

Minnesota State Board of Medical Examiners
230 LOWRY MEDICAL ARTS BLDG., ST. PAUL 2, MINNESOTA

STATE BOARD EXAMINATION

Name MELVIN JULIUS FRISCH Application No. 35
 Preliminary Education Virginia Jr. Coll. Date June 14, 15, 16, 1966
 Medical Education U. of Minnesota License Number 17,719-f
 School of Graduation " " " Issued July 3, 1967
 Diploma Bachelor of Medicine _____ Fee Paid \$50.00 May 24, 1966
 Diploma Doctor of Medicine June 11, 1966 Receipt No. 4021
 Internship _____

THIS SIDE OF THIS SHEET IS FOR OFFICE RECORD. PLEASE DO NOT WRITE ON IT.

MINNESOTA STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES

MELVIN JULIUS FRISCH EXAMINATION REPORT
 Date of Examination June 2, 3, 1964 Certificate No. 16,902 Dated June 3, 1964
Apr. 7, 8, 1964
 Anatomy _____ Hygiene _____
 Bacteriology _____ Pathology _____
 Chemistry _____ Physiology _____
 Memo. _____

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS
EXAMINATION REPORT

Physical Diagnosis _____ Materia Medica & Therapeutics _____
 Medicine _____ Pediatrics _____
 Surgery _____ Eye, Ear, Nose & Throat _____
 Obstetrics & Gynecology _____ General Average _____



PERSONNEL OF BOARD

Howard L. Horns, M.D. Pres.
Austin H. McCarthy, M.D. Vice-Pres.
J. P. Medelman, M.D. Sec'y.
James C. Cain, M.D.
Dale Dodson, D.O.
F. H. Magney, M.D.
Bror F. Pearson, M.D.
Russell O. Sather, M.D.
 Location _____

Cert. copy
 1. Minnesota Basic Science Certificate 16,902 issued MELVIN JULIUS FRISCH, June 3, 1964
 Memorandum by examination.
 2. University of Minnesota diploma conferring DOCTOR OF MEDICINE upon MELVIN JULIUS FRISCH
 June 11, 1966 (above recorded & returned June 13, 1966)

Received Melvin J. Frisch

SIGN NAME LEGIBLY - TYPE ALL OTHER INFORMATION - THIS IS A PERMANENT RECORD - DO NOT CRUCEL - STAPLE UP MUTILATE.

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

230 LOWRY MEDICAL ARTS BUILDING, ST. PAUL 2, MINN.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY EXAMINATION

Minneapolis, Minn. May 12, 1966
Place and Date

To the Minnesota State Board of Medical Examiners:

I hereby make application for a license to practice medicine and surgery in the State of Minnesota and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

(Name must coincide with medical diploma and basic science certificate.)

- 1. Name Melvin Julius Frisch
- 2. Address 332-11th st. so., Virginia, Minn.
Home address (Parents or Nearest Relative)
500 Delaware St. S.E. Apt. #105, Mpls. Minn. Minnesota
Present address Intended address
- 3. Place of Birth Virginia, Minn. Date of Birth Sept. 9, 1941 Race White
- 4. Nationality of Father Lithuanian-Jewish Name of Father Isadore Harold Frisch
of Mother Polish-Jewish Maiden name of Mother Myrtle Pomerantz
- 5. Citizenship: Naturalization Does not apply
(If foreign born) (Name, place, date and number. Citizenship papers must be submitted.)
- 6. Identification: Height 5'9" Weight 165 lbs. Color of Hair Black
Color of Eyes Blue-Green Identifying marks None

- 7. PRELIMINARY EDUCATION (beginning with high school. Give names of institutions attended and location, with concise statement of periods of study)
 - High School Roosevelt High School, Virginia, Minnesota, Sept., 1956--
Name, location, dates of attendance.
June 1959
 - College Virginia Jr. College, Virginia, Minn. Sept. 1959--June 1961
Name, location, dates of attendance.
University of Minn. Sept. 1961--June 1962
 - Academic Degree of Ass. Arts from Virginia Jr. College (Date) June 1961
(Name of School)
B. S. From Univ. of Minn. (Date) Dec. 19, 1964

- 8. MEDICAL EDUCATION (Courses must have been at a Medical College recognized by this Board)
 - Univ. of Minn. Medical School Medical Dept. from 9-24-62 to 6-11-66
(Name of institution, location and attendance) Mo. Day Yr. Mo. Day Yr.
 - Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.
 - Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.
 - Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.
 - Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.
 - Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.
 - Diploma Bachelor of Medicine from Univ. of Minn. Dec. 19, 1964
(Name and location of institution) (Date Issued)
 - Diploma Doctor of Medicine from Univ. of Minn. June 11, 1966
(Name and location of institution) (Date Issued)

- 9. INTERNSHIP: Name of Hospital Los Angeles County Harbor General Hospital
Address 1000 W. Carson Street, Torrance, California 90509
Dates: From June 24, 1966 To June 23, 1967

- 10. POST-GRADUATE WORK: (Places and dates) None

11. MILITARY SERVICE: Date of entry..... Date of release.....
 Branch of Service..... Rank..... Particulars.....
 Not Yet Completed

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED: None
 State..... License No..... Date..... How obtained.....
 (Exam—Recip.—Nat. Bd.)
 State..... License No..... Date..... How obtained.....
 State..... License No..... Date..... How obtained.....

State below where you have practiced and give two references from each place:

a. Place From..... To.....
 References
 (Two names and addresses)

b. Place From..... To.....
 References
 (Two names and addresses)

c. Place From..... To.....
 References
 (Two names and addresses)

d. Place From..... To.....
 References
 (Two names and addresses)

e. Place From..... To.....
 References
 (Two names and addresses)

13. Is it your purpose to abandon practice at your present location and to become a permanent resident of the State of Minnesota? Not applicable

14. What type of work do you propose to follow? Practice of Medicine

15. Are you a member of any medical societies; if so, give particulars: No

16. Do you now, or have you ever, personally used narcotics or taken treatment for alcoholic or drug habit? No

17. Have you ever been charged with violation of any Federal, State or Local Statute? No
(If so, explain) (If so, explain)

18. Are you now, or have you ever been, an itinerant or advertising doctor? No
(If so, explain)

19. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or medical office? No
(If so, explain)

20. Have you ever been denied a license by or the privilege of taking an examination before any State Medical Examining Board? No
(If so, explain)

21. Have you ever been notified by any State Medical Board or any medical society of any complaint against you relative to the practice of medicine? No
(If so, explain)

22. Has any State Medical Examining Board revoked or suspended a license issued to you? No
(If so, explain)

23. Have you ever practiced any other branch of the healing arts? No
(If so, explain)

24. Are you related to any members of the medical profession? No

Names	Addresses	Relationship	Licensed in Minnesota

25. MINNESOTA STATE CERTIFICATE OF REGISTRATION IN THE BASIC SCIENCES:

Number 16902 Date of Issue June 3, 1964
 By Examination... XXX By Reciprocity... By National Board...

26. CERTIFICATE OF ETHICAL AND MORAL CHARACTER: (This Certificate must be signed by two licensed practitioners who are personally acquainted with the applicant)

Date 5/11/66
 I certify that Dr. Melvin J. Frisch is a person of good moral character.
 of Maplewood, Minn.
 1. William B. Adams, M. D. 15529
 (Signature) Box 266, Universal Hospital Minneapolis (License Number)
 (Address)
 2. Shant Mayrow, M. D. 9371
 (Signature) Univ. of Minn. Med School (License Number)
 (Address)

27. AFFIDAVIT OF APPLICANT:

STATE OF Minn. } ss.
 County of Hennepin }
Melvin J. Frisch On being duly sworn, says that he is the person referred to in the above application for license to practice medicine and surgery in the State of Minnesota, and that the statements herein contained are each and all strictly true in every respect.

Melvin J. Frisch
 (Signature of Applicant)
 Sworn to before me this 11 day of May, 1966 (SEAL)

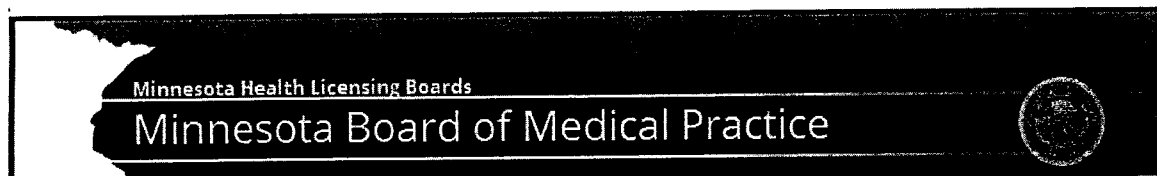
My commission expires My Commission Expires Oct. 31 1968
Jesse E. Lof
 Notary Public.

INSTRUCTIONS

Application must be filed out and returned to the office of the Minnesota State Board of Medical Examiners at 230 Lowry Medical Arts Building, Saint Paul, Minnesota, accompanied by the following:

- (a) A recent unmounted photograph of applicant sworn to before a notary public.
 - (b) Medical diploma.
 - (c) Minnesota Certificate of Registration in the Basic Sciences.
 - (d) Fee of Five Dollars (Fee not returnable—See Section 5707—Minn. Laws of 1927) 4.50
 - (e) Photostatic copy of army or navy discharge papers.
- Give accounting of all time from beginning of high school, if spent in school, practice or otherwise. Name must co-incide with medical diploma and basic science certificate. Examinations begin on the third Tuesday in the months of January, April, June and October; written examinations on Tuesday and Wednesday and the practical examination on Thursday. Application must be on file not later than the first of the month in which the examination is given. There is no provision in the law for a temporary permit to practice. The filing of an application does not grant any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of Minnesota.

Account of Time
 Sept. 1956-June 1959-----in high school, living at home in Virginia, Minn.
 June 1959-Sept. 1959-----summer job at Frisch's Food Mkt. living at home in Virginia, Minn.
 Sept. 1959-June 1961-----attending Virginia Jr. College, living at home in Virginia, Minn.
 June 1961-Sept. 1961-----summer job at Frisch's Food Mkt., living at home in Virginia, Minn.
 Sept. 1961-June 1962---- attending U. Of Minn., College of SLA, living at Centennial Hall Mpls., Minn.
 June 1962-Sept. 1962---- summer job at Frisch's Food Mkt., living at home in Virginia, Minn.
 Sept 1962-July 1964---- attending U. of Minn. Medical School living at 501 Ontario St. S.E., Mpls., Minn.
 July 1964-June 1966----attending U. of Minn. Medical School living at 300 Delaware St. S.E., Mpls., Minn.



Tuesday, October 21,
2014
minnesota north star

Search

Welcome Paul Luecke! | [Logout](#)

[Home](#) | [Online Services](#) | [User Admin](#)

User Admin

Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 8/2/2012 3:36:04 PM
Service Name: License Renewal - PY Complete Date: 8/2/2012 4:03:14 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/2/2012 3:36:29 PM	
2	Verify Information	8/2/2012 3:38:08 PM	
3	Privileges & Continuing Medical Education	8/2/2012 3:54:20 PM	
4	Practice Questions	8/2/2012 3:55:42 PM	
5	Profiling - Practice Addresses	8/2/2012 3:57:36 PM	
5	Profiling - Post Graduate Training	8/2/2012 3:57:52 PM	
5	Profiling - Post Graduate Training	8/2/2012 3:57:52 PM	
5	Profiling - ABMS/AOA	8/2/2012 3:58:11 PM	
5	Profiling - ABMS/AOA	8/2/2012 3:58:11 PM	
5	Profiling - Criminal Convictions	8/2/2012 3:58:19 PM	
6	Review	8/2/2012 3:58:54 PM	
7	Questionnaire	8/2/2012 3:59:28 PM	
1			

Verification Page

The following is a copy of the verification page that was presented to the user upon completion of the Online Service

The information you have submitted in the previous steps is provided below.

If any information is incomplete or incorrect, return to the appropriate step to make additions or corrections by clicking the Previous button located at the end of this section. Note: Do not use the Back button on your browser.

Use your browser's Print command to print this summary for your records.

Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License: MN
Is license current? Yes

Designated Address: 825 So. 8th Street
Suite 1018
Minneapolis, MN 55404
Phone: (612) 376-7708
Email Address: mel_mjf@yahoo.com
Web Site:

Private Address: 1900 Mt. Curve Avenue
Minneapolis, MN 55403-1020
Phone:

Hospital Staff Privileges

You have no hospital staff privileges

Continuing Education

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 09/30/2013.

Practice Questions

Except for questions 1-4, please answer all questions by selecting Yes or No and provide an explanation when requested. Questions 1-4 do not have "No" as an option for confidentiality reasons. **If you are currently participating in Health Professionals Services Program (HPSP) for a condition covered by questions 1-4 or if you do not have that condition, leave the question unanswered as to that condition.** For

questions 1-2, the terms "impaired" and "limited" include but are not limited to impairments or limitations related to physical, psychological, or emotional disorders or conditions, or chemical dependency or chemical abuse.

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. This information is classified as private while your application is pending and public after your renewal is granted. Exception: "Yes" answers are confidential during any investigation and private thereafter. This information will NOT be included in the profiling.

1. Since your last renewal, has your cognitive, communicative, or physical ability to engage in the practice of medicine or surgery with reasonable skill and safety been impaired or limited in any way?
Response: Unanswered

2. Since your last renewal, has your use of alcohol or chemical substance(s), including prescription medications, in any way impaired or limited your ability to practice medicine with reasonable skill and safety?
Response: Unanswered

3. Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)?
Response: Unanswered

4. Since your last renewal, have you been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice medicine with reasonable skill and safety?
Response: Unanswered

5. Since your last renewal, have you been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders?
Response: No

6. Since your last renewal, have you been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances?
Response: No

7. Since your last renewal, have you been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority?
Response: No

8. Since your last renewal, has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e. by Medical Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a Medical Board or other licensing authority?
Response: No

9. Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board?
Response: No

10. Since your last renewal, have your hospital privileges been restricted or revoked?
Response: No

11. Since your last renewal, have there been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon or state district court judges. If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed.
Response: No

12. Since your last renewal, have there been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you? If so, give particulars, including the date of conduct, state and local jurisdiction in which the charges were filed.
Response: No

13. Since your last renewal, have you voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances?
Response: No

Do you dispense for profit legend drugs that are to be administered orally, are ordinarily dispensed by a pharmacist, and are not a vaccine? This information is classified as public. It is unlawful to dispense these legend drugs for profit after July 1, 1990 unless a statement has been filed with the Board of Medical Practice.

Response: No

Profile - Practice Addresses

Primary: meadowbrook womens cliniciaates, P.A. **Phone:** (612) 376-7708
825 so. 8th st. suite 1018
MINNEAPOLIS, MN 55404

Secondary: (None)

Profile - Education-Post Graduate

Program	Specialty	Start Date	End Date	Completed
University of Minnesota	Obstetrics and Gynecology	07/01/1972	06/30/1975	Y

Profile - ABMS/AOA Specialty Certification

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Source	Board/Certificate	Sub Certificate	Effective	Expire	Verify
ABMS	Obstetrics and Gynecology/Obstetrics & Gynecology		11/1977	Lifetime	<input checked="" type="checkbox"/>

Profile - Criminal Convictions

Since your last renewal, have you been convicted of a crime? A person shall be deemed to be convicted of a misdemeanor if he or she pleads guilty, was found guilty by a court of competent jurisdiction or entered a plea of nolo contendere. All felony level convictions and any gross misdemeanor or misdemeanor convictions involving crimes against persons or violations of public health and safety laws (except those related to personal substance abuse and/or addiction, or other illnesses eligible for inclusion in Health Professionals Services Program) are to be reported. All convictions for assault and/or sexual misconduct shall be included. All felony convictions must be reported, even those that are subsequently reduced to misdemeanor or gross misdemeanor convictions pursuant to a stay of imposition of sentence. You must notify the Board if a previously reported conviction has been expunged and provide written documentation of expungement.

Response: No

Certification by Licensee

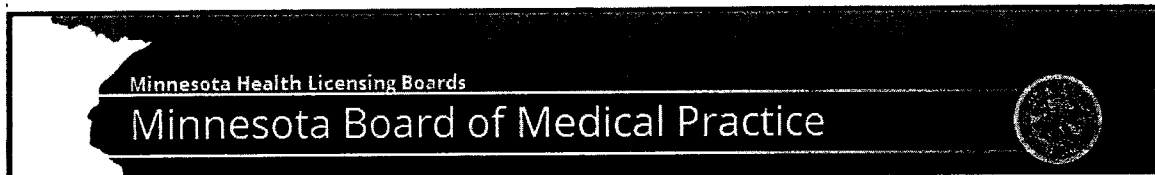
*Indicates required field

* **I certify that all information provided is complete, accurate and true.**

Submission of this online application does not automatically result in approval of your license. If all requirements are satisfied, a license will be mailed within 2 weeks. If additional information is needed, the Board will contact you.

All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request.

Click the Next button to submit this application and proceed to credit card processing.



Tuesday, October 21, 2014
 minnesota north star

Welcome Paul Lueckel | Logoff
[Home](#) | [Online Services](#) | [User Admin](#)

Search

User Admin

Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 8/27/2013 10:43:35 AM
 Service Name: License Renewal - PY Complete Date: 8/27/2013 11:38:03 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/27/2013 10:43:59 AM	
1	Information	8/27/2013 10:51:13 AM	
1	Information	8/27/2013 10:57:14 AM	
2	Verify Information	8/27/2013 10:59:58 AM	
3	Privileges & Continuing Medical Education	8/27/2013 11:19:47 AM	
4	Practice Questions	8/27/2013 11:21:15 AM	
5	Profiling - Practice Addresses	8/27/2013 11:29:28 AM	
5	Profiling - Post Graduate Training	8/27/2013 11:30:04 AM	
5	Profiling - Post Graduate Training	8/27/2013 11:30:04 AM	
5	Profiling - ABMS/AOA	8/27/2013 11:30:29 AM	
5	Profiling - ABMS/AOA	8/27/2013 11:30:29 AM	
5	Profiling - Criminal Convictions	8/27/2013 11:30:43 AM	
6	Review	8/27/2013 11:32:13 AM	
7	Questionnaire	8/27/2013 11:32:48 AM	
1			

Verification Page

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The information you have submitted in the previous steps is provided below.

If any information is incomplete or incorrect, return to the appropriate step to make additions or corrections by clicking the Previous button located at the end of this section. Note: Do not use the Back button on your browser.

Use your browser's Print command to print this summary for your records.

Application for License Renewal

License Number: PY 17719
 Name: Melvin Julius Frisch

Drivers License: MN
 Is license current? Yes

Designated Address: 4075 W. 51st.st.#108 Edina, MN 55424
 Phone: (612) 269-5518
 Email Address:
 Web Site:

Private Address: 11770 E. Andalusian Pl. Tucson, AZ 85748
 Phone: (612) 269-5518

Hospital Staff Privileges

You have no hospital staff privileges

Continuing Education

The residency or fellowship program were converted into number of years:

Years	Description
0	Residency Program
0	Fellowship Program

Required Hours: 75
Category 1 Course Hours: 80
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 80

You were not certified by an ABMS, AOABPE, RCPSC, CFPC specialty board during your three-year cycle or are currently participating in MOC, OCC, or the RCPSC equivalent.

Practice Questions

Except for questions 1-4, please answer all questions by selecting Yes or No and provide an explanation when requested. Questions 1-4 do not have "No" as an option for confidentiality reasons. **If you are currently participating in Health Professionals Services Program (HPSP) for a condition covered by questions 1-4 or if you do not have that condition, leave the question unanswered as to that condition.** For questions 1-2, the terms "impaired" and "limited" include but are not limited to impairments or limitations related to physical, psychological, or emotional disorders or conditions, or chemical dependency or chemical abuse.

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1. Since your last renewal, has your cognitive, communicative, or physical ability to engage in the practice of medicine or surgery with reasonable skill and safety been impaired or limited in any way?

Response: Unanswered

2. Since your last renewal, has your use of alcohol or chemical substance(s), including prescription medications, in any way impaired or limited your ability to practice medicine with reasonable skill and safety?

Response: Unanswered

3. Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)?

Response: Unanswered

4. Since your last renewal, have you been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice medicine with reasonable skill and safety?

Response: Unanswered

5. Since your last renewal, have you been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders?

Response: No

6. Since your last renewal, have you been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances?

Response: No

7. Since your last renewal, have you been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority?

Response: No

8. Since your last renewal, has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e. by Medical Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a Medical Board or other licensing authority?

Response: No

9. Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board?

Response: No

10. Since your last renewal, have your hospital privileges been restricted or revoked?

Response: No

11. Since your last renewal, have there been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon or state district court judges. If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed.

Response: No

12. Since your last renewal, have there been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you? If so, give particulars, including the date of conduct, state and local jurisdiction in which the charges were filed.

Response: No

13. Since your last renewal, have you voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances?
Response: No

Do you dispense for profit legend drugs that are to be administered orally, are ordinarily dispensed by a pharmacist, and are not a vaccine? This information is classified as public. It is unlawful to dispense these legend drugs for profit after July 1, 1990 unless a statement has been filed with the Board of Medical Practice.
Response: No

Profile - Practice Addresses

Primary: Planned Parenthood of Arizona **Phone:** (None)
5651 N. 7th St.
Phoenix, AZ 85014

Secondary: Planned Parenthood Arizona **Phone:** (None)
2255 Wyatt Dr.
Tucson, AZ 85712

Military Status: No

Profile - Education-Post Graduate

Program	Specialty	Start Date	End Date	Completed
University of Minnesota	Obstetrics and Gynecology	07/01/1972	06/30/1975	Y

Profile - ABMS/AOA Specialty Certification

Source	Board/Certificate	Sub Certificate	Effective	Expire	Verify
ABMS	Obstetrics and Gynecology/Obstetrics & Gynecology		11/1977	Lifetime	<input checked="" type="checkbox"/>

Profile - Criminal Convictions

Since your last renewal, have you been convicted of a crime? A person shall be deemed to be convicted of a misdemeanor if he or she pleads guilty, was found guilty by a court of competent jurisdiction or entered a plea of nolo contendere. All felony level convictions and any gross misdemeanor convictions involving crimes against persons or violations of public health and safety laws (except those related to personal substance abuse and/or addiction, or other illnesses eligible for inclusion in Health Professionals Services Program) are to be reported. All convictions for assault and/or sexual misconduct shall be included. All felony convictions must be reported, even those that are subsequently reduced to misdemeanor or gross misdemeanor convictions pursuant to a stay of imposition of sentence. You must notify the Board if a previously reported conviction has been expunged and provide written documentation of expungement.

Response: No

Certification by Licensee

*Indicates required field

* I certify that all information provided is complete, accurate and true.

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Click the Submit button to submit this application and proceed to credit card processing.

Tuesday, October 21,
2014
minnesota north star

Search 

Minnesota Health Licensing Boards

Minnesota Board of Medical Practice



Welcome Paul Luecke! | [Logout](#)

[Home](#) | [Online Services](#) | [User Admin](#)

User Admin

Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 9/4/2014 11:54:43 AM
Service Name: License Renewal - PY Complete Date: 9/4/2014 12:10:15 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	9/4/2014 11:55:04 AM	
2	Verify Information	9/4/2014 11:55:47 AM	
3	Privileges & Continuing Medical Education	9/4/2014 11:56:09 AM	
4	Practice Questions	9/4/2014 11:57:39 AM	
5	Profiling - Practice Addresses	9/4/2014 12:00:52 PM	
5	Profiling - Post Graduate Training	9/4/2014 12:01:03 PM	
5	Profiling - Post Graduate Training	9/4/2014 12:01:04 PM	
5	Profiling - ABMS/AOA	9/4/2014 12:01:26 PM	
5	Profiling - ABMS/AOA	9/4/2014 12:01:26 PM	
5	Profiling - Criminal Convictions	9/4/2014 12:01:36 PM	
6	Review	9/4/2014 12:02:09 PM	
8	Payment	9/4/2014 12:04:40 PM	
1			

Verification Page

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Use your browser's Print command to print this summary for your records.

Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License: MN
Is license current? Yes

Designated Address: 4075 W. 51st.st.#108
Edina, MN 55424

Phone: (612) 269-5518
Email Address:
Web Site:

Private Address:

Phone:

Hospital Staff Privileges

You have no hospital staff privileges

Continuing Education

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 09/30/2016.

Practice Questions

Except for questions 1-4, please answer all questions by selecting Yes or No and provide an explanation when requested. Questions 1-4 do not have "No" as an option for confidentiality reasons. **If you are currently participating in Health Professionals Services Program (HPSP) for a condition covered by questions 1-4 or if you do not have that condition, leave the question unanswered as to that condition.** For

questions 1-2, the terms "impaired" and "limited" include but are not limited to impairments or limitations related to physical, psychological, or emotional disorders or conditions, or chemical dependency or chemical abuse.

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. This information is classified as private while your application is pending and public after your renewal is granted. Exception: "Yes" answers are confidential during any investigation and private thereafter. This information will NOT be included in the profiling.

1. Since your last renewal, has your cognitive, communicative, or physical ability to engage in the practice of medicine or surgery with reasonable skill and safety been impaired or limited in any way?
Response: Unanswered

2. Since your last renewal, has your use of alcohol or chemical substance(s), including prescription medications, in any way impaired or limited your ability to practice medicine with reasonable skill and safety?
Response: Unanswered

3. Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)?
Response: Unanswered

4. Since your last renewal, have you been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice medicine with reasonable skill and safety?
Response: Unanswered

5. Since your last renewal, have you been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders?
Response: No

6. Since your last renewal, have you been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances?
Response: No

7. Since your last renewal, have you been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority?
Response: No

8. Since your last renewal, has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e. by Medical Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a Medical Board or other licensing authority?
Response: No

9. Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board?
Response: No

10. Since your last renewal, have your hospital privileges been restricted or revoked?
Response: No

11. Since your last renewal, have there been any criminal charges filed against you? This includes charges of disorderly conduct, assault or battery, or domestic abuse, whether the charges were misdemeanor, gross misdemeanor, or felony. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon or state district court judges. If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed.
Response: No

12. Since your last renewal, have there been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you? If so, give particulars, including the date of conduct, state and local jurisdiction in which the charges were filed.
Response: No

13. Since your last renewal, have you voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances?
Response: No

Do you dispense for profit legend drugs that are to be administered orally, are ordinarily dispensed by a pharmacist, and are not a vaccine? This information is classified as public. It is unlawful to dispense these legend drugs for profit after July 1, 1990 unless a statement has been filed with the Board of Medical Practice.
Response: No

Profile - Practice Addresses

Primary:	Planned Parenthood of Arizona 5651 N. 7th St. Phoenix, AZ 85014	Phone: (612) 269-5518
Secondary:	Planned Parenthood Arizona 2255 Wyatt Dr.	Phone: (None)

Tucson, AZ 85712

Military Status: No**Profile - Education-Post Graduate**

Program	Specialty	Start Date	End Date	Completed
University of Minnesota	Obstetrics and Gynecology	07/01/1972	06/30/1975	Y

Profile - ABMS/AOA Specialty Certification

Source	Board/Certificate	Sub Certificate	Verify
ABMS	Obstetrics and Gynecology/Obstetrics & Gynecology		<input checked="" type="checkbox"/>

Profile - Criminal Convictions

Since your last renewal, or on or after July 2013, have you been convicted of a crime?

Response: No**Certification by Licensee**

*Indicates required field

* **I certify that all information provided is complete, accurate and true.**

Submission of this online application does not automatically result in approval of your license. If all requirements are satisfied, a license will be mailed within 2 weeks. If additional information is needed, the Board will contact you.

All information provided is private until your application has been approved. Once it has been approved, all information is public except as noted in the application. Public information is available to any person upon request.

Click the submit button to complete the application. You will be prompted to a MDH workforce survey on the next page. After completing the survey, please proceed to credit card processing. **Your renewal won't be complete until you receive a 15 digit payment confirmation.**