | "                       | 7     |      |                                   |

\* 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>89</u> | FY 86<br><u>102</u> | FY 85 & 86<br><u>191</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 |                                   |
| Phys. Surg.          | TX            |           | 1     | 2     |       |       |     | 3   | 0 | FOS                     | 3     |      |                                   |
|                      | CD            |           |       | 2     |       |       |     | 2   | 0 | "                       | 2     |      |                                   |
|                      | LA            |           |       | 2     |       |       |     | 2   | 0 | "                       | 2     |      |                                   |
|                      | CO            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | MA            |           |       | 3     | 2     |       |     | 5   | 0 | "                       | 5     |      |                                   |
|                      | IN            |           |       | 2     |       |       |     | 1   | 1 | "                       | 2     |      |                                   |
|                      | MO            |           | 1     | 1     | 1     |       |     | 2   | 1 | "                       | 3     |      |                                   |
|                      | IL            |           |       | 1     | 2     |       |     | 3   | 0 | "                       | 3     |      |                                   |
|                      | NY            |           |       | 2     | 1     |       |     | 2   | 1 | "                       | 3     |      |                                   |
|                      | DE            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | FL            |           |       | 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.

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>89</u> | FY 86<br><u>102</u> | FY 85 & 86<br><u>191</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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. | Grant Deny |      | ** Reasons for Granting or Denial |
|---------------------|---------------|-----------|-------|-------|-------|-------|-----|-----|---|-------------------------|------------|------|-----------------------------------|
|                     |               | 0-18      | 18-25 | 26-34 | 35-59 | 60-65 | 66- | M   | F |                         | Grant      | Deny |                                   |
|                     | VA            |           |       | 1     | 1     |       |     | 2   | 0 | FOS                     | 2          |      |                                   |
|                     | MD            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                     | PA            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                     | KY            |           |       | 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.

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br>40 | FY 86<br>23 | FY 85 & 86<br>63 |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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. | Grant Deny |      | ** Reasons for Granting or Denial |
|----------------------|---------------|-----------|-------|-------|-------|-------|-----|-----|---|-------------------------|------------|------|-----------------------------------|
|                      |               | 0-18      | 18-25 | 26-34 | 35-59 | 60-65 | 66- | M   | F |                         | Grant      | Deny |                                   |
| Phys. Surg.          | MN            |           | 2     | 8     | 7     | 1     |     | 15  | 2 | Recip.                  | 18         |      |                                   |
|                      | SD            |           |       |       | 4     |       |     | 4   | 0 | "                       | 4          |      |                                   |
|                      | MI            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | PA            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | OR            |           |       |       | 1     |       | 1   | 2   | 0 | "                       | 2          |      |                                   |
|                      | FL            |           |       |       |       | 1     |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | HI            |           |       |       |       | 1     |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | CD            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | CO            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1          |      |                                   |
|                      | WI            |           |       | 1     | 5     | 3     | 1   | 9   | 1 | "                       | 10         |      |                                   |
|                      | UT            |           |       |       |       | 1     | 1   | 2   | 0 | "                       | 2          |      |                                   |

\* 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 85    FY 86    FY 85 & 86  
 \_\_\_\_\_  
 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 | 60-69 | 66- | M   | F |                         | Grant                             | Deny |  |
| Phys. Surg.         | KS            |           |       |       |       | 1     |     | 1   | 0 | Recip.                  | 1                                 |      |  |
|                     | ND            |           | 1     | 5     | 3     | 4     |     | 13  | 0 | "                       | 13                                |      |  |
|                     | CA            |           |       |       |       | 1     |     | 1   | 0 | "                       | 1                                 |      |  |
|                     | MD            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1                                 |      |  |
|                     | OH            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1                                 |      |  |
|                     | IN            |           |       |       |       | 1     |     | 1   | 0 | "                       | 1                                 |      |  |
|                     | IA            |           |       |       | 2     | 1     |     | 3   | 0 | "                       | 3                                 |      |  |
|                     |               |           |       |       |       |       |     |     |   |                         |                                   |      |  |
|                     |               |           |       |       |       |       |     |     |   |                         |                                   |      |  |
|                     |               |           |       |       |       |       |     |     |   |                         |                                   |      |  |
|                     |               |           |       |       |       |       |     |     |   |                         |                                   |      |  |

\* 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>599</u> | FY 86<br><u>558</u> | FY 85 & 86<br><u>1157</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION  | <u>          </u>   | <u>          </u>   | <u>          </u>         |

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 |                                   |
|                      |               | Phys. Surg. | MN    |       | 196   | 578   | 40  | 1   |   |                         | 590   | 225  |                                   |
|                      | MI            |             | 8     | 13    |       |       |     | 17  | 4 | "                       | 21    |      |                                   |
|                      | CT            |             |       |       | 1     |       | 1   | 1   | 1 | "                       | 2     |      |                                   |
|                      | AL            |             |       |       | 1     |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | CA            |             |       | 22    | 10    | 1     |     | 29  | 4 | "                       | 33    |      |                                   |
|                      | DC            |             |       | 1     | 1     |       |     | 1   | 1 | "                       | 2     |      |                                   |
|                      | GA            |             |       |       | 1     |       |     | 0   | 1 | "                       | 1     |      |                                   |
|                      | ID            |             |       |       | 1     |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | IA            |             |       | 9     | 3     |       |     | 12  | 0 | "                       | 12    |      |                                   |
|                      | IL            |             |       | 22    | 6     |       |     | 21  | 7 | "                       | 28    |      |                                   |
|                      | MA            |             |       | 8     | 1     |       |     | 8   | 1 | "                       | 9     |      |                                   |

\* 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 85    FY 86    FY 85 &  
 \_\_\_\_\_  
 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 | 60-69 | 66- | M   | F |                         | Grant | Deny |                                   |
| Phys. Surg.          | MD            |           |       | 5     | 2     |       |     | 7   | 0 | Natl. Board             | 7     |      |                                   |
|                      | MO            |           |       | 8     | 3     |       |     | 10  | 1 | "                       | 11    |      |                                   |
|                      | WA            |           |       | 6     | 2     |       |     | 6   | 2 | "                       | 8     |      |                                   |
|                      | ND            |           |       | 35    | 16    |       |     | 47  | 4 | "                       | 51    |      |                                   |
|                      | NC            |           |       | 3     | 1     |       |     | 3   | 1 | "                       | 4     |      |                                   |
|                      | NY            |           |       | 5     | 3     |       |     | 6   | 2 | "                       | 8     |      |                                   |
|                      | OR            |           |       | 3     | 3     |       |     | 6   | 0 | "                       | 6     |      |                                   |
|                      | OK            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | OH            |           |       | 7     | 1     |       |     | 4   | 4 | "                       | 8     |      |                                   |
|                      | SD            |           |       | 13    | 3     |       |     | 14  | 2 | "                       | 16    |      |                                   |
|                      | UT            |           |       | 2     | 1     |       |     | 3   | 0 | "                       | 3     |      |                                   |

\* 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 85        FY 86        FY 85 &         
 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 |                                   |
| Phys. Surg.          | WV            |           |       |       | 1     |       |     | 0   | 1 | Natl. Board             | 1     |      |                                   |
|                      | WI            |           | 2     | 34    | 15    |       |     | 42  | 9 | "                       | 51    |      |                                   |
|                      | FL            |           |       | 4     | 2     | 1     |     | 6   | 1 | "                       | 7     |      |                                   |
|                      | TX            |           | 1     | 8     | 2     |       |     | 8   | 3 | "                       | 11    |      |                                   |
|                      | NV            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | PA            |           |       | 8     |       |       |     | 7   | 1 | "                       | 8     |      |                                   |
|                      | CO            |           |       | 2     | 1     |       |     | 3   | 0 | "                       | 3     |      |                                   |
|                      | CD            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | VA            |           |       | 4     |       |       |     | 3   | 1 | "                       | 4     |      |                                   |
|                      | LA            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | MT            |           |       | 2     |       |       |     | 1   | 1 | "                       | 2     |      |                                   |

\* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.

\*\* REASONS FOR GRANTING OR DENIAL: Attach Additional Sheets if necessary.

**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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85 | FY 86 | FY 85 & 86 |
|  | _____ | _____ | _____      |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 |                                   |
| Phys. Surg.          | AR            |           |       | 1     |       |       |     | 1   | 0 | Natl. Board             | 1     |      |                                   |
|                      | TN            |           |       | 2     |       |       |     | 1   | 1 | "                       | 2     |      |                                   |
|                      | NE            |           |       | 3     |       |       |     | 2   | 1 | "                       | 3     |      |                                   |
|                      | ME            |           |       | 1     |       |       |     | 0   | 1 | "                       | 1     |      |                                   |
|                      | AZ            |           | 1     |       |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | NJ            |           |       | 4     |       |       |     | 4   | 0 | "                       | 4     |      |                                   |
|                      | HI            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | KS            |           |       | 2     |       |       |     | 2   | 0 | "                       | 2     |      |                                   |
|                      | KY            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | DC            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | IN            |           |       | 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.

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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85 | FY 86 | FY 85 & |
|  | _____ | _____ | _____   |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
| Phys Surg.           | Nigeria       |           |       |       | 1     |       |     | 1   | 0 | Natl. Board             | 1     |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |

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

**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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>15</u> | FY 86<br><u>18</u> | FY 85 & 86<br><u>33</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 |                                   |
| Phys. Surg.          | MI            |           |       | 5     | 1     |       |     | 5   | 1 | Natl. Board             | 6     |      |                                   |
|                      | PA            |           |       | 1     | 1     |       |     | 2   | 0 | Osteopathy              | 2     |      |                                   |
|                      | WI            |           |       | 2     | 1     |       |     | 3   | 0 | "                       | 3     |      |                                   |
|                      | MN            |           |       | 9     | 1     |       |     | 6   | 4 | "                       | 10    |      |                                   |
|                      | IA            |           |       | 1     | 1     |       |     | 2   | 0 | "                       | 2     |      |                                   |
|                      | OH            |           |       | 3     |       |       |     | 3   | 0 | "                       | 3     |      |                                   |
|                      | ND            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | KS            |           |       |       | 2     |       |     | 2   | 0 | "                       | 2     |      |                                   |
|                      | ME            |           |       | 1     |       |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | CA            |           |       |       | 1     |       |     | 1   | 0 | "                       | 1     |      |                                   |
|                      | MO            |           |       | 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.

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 85        FY 86        FY 85 & 86         
 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 |                                   |
|                      |               | Phys. Surg. | NJ    |       |       | 1     |     |     |   |                         | 1     | 0    |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |

\* 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | FY 85<br><u>18</u> | FY 86<br><u>14</u> | FY 85 & 86<br><u>32</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> 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 | 60-69 | 66- | M   | F |                         | Grant | Deny |                                   |
|                      |               | Phys. Surg. | MN    |       | 4     | 16    | 1   |     |   |                         | 18    | 3    |                                   |
|                      | CD            |             |       | 5     | 2     |       |     | 5   | 2 | "                       | 7     |      |                                   |
|                      | TX            |             |       |       | 1     |       |     |     | 1 | "                       | 1     |      |                                   |
|                      | VA            |             |       | 1     |       |       |     |     | 1 | "                       | 1     |      |                                   |
|                      | MI            |             |       |       | 1     |       |     |     | 1 | "                       | 1     |      |                                   |
|                      | IA            |             |       |       | 1     |       |     |     | 1 | "                       | 1     |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |             |       |       |       |       |     |     |   |                         |       |      |                                   |

\* 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 <u>NOT</u> TAKING EXAMS AND GRANTED LICENSES OR REGISTRATION | PY 85<br><u>0</u> | PY 86<br><u>0</u> | PY 85 & 86<br><u>0</u> |
| TOTAL NUMBER OF PERSONS <u>NOT</u> TAKING EXAMS AND DENIED LICENSES OR REGISTRATION  | <u>0</u>          | <u>0</u>          | <u>0</u>               |

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 |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |
|                      |               |           |       |       |       |       |     |     |   |                         |       |      |                                   |

\* IDENTIFY METHOD: e.g. Application, Reciprocity, Endorsements, Credential Evaluation, Comity, etc.  
 \*\* REASONS 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 85 | FY 86 | FY's 85&86 |
|-------|-------|------------|
| 0     | 3     | 3          |
| 2     | 2     | 4          |
| 16    | 29    | 45         |

| TYPE OF LICENSE OR REGISTRATION (By case) | TYPE OF STATUS CHANGE |           |                 | REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE              |
|---|-----------------------|-----------|-----------------|--|
|   | Revoked               | Suspended | Other (Specify) |  |
| M.D.                                      |                       |           | Reinstated      | <u>Malprescribing</u><br>full compliance with order          |
| M.D.                                      |                       |           | " "             | <u>Malprescribing</u><br>full compliance with order          |
| M.D.                                      |                       |           | " "             | <u>Malprescribing/chemical dependency</u><br>full compliance |
| M.D.                                      |                       |           | " "             | <u>Mental Illness</u><br>full compliance & recovery          |
| M.D.                                      |                       |           | " "             | <u>Malprescribing</u><br>full compliance with order          |
| M.D.                                      |                       |           | restriction     | Chemical dependency  |
| M.D.                                      |                       |           | " "             | " "  |
| M.D.                                      |                       |           | " "             | " "  |
| M.D.                                      |                       |           | " "             | " "  |
| M.D.                                      |                       |           | " "             | " "  |

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 85 | FY 86 | FY's 85&86 |
|-------|-------|------------|
|       |       |            |
|       |       |            |
|       |       |            |

| TYPE OF LICENSE OR REGISTRATION (By case) | TYPE OF STATUS CHANGE |           |                 | REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE |
|---|-----------------------|-----------|-----------------|---|
|   | Revoked               | Suspended | Other (Specify) |   |
| M.D.                                      |                       |           | restriction     | Chemical dependency                             |
| M.D.                                      |                       |           | " "             | " "   |
| M.D.                                      |                       |           | " "             | " "   |
| M.D.                                      |                       |           | " "             | " "   |
| M.D.                                      |                       |           | " "             | " "   |
| M.D.                                      |                       |           | Suspension      | " "   |
| M.D.                                      |                       |           | restriction     | " "   |
| M.D.                                      |                       |           | " "             | " "   |
| M.D.                                      |                       |           | " "             | Chemical dependency<br>Malprescribing           |
| M.D.                                      |                       |           | Suspension      | Chemical dependency<br>Malprescribing           |
| M.D.                                      |                       |           | restriction     | Chemical dependency<br>Malprescribing           |

**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 85 | FY 86 | FY's 85&86 |
|-------|-------|------------|
|       |       |            |
|       |       |            |
|       |       |            |

| TYPE OF LICENSE OR REGISTRATION (By case) | TYPE OF STATUS CHANGE |           |   | REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE |
|---|-----------------------|-----------|---|---|
|   | Revoked               | Suspended | Other (Specify)                           |   |
| M.D.                                      |                       |           | Permanent surrendering lieu of revocation | Sexual misconduct                               |
| M.D.                                      |                       |           | Restriction                               | Sexual misconduct                               |
| M.D.                                      |                       |           | restriction                               | Unprofessional conduct                          |
| M.D.                                      |                       |           | " "                                       | Failure to supervise a physicians assistant     |
| D.O.                                      |                       |           | " "                                       | Unprofessional conduct                          |
| M.D.                                      |                       |           | Letter of Reprimand                       | " "   |
| M.D.                                      |                       |           | Civil penalty Letter of Reprimand         | Malprescribing                                  |
| M.D.                                      |                       |           | Restriction Civil Penalty                 | Malprescribing                                  |
| M.D.                                      |                       |           | Restriction                               | " "   |
| M.D.                                      |                       |           | " "                                       | " "   |
| M.D.                                      |                       |           | " "                                       | " "   |

**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 85 | FY 86 | FY's 85&86 |
|-------|-------|------------|
|       |       |            |
|       |       |            |
|       |       |            |

| TYPE OF LICENSE OR REGISTRATION (By case) | TYPE OF STATUS CHANGE |           |                              | REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE         |
|---|-----------------------|-----------|------------------------------|---|
|   | Revoked               | Suspended | Other (Specify)              |   |
| M.D.                                      |                       |           | Restriction                  | Chemical dependency<br>Malprescribing                   |
| M.D.                                      |                       |           | " "                          | Chemical dependency/allowing staff to prescribe         |
| M.D.                                      |                       |           | Revocation                   | Sexual contact with patient & malprescribing            |
| M.D.                                      |                       |           | Restriction                  | Chemical dependency & felony conviction related to C.D. |
| M.D.                                      |                       |           | " "                          | Surgical competence                                     |
| M.D.                                      |                       |           | Suspension                   | Mental Illness  |
| D.O.                                      |                       |           | Restriction                  | Malprescribing/false advertizing                        |
| M.D.                                      |                       |           | Suspension                   | Chemical dependency<br>Mental Illness                   |
| Unlicensed                                |                       |           | Cease & desist agreement     | Unlicensed practice of Medicine                         |
| M.D.                                      |                       |           | Restriction<br>Civil penalty | Unlicensed practice of Medicine (lapsed license)        |
|   |                       |           |                              |   |

**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 85 | FY 86 | FY's 85&86 |
|-------|-------|------------|
| 0     | 3     | 3          |
| 2     | 2     | 4          |
| 16    | 29    | 45         |

| TYPE OF LICENSE OR REGISTRATION (By case) | TYPE OF STATUS CHANGE |           |                     | REASONS FOR EACH CHANGE IN STATUS FOR EACH CASE |
|---|-----------------------|-----------|---------------------|---|
|   | Revoked               | Suspended | Other (Specify)     |   |
| M.D.                                      |                       |           | " "                 | Chemical dependency                             |
| M.D.                                      |                       |           | Letter of reprimand | Malprescribing                                  |
| M.D.                                      |                       |           | Restriction         | " "   |
| M.D.                                      |                       |           | " "                 | " "   |
| M.D.                                      |                       |           | " "                 | " "   |
| M.D.                                      |                       |           | " "                 | Malprescribing and Chemical dependency          |
| M.D.                                      |                       |           | " "                 | Malprescribing                                  |
| M.D.                                      |                       |           | " "                 | " "   |
| M.D.                                      |                       |           | " "                 | " "   |
|   |                       |           |                     |   |
|   |                       |           |                     |   |

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 85 | <u>305</u>      | Written |
|          | No.             |         |
|          | <u>        </u> | Oral    |
|          | No.             |         |
| IN FY 86 | <u>735</u>      | Written |
|          | No.             |         |
|          | <u>        </u> | Oral    |
|          | No.             |         |

THAT ALLEGE OR IMPLY A VIOLATION OF A STATUTE OR RULE WHICH THE BOARD IS EMPOWERED TO ENFORCE. THESE TOTALS INCLUDE CASES REFERRED TO THE ATTORNEY GENERAL'S STAFF WHO ARE ASSIGNED TO ASSIST YOUR BOARD.

|          |                 |         |
|----------|-----------------|---------|
| IN FY 85 | <u>23</u>       | Written |
|          | No.             |         |
|          | <u>        </u> | Oral    |
|          | No.             |         |
| IN FY 86 | <u>44</u>       | Written |
|          | No.             |         |
|          | <u>        </u> | 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 agency (Federal, State, and Local) in each fiscal year:

Clause o: SUMMARIZE, BY SPECIFIC CATEGORY, THE SUBSTANCE OF THE COMPLAINTS AND COMMUNICATIONS REFERRED TO IN CLAUSE (n) OF M.S. 214.07 AND AND, FOR EACH SPECIFIC CATEGORY, 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, 1984, and complaints and communications received but not disposed of as of June 30, 1986 should be included).

| <p>SUMMARY OF COMPLAINTS AND COMMUNICATIONS BY SPECIFIC CATEGORY<br/>(Give number in each specific category)</p>   | <p>SUMMARY OF RESPONSES AND DISPOSITIONS FOR EACH SPECIFIC CATEGORY<br/>(Give number in each specific category)</p> |
|--|---|
| <p>1039 Patient complaints<br/>346 Dismissed as non jurisdictional<br/>422 Dismissed after prescribing invesitgations.</p> <p>271 Referred to Attorney<br/>___ General's office for<br/>1039 further investigation<br/>___ of the 271.<br/>___</p> <p>26 related to sexual misconduct,<br/>120 related to malprescribing, 96<br/>related to chemical dependency,<br/>23 related to competency issues, and<br/>6 relared to miscellaneous complaints.<br/>197 malpractice reports were reviewed<br/>totaling \$11,975.361 in claim<br/>settlements.</p> | <p>SEE CHART ATTACHED</p>   |

**SUMMARY OF STIPULATIONS AND ORDERS**

| GROUNDS CITED   | Conditioned Restricted | Suspended | Revoked | Ordered to Refrain | Letter of Reprimand | Total | Civil Penalties | Represent. # of Cases |
|---|------------------------|-----------|---------|--------------------|---------------------|-------|-----------------|-----------------------|
| Practicing Medicine w/o license   | 1                      |           |         | 1                  |                     | 2     | \$5,000         | 1                     |
| Inappropriate Medical Treatment   | 1                      |           |         |                    | 1                   | 2     |                 |                       |
| Failure to Supervise a P.A.   | 1                      |           |         |                    |                     | 1     |                 |                       |
| Unprofessional conduct  | 1                      |           |         |                    |                     | 1     |                 |                       |
| Inappropriate Sexual conduct  | 1                      |           | 1       |                    |                     | 2     |                 |                       |
| Mental Illness  |                        | 1         |         |                    |                     | 1     |                 |                       |
| Professional Incompetency   | 1                      |           |         |                    |                     | 1     |                 |                       |
| Conviction of a felony  | 1                      |           |         |                    |                     | 1     |                 |                       |
| Mal Prescribing   | 14                     |           |         |                    | 1                   | 15    | \$3,500         | 3                     |
| Personal Chemical Dependency  | 11                     | 1         |         |                    |                     | 12    | \$1,000         | 1                     |
| <b><u>DUAL GROUNDS:</u></b>   |                        |           |         |                    |                     |       |                 |                       |
| False/Misleading Advertising and Mal Prescribing  | 1                      |           |         |                    |                     | 1     |                 |                       |
| Chemical Dependency and Mental Incompetency   |                        | 1         |         |                    |                     | 1     |                 |                       |
| Personal Chemical Dependency and Mal Prescribing  | 3                      |           |         |                    |                     | 3     | \$500           | 1                     |
| Personal Chemical Dependency and Allowing Staff to Prescribe  | 1                      |           |         |                    |                     | 1     | \$3000          | 1                     |
| Inappropriate Sexual Conduct and Mal Prescribing  |                        |           | 2       |                    |                     | 2     |                 |                       |
| Of the above totals, there were:  |                        |           |         |                    |                     |       |                 |                       |
| 21 Stipulations & Orders for fiscal year 7-1-84 to 6-30-85, & 25 Stipulations & Orders for fiscal year 7-1-85 to 6-30-86. |                        |           |         |                    |                     |       |                 |                       |
| <b>TOTALS</b>   | 37                     | 3         | 3       | 1                  | 2                   | 46    | \$13,000        | 7                     |

## Clause p: (Continuation Sheet)

1.A The BME has sought and received guidance from the Attorney General's Office regarding the exchange of information with other jurisdictions. (see attached memo)

B. The BME is participating in an inter organizational program for the exchange and coordination of information related to diversion of controlled substance drugs. This program includes other Minnesota Health Boards, the Department of Human Services, The BCA, and private sector groups including State and National Medical and Pharmaceutical organizations. Further, The Board has worked cooperatively with Legislative staff regarding alternative methods to control the diversion of drugs.

2.A. The Board's efforts at information exchange extend to other states as well. (see attached memo) Further, the Board participates in the disciplinary information exchange operated by the National Federation of Boards of Medical Examiners. The Board has also joined CLEAR, Clearing House for Licensure Enforcement and Regulation. This is a National organization of licensure regulators intended to facilitate the exchange and coordination of technical, legal, and enforcement information to licensing authorities.

DEPARTMENT

ATTORNEY GENERAL - Health

STATE OF MINNESOTA

PHONE

341-7272

# Office Memorandum

DATE

February 7, 1986

TO

David Liegenhagen  
Acting Executive Director  
Board of Medical Examiners

FROM

John A. Drevin  
Special Assistant  
Attorney General

SUBJECT

Exchanging Information with other Jurisdictions

By memorandum dated December 20, 1985, you inquired as to the Board's authority to exchange investigative reports and other protected data with medical boards of other states. You make specific reference to Minn. Stat. § 214.10, subd. 3(a) (Supp. 1985). That statute requires each health related licensing board to establish procedures for exchanging information with other states regarding disciplinary actions against licensees.

The statute cited above requiring the Board to establish procedures to exchange information with other states, unfortunately, does not indicate how much information should be exchanged. Likewise, it does not address the Minnesota Government Data Practices Act implications of such an exchange. As you are aware, stipulations and orders issued by the Board of Medical Examiners are public records and may be freely provided to anyone. Investigative reports are confidential while active and private once inactive. When the reports are confidential, they may not be exchanged with anyone, including the subject of the report. Any data which is private may only be provided to the person who is the subject of the data and not to the public at large. In addition to the foregoing, there are other data privacy concerns. Minn. Stat. § 147.121 (Supp. 1985) states that any report filed with the Board by person, health care facility, business or organization regarding a physician who has allegedly violated the Medical Practices Act is confidential and absolutely privileged. Minn. Stat. § 147.01, subd. 4 (Supp. 1985) states that all communications or information received by or disclosed to the Board regarding any person subject to its regulatory jurisdiction is confidential and privileged. However, that subdivision also provides certain exceptions, including a requirement that the Board exchange information with other licensing boards, agencies or departments within, and outside of, the state. It is apparent that the legislature has imposed a requirement on the Board to protect the privacy of its investigative materials. It is equally apparent that the legislature strongly encourages the Board to provide those materials to other licensing jurisdictions. I believe the Minnesota Government Data Practices Act may provide a basis for sending these potential conflicts.

Investigative data of the Board is classified under at least two different sections of the Minnesota Government Data Practices Act. Minn. Stat. § 13.41 (1984) applies to licensing data. It notes that active investigative data is confidential, as is the identity of complainants. Inactive investigative data is private. The statute provides that any licensing agency may make data classified as either private or confidential accessible to "an appropriate person or agency" if the licensing agency determines the failure to make data accessible is "likely to create a clear and present danger to public health or safety." Another standard permitting

David Ziegenhagen  
Page 2  
Exchanging Information

February 7, 1986

the release of protected data is contained in Minn. Stat. § 13.39 (1984), a statute relating to investigative data held by any state agency. That statute permits any state agency to make investigative data accessible to any person, agency or the public if the agency "determines that the access will aid the law enforcement process, promote public health or safety or dispel widespread rumor or unrest."

In view of the standards contained in the two sections of the Government Data Practices Act cited immediately above, I would construe the various laws passed in 1985 which encourage the dissemination of data to other agencies and other jurisdictions as an expression of legislative intent that the Board should exercise its discretion in favor of releasing data whenever any of the standards contained in Minn. Stat. §§ 13.39 or 13.41 are met. The standards provide broad discretion to the Board and should enable you to disseminate investigative reports or other protected data to other agencies or jurisdictions whenever appropriate. In releasing this data, I would issue one caution, the identity of complainants appears to be accorded special protection under Minn. Stat. § 147.121 (Supp. 1985) as well as Minn. Stat. § 13.41, subd. 2 (1984). The latter statute indicates that the identity of complainants which appear in inactive complaint data should not be released unless a complainant consents to having his or her name disclosed. I would suggest that materials furnished to other jurisdictions should not identify the complainant unless permission is obtained from the complainant to do so. Alternatively, you may wish to expand the release form currently signed by complainants to permit disclosure to other agencies or jurisdictions in the discretion of the Board.

Please feel free to contact me if you have questions regarding the foregoing.

JAB:tmr

## Item q: (Continuation Sheet)

The following numbered cases are summaries of individual complaints filed with the Board or acted upon by the Board between 7/1/84 and 6/30/86 involving allegations of sexual contact between a physician and a patient. These include the following in their respective numbered sections.

1. A listing of the allegations.
2. Findings of investigation or a statement that the investigation is "in progress".
3. A listing of the steps the Board has taken in acting on the case.
4. Statement of disposition.
5. Rationale for disposition.

SEE SEE ATTACHED LIST

**CASE #1**

1. Allegation of inappropriate rectal examination and touching of a 15 year old patient by physician.
2. Investigation - in progress.
3. Discipline Committee review; AGO investigation in progress.
4. Pending outcome of AGO investigation
5. N/A

**CASE #2**

1. Allegation inappropriate sexual touching of a patient by a physician during the course of treatment for various dermatological conditions when the patient was in high school and college between 1966-1980.
2. AGO investigations revealed an aged and infirm practitioner who has retired from practice. Legal negotiations are under way regarding surrender of license.
3. Discipline Committee review, AGO investigation , Legal negotiations.
4. Pending.
5. N/A

**CASE #3**

1. Allegation inappropriate and excessive touching of a patient by a physician, accompanied by crude language.
2. Investigation in progress.
3. Discipline Committee review, AGO investigation in progress.
4. Pending outcome of AGO investigation.
5. N/A

**CASE #4**

1. Allegation that a physician may have engaged in inappropriate touching during the course of a physical exam.
2. Investigation in progress.
3. Discipline Committee review, AGO investigation in progress.
4. Pending outcome of AGO investigation.
5. N/A

**CASE #5**

1. Allegation that a physician hugged and kissed a patient during the course of gynecological care and, that on one occasion, he exposed himself.
2. Investigation revealed a dispute of facts between physician and patient.
3. Discipline Committee review; AGO investigation, Disciplinary Conference with physician; Disciplinary Conference with patient.
4. Dismissal.
5. Allegations were unsubstantiated, and the patient stated categorically at the Disciplinary Conference that she wanted the case dismissed, and that she was unwilling to testify under oath as to her version of the facts. There are no other allegations of misconduct of any kind against this physician.

**CASE #6**

1. Allegation that a physician attempted to kiss, a patient on two occasions, and that he drove past patient's home on several occasions.
2. Investigation revealed a dispute as to interpretation of actions regarding attempts to kiss and that the patient's home was on the physician's route to one of his regular places of business.
3. Discipline Committee reviews, AGO investigation, Disciplinary Conference with physician.
4. Dismissal.
5. Based on information gathered in all of the processes in step 3 the Discipline Committee determined that the facts of the case did not support disciplinary action.

**CASE #7**

Allegation that a physician attempted to use therapy as a vehicle to establish a personal and physical relationship with patients.

2. Investigation in progress.
3. Discipline Committee review; AGO investigation in progress.
4. Pending outcome of investigation.
5. N/A

**CASE #8**

1. Allegation that a physician engaged in inappropriate sexual touching of a patient during the course of semi-emergency care.
2. Investigation in progress.
3. Discipline Committee review, AGO investigation in progress.

4. Pending outcome of AGO investigation.

5. N/A

**CASE #9**

1. Allegation that a psychiatrist kissed a patient on the mouth.

2. Pending investigation in progress.

3. Discipline Committee review, AGO investigation in progress.

4. Pending outcome of AGO investigation.

5. N/A

**CASE #10**

1. Allegation that a physician was sexually inappropriate toward two patients during the mid 1970's.

2. Outcome of investigation revealed little or no support of allegations.

3. Discipline Committee review, AGO investigation; attorney's review; re-review by Discipline Committee.

4. Pending.

5. N/A

**CASE #11**

1. Allegation that a physician had a personal and sexual relationship with one patient over the course of an extended period of time and that he had a one time sexual relationship with another patient.

2. Investigation substantiated allegations.

3. Discipline Committee review, AGO investigation, Disciplinary Conference with physician.

4. Stipulated Interim Order requiring physician to undergo extensive psychological/psychiatric evaluation which will determine nature of final Order. Physician is prohibited from seeing female patients without a third party present.

5. Investigation supported the allegations, and physician admitted to misconduct. Evaluation being conducted to determine likelihood of further danger to patients.

**CASE #12**

1. Allegation that a physician established personal and sexual relationships with multiple female patients following psychotherapy.

2. Investigation substantiated allegations.

3. Discipline Committee review, AGO investigation; Disciplinary Conference; contested case in process.

4. Pending outcome of contested case hearing.

5. N/A

CASE #13

1. Allegation that a physician engaged in inappropriate sexual contact short of intercourse with multiple patients during the course of therapy.

2. Investigation substantiated allegations.

3. Discipline Committee review, AGO investigation; Disciplinary Conference with physician; contested case in process.

4. Pending outcome of contested case hearing.

5. N/A

CASE #14

1. Allegation that a physician established personal and sexual relationships with multiple patients during the course of therapy.

2. Investigation substantiated allegations.

3. Discipline Committee review; AGO investigation; Disciplinary Conference with physician.

4. Stipulated Order requiring the surrender of Minnesota, California and Ohio Medical licenses in lieu of revocation.

5. Investigation substantiated allegations, and the physician admitted to misconduct.

CASE #15

1. Allegation that a physician established personal and sexual relationships with 2 patients during the course of therapy.

2. Investigation substantiated allegations.

3. Discipline Committee review; AGO investigation; Disciplinary Conference with physician.

4. Stipulated Order restricting scope and manner of physician's practice to prevent future patient danger.

5. Investigation substantiated allegations, and physician admitted to past misconduct.

CASE #16

1. Allegation that a physician internist engaged in sexual contact, including intercourse, with multiple patients in an in-office setting. Relations included exchange of drugs for sex.
2. Investigation substantiated allegations.
3. Disciplinary Committee review; AGO investigation; Contested case hearing; appellate court review.
4. Revocation of Medical license upheld by appellate court.
5. Investigations substantiated allegations, and Board found them compelling.

CASE #17

1. Allegation of inappropriate sexual touching of a patient by a physician during an examination.
2. Investigation in progress.
3. Discipline Committee review; AGO investigation in progress.
4. Pending outcome of AGO investigation.
5. N/A

CASE #18

1. Allegation that a physician failed to provide a patient with a gown during examination and made suggestive comments.
2. Investigation results are indeterminate.
3. Discipline Committee review; AGO investigation; Discipline Committee re-review in process.
4. Pending.
5. N/A

CASE #19

1. Allegation that a physician
  - A. Inappropriately touched 2 patients during breast examinations.
  - B. Inappropriately disrobed 2 patients.
2. Investigation produced no credible witnesses and no supporting evidence.
3. Discipline Committee review; AGO investigation; Attorney review; Discipline Committee re-review.
4. Dismissed.
5. Investigation produced no credible witnesses and no supporting evidence. AGO review indicated that there was no supportable case.

**CASE #20**

1. Allegation of intrafamilial sexual abuse of a child by a physician.
2. Investigation:
  - A. Produced record of criminal arrest.
  - B. Produced record of transference of matter to family court where records are sealed.
3. Reviewed by Discipline Committee; AGO investigation; Re-reviewed by Discipline Committee; Psychiatric examination ordered; Discipline Committee reviewed examination report which indicated physician was fit to practice, and posed no risk to patients; Discipline Committee ordered a second psychiatric examination.
4. Pending outcome of second psychiatric examination.
5. N/A

**CASE #21**

1. Allegation that a physician abused a patient through manual stimulation during the course of a pelvic examination.
2. Investigation in progress.
3. Discipline Committee review; AGO investigation in progress.
4. Pending outcome of AGO investigation.
5. N/A

**CASE #22**

1. Allegation that a Registered Physical Therapist inappropriately touched a patient during treatment for back pain.
2. Investigation reveals a credible complainant and a practitioner who denies wrong-doing.
3. Discipline Committee review; AGO investigation, Physical Therapy Council Discipline Committee review; Scheduled for Disciplinary Conference with R.P.T.
4. Pending outcome of Disciplinary Conference.
5. N/A

**CASE #23**

1. Allegation that a physician had improper sexual contact, including intercourse, with a patient.
2. Investigation consisted of substantiation of another state's action regarding this allegation. Results were a revocation Order from another state.
3. Discipline Committee review; AGO proposal of Stipulated revocation.
4. Revocation.
5. Allegations were substantiated sufficiently to result in a revocation in another state.

**CASE #24**

1. Allegation that a physician was sexually inappropriate with a patient.
2. Investigation revealed that a rumor to the above effect was the result of a requirement for applicant for a certain job to submit to a complete physical, including a pelvic exam .
3. Discipline Committee review; AGO investigation; Discipline Committee re-review.
4. Dismissal.
5. Allegations were unsubstantiated.

**CASE #25**

1. Allegation that a physician was sexually inappropriate with a patient.
2. Investigation results did not substantiate the allegation.
3. Discipline Committee review; AGO investigation; Disciplinary Conference with physician.
4. Dismissal.
5. Allegation was not substantiated.

**CASE #26**

1. Allegation that a physician had violated a previous Board order regarding sexual contact with a patients.
2. Investigation revealed additional information which cast serious doubts on the credibility of the allegation.
3. Discipline Committee review; AGO investigation; Disciplinary Conference with physician.
4. Dismissal.
5. No credible evidence in support of allegation.