

Welcome Wendy Boswell! | Logoff



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: Miriam McCreary      Start Date: 2/10/2014 4:38:12 PM  
 Service Name: License Renewal - PY      Complete Date: 2/10/2014 4:48:23 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/10/2014 4:38:36 PM	
2	Verify Information	2/10/2014 4:39:43 PM	
3	Privileges & Continuing Medical Education	2/10/2014 4:39:56 PM	
4	Practice Questions	2/10/2014 4:41:18 PM	
5	Profiling - Practice Addresses	2/10/2014 4:42:29 PM	• Check box must be checked if primary business is not entered
5	Profiling - Practice Addresses	2/10/2014 4:42:39 PM	
5	Profiling - Post Graduate Training	2/10/2014 4:43:08 PM	
5	Profiling - Post Graduate Training	2/10/2014 4:43:08 PM	
5	Profiling - ABMS/AOA	2/10/2014 4:43:22 PM	
5	Profiling - Criminal Convictions	2/10/2014 4:43:43 PM	
6	Review	2/10/2014 4:45:00 PM	
7	Questionnaire	2/10/2014 4:45:21 PM	

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 14618  
 Name: Miriam Katherine McCreary

Drivers License:  
 Is license current? Yes

Designated Address: 2467 Bridgeview Court  
 Mendota Heights, MN 55120  
 Phone: (651) 454-9465  
 Email Address: miriammccreary@comcast.net  
 Web Site:

Private Address: (Same as mailing address)

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 03/31/2015.

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:** I certify that I am not currently in workforce related to my practice, and I don't have a business address related to my practice.

**Secondary:** (None)

**Military Status:** No

**Profile - Education-Post Graduate**

Program	Specialty	Start Date	End Date	Completed
Regions Hospital/St. Paul	OB/GYN	06/01/1971	06/30/1975	Y
ARHP	Ob/Gyn	09/26/2007	09/29/2007	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**

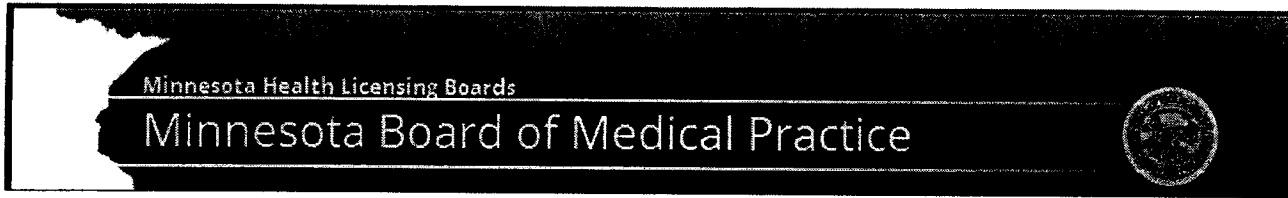
\*Indicates required field

\*  **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 submit this application and proceed to credit card processing.



Welcome Wendy Boswell | Logoff

Search

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: Miriam McCreary      Start Date: 2/24/2012 5:28:01 PM  
 Service Name: License Renewal - PY      Complete Date: 2/24/2012 5:52:36 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/24/2012 5:28:56 PM	
2	Verify Information	2/24/2012 5:30:15 PM	
3	Privileges & Continuing Medical Education	2/24/2012 5:41:55 PM	
4	Practice Questions	2/24/2012 5:44:42 PM	
5	Profiling - Practice Addresses	2/24/2012 5:45:09 PM	
5	Profiling - Post Graduate Training	2/24/2012 5:45:21 PM	
5	Profiling - Post Graduate Training	2/24/2012 5:45:21 PM	
5	Profiling - ABMS/AOA	2/24/2012 5:45:50 PM	
5	Profiling - ABMS/AOA	2/24/2012 5:45:50 PM	
5	Profiling - Criminal Convictions	2/24/2012 5:46:02 PM	
6	Review	2/24/2012 5:47:56 PM	
7	Questionnaire	2/24/2012 5:48:18 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 14618  
**Name:** Miriam Katherine McCreary

**Drivers License:**  
**Is license current?** Yes

**Designated Address:** 2467 Bridgeview Court  
 Mendota Heights, MN 55120  
**Phone:** (651) 454-9465  
**Email Address:** miriammccreary@comcast.net  
**Web Site:**

**Private Address:** (Same as mailing address)

**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:** 82  
**Category 1 Equivalent Course Hours:** 0

**Total Reported Hours:** 82

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.

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:** (None)

**Secondary:** PLANNED PARENTHOOD OF MN  
1965 Ford Parkway  
St. Paul, MN 55116

**Phone:** (None)

#### Profile - Education-Post Graduate

Program	Specialty	Start Date	End Date	Completed
Regions Hospital/St. Paul	OB/GYN	06/01/1971	06/30/1975	Y
ARHP	Ob/Gyn	09/26/2007	09/29/2007	Y

#### Profile - ABMS/AOA Specialty Certification

Source	Board/Certificate	Sub Certificate	Effective	Expire	Verify
ABMS	Obstetrics and Gynecology/Obstetrics & Gynecology		12/1998	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.

< Previous

Next >

Minnesota Health Licensing Boards

## Minnesota Board of Medical Practice

Friday, November 07,  
2014

minnesota north star

Welcome Wendy Boswell! | Logoff

Search

[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:	Miriam McCreary	Start Date:	2/9/2013 12:12:31 PM
Service Name:	License Renewal - PY	Complete Date:	2/9/2013 12:26:34 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/9/2013 12:13:14 PM	
2	Verify Information	2/9/2013 12:14:31 PM	
3	Privileges & Continuing Medical Education	2/9/2013 12:15:09 PM	
4	Practice Questions	2/9/2013 12:17:14 PM	
5	Profiling - Practice Addresses	2/9/2013 12:17:48 PM	
5	Profiling - Post Graduate Training	2/9/2013 12:18:00 PM	
5	Profiling - Post Graduate Training	2/9/2013 12:18:00 PM	
5	Profiling - ABMS/AOA	2/9/2013 12:18:18 PM	
5	Profiling - ABMS/AOA	2/9/2013 12:18:18 PM	
5	Profiling - Criminal Convictions	2/9/2013 12:18:29 PM	
6	Review	2/9/2013 12:19:28 PM	
7	Questionnaire	2/9/2013 12:19:39 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 14618  
**Name:** Miriam Katherine McCreary

**Drivers License:**  
**Is license current?** Yes

**Designated Address:** 2467 Bridgeview Court  
Mendota Heights, MN 55120  
**Phone:** (651) 454-9465  
**Email Address:** miriammccreary@comcast.net  
**Web Site:**

**Private Address:** (Same as mailing address)

**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 03/31/2015.

**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:** (None)

**Secondary:** (None)

#### Profile - Education-Post Graduate

Program	Specialty	Start Date	End Date	Completed
Regions Hospital/St. Paul	OB/GYN	06/01/1971	06/30/1975	Y
ARHP	Ob/Gyn	09/26/2007	09/29/2007	Y



**Profile - ABMS/AOA Specialty Certification**

Source	Board/Certificate	Sub Certificate	Effective	Expire	Verify
ABMS	Obstetrics and Gynecology/Obstetrics & Gynecology		12/1998	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.

---

# MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

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

## APPLICATION FOR LICENSE TO PRACTICE MEDICINE BY EXAMINATION

623 Washington Ave. S.E., May 19, 1958  
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. Miriam Katherine Naumann  
(Name must coincide with medical diploma and basic science certificate.)

1. Name Miriam Katherine Naumann  
2. Addresses  
4 Home address (Parents or Nearest Relative)

Present address Intended address  
3. Place of Birth Amur, So. India Date of Birth March 5, 1935 Race Caucasian  
4. Nationality of Father American citizen Name of Father.  
of Mother American citizen Maiden name of Mother.  
5. Citizenship: Naturalization American citizen  
(If foreign born) (Name, place, date and number. Citizenship papers must be submitted.)  
6. Identification: Height 5' 7 1/2" Weight 145 Color of Hair brown  
Color of Eyes brown Identifying marks scar on left eyebrow

### 7. PRELIMINARY EDUCATION (beginning with high school. Give names of institutions attended and location, with concise statement of periods of study)

High School Arlington Municipal High School, Arlington, Minnesota; Sept.-Nov. 1947  
Name, location, dates of attendance.  
Kodaikanal School, Kodaikanal, South India; Jan. 1948 to May 1951

College Bethany Lutheran College, Mankato, Minnesota : Sept. 1951 to June 1953  
Name, location, dates of attendance.  
University of Minnesota, Minneapolis, Minnesota; Sept. 1953 to August 1954

Academic Degree of Bachelor of Arts From University of Minnesota (Date) August 16, 1954  
Bachelor of Science From University of Minnesota (Date) June 12, 1956

### 8. MEDICAL EDUCATION (Courses must have been at a Medical College recognized by this Board)

University of Minnesota, Minneapolis, Minn. Medical Dept. from Sept. 24, 1954 to June 14, 1958  
(Name of institution, location and attendance) (Date issued)

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 \_\_\_\_\_ (Date issued)

Diploma Doctor of Medicine from University of Minnesota, Minneapolis, Minn. June 14, 1958  
(Name and location of institution) (Date issued)

9. INTERNSHIP: Name of Hospital Mount Sinai Hospital  
Address Minneapolis, Minnesota

Dates: From July 1, 1958 To June 31, 1959

### 10. POST-GRADUATE WORK: (Places and dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(3)

11. **MILITARY SERVICE:** Date of entry \_\_\_\_\_ Date of release \_\_\_\_\_  
 Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Particulars \_\_\_\_\_

12. **STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:**

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? \_\_\_\_\_

14. What type of work do you propose to follow? Ob-Gyn residency, then medical mission work

15. Are you a member of any medical societies; if so, give particulars: \_\_\_\_\_

16. Do you now, or have you ever, personally used narcotics or taken treatment for alcoholic or drug habit? \_\_\_\_\_

17. Have you ever been charged with violation of any Federal, State or Local Statute? \_\_\_\_\_  
(If so, explain)

18. Are you now, or have you ever been, an itinerant or advertising doctor? \_\_\_\_\_

19. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or medical office? \_\_\_\_\_  
(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? \_\_\_\_\_  
(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? \_\_\_\_\_  
(If so, explain)

22. Has any State Medical Examining Board revoked or suspended a license issued to you? \_\_\_\_\_  
(If so, explain)

23. Have you ever practiced any other branch of the healing arts? \_\_\_\_\_  
(If so, explain)

24. Are you related to any members of the medical profession?  
 Names \_\_\_\_\_ Addresses \_\_\_\_\_ Relationship \_\_\_\_\_ Licensed in Minnesota \_\_\_\_\_

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

Number 13523 Date of Issue June 6, 1956
By Examination x 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)

I certify that Dr. Miriam Katherine Naumann Date 5-20-58
of Minneapolis, Minnesota is a person of good moral character,
1. M.D. 14238
5060 Tupper Lane N.E., Mpls 27
2. M.D. 13928
Mrs. Truman Hajdich, Minneapolis
(Address)

27. AFFIDAVIT OF APPLICANT:

STATE OF Minnesota
County of Hennepin ss.

Miriam Katherine Naumann
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.

Miriam Katherine Naumann
(Signature of Applicant)

Sworn to before me this 20th day of May, 1958

K. F. BOOTHBY
Notary Public, Hennepin County, Minn.
My commission expires 10-31-63
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. (will be brought on day of examination)
(c) Minnesota Certificate of Registration in the Basic Sciences.
(d) Fee of twenty-dollars. (Fee not returnable - See Section 5707 - Minn. Laws of 1927) \$ 25.00
(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.