

State Board of Medical Examiners

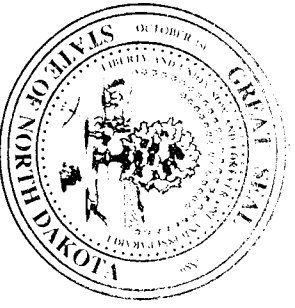
State of North Dakota

Certifies that

Robin J.K. Bresette, M.D.

having fulfilled all the requirements of the laws of the state of North Dakota and possessing the prescribed qualifications is hereby granted a license to practice medicine in the State of North Dakota.

Given under the hands and seal of the North Dakota State Board of Medical Examiners, on this *20th* day of *November* in the year of Our Lord *2009*, A.D.



<i>[Signature]</i>	<i>[Signature]</i>
<i>Denise Fitz-Patrick</i>	<i>Wayne Weaver</i>
<i>Norman T. Byers M.D.</i>	<i>[Signature]</i>
<i>[Signature]</i>	<i>Ann M. [Signature]</i>
<i>Angela Kelli, MD</i>	<i>Ferry & Johnson</i>
<i>Burt L. Bartschall</i>	<i>[Signature]</i>

No. 11334



NORTH DAKOTA STATE BOARD OF MEDICAL EXAMINERS

Duane Houdek
Executive Secretary and Treasurer

Lynette McDonald
Deputy Executive Secretary

Established 1890

Phone (701) 328-6500 • Fax (701) 328-6505
418 E Broadway Ave, Suite 12 • Bismarck, ND 58501-4086

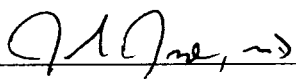
www.ndbomex.com

PROVISIONAL TEMPORARY LICENSE

No. PT 11334

This certifies that Robin Jean Kutil Bresette, M.D. is hereby authorized to practice medicine in the State of North Dakota from the date hereof until the next regular meeting of the Board on November 20, 2009.

Witness the signatures of the Chairman and Executive Secretary of the North Dakota State Board of Medical Examiners and the seal of said Board, this 28th day of July, 2009, A.D.


CHAIRMAN


EXECUTIVE SECRETARY

(BOARD SEAL)

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this state.

digitizer

North Dakota State Board of Medical Examiners

CITY CENTER PLAZA, 418 E. BROADWAY AVE., SUITE 12, BISMARCK, ND 58501
PHONE (701) 328-8500, FAX (701) 328-8505

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

DATE RECEIVED MAR - 6 2009
FEE RECEIVED <i>344.25</i>

PT 11334

Please check one of the following:

- I will be using the Federation's Credentialing Verification Service (FCVS)
 I will NOT be using the Federation's Credentialing Verification Service (FCVS)

Date 1/2/09

BIOGRAPHICAL INFORMATION: Please answer every question A through M.

A. Name Robin Jean Kutil Bresette M.D.
(First) (Entire Middle Name) (Last) (M.D./D.O.)

B. Business Address Contract physician working from home
(city) (state) (zip)
 Business Phone ()

C. Home Address [REDACTED]
(city) (state) (zip)
 Home Phone ()

D. E-mail Address [REDACTED]

E. Date of Birth [REDACTED] / [REDACTED] / [REDACTED]
mm dd yyyy

F. Place of Birth West Allis, WI, USA

G. Height 5'6"

H. Weight 150

I. Color of Eyes Brown

J. Color of Hair Brown

K. Identifying Marks
Tattoo - sun, right shoulder

L. Social Security # [REDACTED]

M. DEA Registration # BK7429942

2. INTENDED PLACE OF PRACTICE:

A. Name and address of hospital, clinic, or office where you intend to practice Red River Women's Clinic, 512 First Avenue North, Fargo, ND 58102
701-298-9999

B. Anticipated starting date 05/2009

C. Are you applying for a permanent license or a locum tenens permit? Permanent license
(Locum tenens permits may be issued for a period not exceeding three months.)

3. SPECIALTY INFORMATION:

A. What is your Specialty? FAMILY MEDICINE ^{*FP}

B. Sub-Specialty? N/A

C. Have you completed an ENTIRE residency program? Yes No

D. Are you American Board Certified? Yes No In what specialty? FAMILY MEDICINE

E. Are you Canadian Board Certified? Yes No In what specialty? _____

4. ECFMG: Complete the Request for Status Report of ECFMG certification forms and submit to the ECFMG office with the required fee. Graduates of medical schools located in the United States, Canada, Australia, New Zealand or the United Kingdom are not required to complete this section.

Do you have a valid and current ECFMG certificate? Yes _____ No _____

Date issued _____ Certificate Number _____

5. MILITARY SERVICE: Applicants with no military service should indicate "N/A" in this section.

Date of entry N/A Date and type of discharge N/A

Country for which you served and branch of service N/A

6. LICENSING EXAMINATION: Check only one option and request the appropriate organization to send your examination scores to the North Dakota Board of Medical Examiners. **NOTE: An applicant is permitted a maximum of three attempts to pass each step or part or component of a licensing examination.**

I am applying for licensure in North Dakota based on:

- A. National Boards Contact the National Board of Medical Examiners at their website (<http://www.nbme.org>) to request an Endorsement of Certification. You may also reach the NBME via phone (215) 580-8700 or e-mail (info@nbme.org). The Endorsement of Certification must be sent directly to the North Dakota Board of Medical Examiners by the NBME office.
- B. COMLEX or NBOME Contact the National Board of Osteopathic Medical Examiners at their website (<http://www.comlex.org>), 8765 W. Higgins Rd., Suite 200, Chicago, IL 60631-4101; Phone 773/714-0622; Email (info@comlex.org); Fax 773/714-0631; to request that a certified transcript of your scores be sent directly to the North Dakota Board of Medical Examiners.
- C. LMCC Contact the Medical Council of Canada at their website (<http://www.mccc.ca>), P.O. Box 8234, Station T, Ottawa, Ontario, Canada K1G3H6, Phone 613/738-0372, Fax 613/521-9417; to request an Endorsement of Licentiate Status. The Endorsement of Licentiate Status must be sent directly to the North Dakota Board of Medical Examiners by the Medical Council of Canada office.
- D. FLEX Contact the Federation of State Medical Boards at their website (<http://www.fsmb.org>), 400 Fuller VViser Rd., Suite 300, Euless, TX 76039, Phone 817/868-4041 for instructions on how to electronically request transcripts or to download an EBAHR report request form. The EBAHR must be sent directly to the North Dakota Board of Medical Examiners by the FSMB office.
- E. USMLE Step 1, 2, 3 Contact the Federation of State Medical Boards at their website (<http://www.fsmb.org>) for instructions on how to electronically request transcripts or to download an EBAHR report request form. The EBAHR must be sent directly to the North Dakota Board of Medical Examiners by the FSMB office.
- F. State Constructed Exam Contact the state licensing board for which you took a state-constructed written exam (prior to the advent of FLEX or USMLE) to request that they send an official transcript of your written exam scores directly to our office.
- G. A Combination of portions of FLEX, NBME, or USMLE, specifically: _____
- NBME Parts I, II, III administered by the NBME – See Item A above
- NBME Parts I, II, III administered by the ECFMG – Contact the Educational Council for Foreign Medical Graduates at their website (<http://www.ecfm.org>), 3624 Market St., Philadelphia, PA 19104; Phone 215/386-5900; for instructions on how to request an Endorsement of NBME Certification. The Endorsement of Certification must be sent directly to the North Dakota Board of Medical Examiners by the ECFMG office.
- FLEX and USMLE – See Item D or Item E above

7. MEDICAL LICENSURE: List all medical licenses (i.e., permanent, temporary, locum tenens, resident, etc.) you have ever applied for in the U.S. or Canada, whether or not the license was granted. You must direct the licensing board of every state/province where you have ever applied for any type of medical license (regardless of whether the license was granted or not granted, is active or inactive, temporary or permanent, restricted or unrestricted) to provide us with a verification of your licensure status.

STATE/PROVINCE	YEAR ISSUED	NUMBER	TYPE OF LICENSE	HOW LICENSE RECEIVED						NOW IN FORCE (YES or NO)
				STATE EXAM	USMLE	LMCC	FLEX	NATIONAL BOARDS	COMPLEX OR NBOME	
✓ Minnesota	2004	47029	permanent		✓					yes
✓ South Dakota	2007	7050	permanent		✓					yes

✓ AMA
✓ Fed
✓ BC

8. PROFESSIONAL TRAINING AND EXPERIENCE. List in chronological order all professional education and experience including college and/or university, medical school, internship, residencies, and practice locations. Include an explanation of your primary activity during ALL periods of time from the beginning of your professional education to the present, whether or not you were engaged in activities related to medicine. If additional space is needed, please attach addendum. A curriculum vitae will not be accepted in lieu of completion of this section. You must include every health care facility at which you have ever practiced, applied for privileges, or held privileges.

FROM MONTH, DAY, YEAR	TO MONTH, DAY, YEAR	NAME AND ADDRESS OF INSTITUTION PLACE OF PRACTICE OR OTHER	DEGREE OR CERTIFICATE DATE RECEIVED, OR NATURE OF EXPERIENCE
09/01/1995	05/16/1999	University of Wisconsin-MADISON 250 N. Mills St, Madison, WI 53706	B.S. - Zoology 5/16/1999
08/16/1999	05/15/2003	University of Wisconsin Medical School 750 Highland Ave, Madison, WI 53705	M.D. ¹⁸ (5/15/2003)
07/01/2003	06/30/2006	University of Minnesota, St. Joseph's Family Medicine Program 580 Rice St, St Paul, MN 55103	Family Medicine 6/30/2006
07/11/2006	12/15/2008	Planned Parenthood of MN, SD, ND 1965 Ford Parkway, St Paul, MN 55116	Contract Physician
11/06/2006	03/31/2008	HealthPartners 8100 34 th Ave S, Bloomington, MN 55425	EMM ¹⁸ Staff Physician Urgent Care, Float
09/01/2006	current	Midwest Health Center for Women 33 S. Fifth St, Fourth Floor, Minneapolis, MN 55402	Contract Physician

9. PERSONAL DATA. (If any of the questions are answered "yes", full details must be furnished on a separate sheet and made a part of this application.)

Yes No

Yes No

- A. Have you ever failed a licensing examination, or any portion of a licensing examination, for a medical license or for any other professional license? (If you ever failed a portion of a licensing exam you must answer "yes" even if you later passed the exam.) Yes No
- B. Have you ever had an application for a professional license denied? Yes No
- C. Have you ever been investigated by any licensing board, agency, professional association or medical facility in connection with medical competency, practice act violations, unprofessional conduct or unethical conduct? Yes No
- D. Has any disciplinary action ever been instituted which could have affected or could now affect your license to practice in any state or foreign country? Yes No
- E. Have you ever been dismissed from, resigned while under investigation, failed to complete an academic year, taken a leave of absence or been placed on probation or reprimanded at a medical school or postgraduate training program? Yes No
- F. Have you ever been subject to informal or formal proceedings by any licensing board, agency or professional association to revoke, suspend, restrict, deny or limit a professional license? Yes No
- G. Have you ever been subject to informal or formal proceedings which might have resulted in the surrender of a state and/or federal narcotic registration certificate? Yes No
- H. Have you ever had hospital and/or clinic privileges denied, removed or restricted, or limitations imposed on such privileges or resigned hospital and/or clinic privileges to avoid formal action? Yes No
- I. Are you now or have you ever been named as a defendant or respondent in any malpractice proceeding? Yes No
- J. Have you ever been convicted of any crime, felony or misdemeanor? Yes No
- K. Have you ever been arrested for, or charged with, any crime? Yes No
- L. Within the past five years have you had any physical, mental, or emotional condition which impaired or does impair your ability to practice medicine safely and competently? Yes No
- M. Within the past five years have you been admitted to any hospital or other inpatient care facility for any physical, mental, or emotional condition? Yes No
- N. Do you currently have or within the past five years have you had a dependency on the use of alcohol or drugs which impaired or does impair your ability to practice medicine competently? Yes No
- O. Within the past five years, have you engaged in the excessive or habitual use of alcohol or drugs or received any treatment for alcoholism or excessive or illegal drug use? Yes No

10. PERSONAL REFERENCES. Please provide the names of two licensed physicians who have known you personally for one year or more are willing to attest to your ethical and moral character, and are willing to furnish additional information to the North Dakota State Board of Medical Examiners. (Family members or physicians in the practice group you are joining will not be accepted.)

Spouse
 ✓ Carrie Terrell, MD
 (Print Name)
33 S. Fifth St, Fourth Floor
 (Address)
Minneapolis MN 55402
 (City) (State) (Zip)
612-332-2311 612-375-9567
 (Phone) (Fax)

Spouse
 ✓ Casey Martin, M.D.
 (Print Name)
Bethesda Clinic, 580 Rice St
 (Address)
St Paul MN 55103
 (City) (State) (Zip)
651-277-6551
 (Phone) (Fax)

11. AGREEMENT TO UPDATE APPLICATION INFORMATION:

By signing this section of the North Dakota Board of Medical Examiners license application form, I agree that:

If any of the information supplied on this application form changes, or becomes inaccurate or incomplete before I am granted a license to practice medicine in North Dakota, I will immediately provide the corrected information to the North Dakota Board of Medical Examiners.

Failure to provide such corrected information to the Board will constitute the use of a fraudulent, deceitful, dishonest, or immoral practice in connection with the North Dakota licensing requirements and will, therefore, be a violation of Sec. 43-17-31, NDCC, which will subject me to disciplinary action or denial of licensure.

SIGNATURE OF APPLICANT

12. AFFIDAVIT:

INSTRUCTIONS:

Read the statement carefully, then print or type your name in the space provided and sign the completed application in the presence of a notary public.

Robin Bresette

(Name of Applicant)

I, _____, swear that

I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of the State of North Dakota; that I am the person named in the copy of the diploma which accompanies this application; that I am the lawful holder of said diploma; and that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all hospitals, all medical institutions or organizations, all medical schools and postgraduate training programs; my references personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records required by the Board for its evaluation of my professional, ethical and physical qualifications for licensure in the State of North Dakota.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice medicine in the State of North Dakota.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this 26th day of February, 2009

NOTARY PUBLIC

My Commission expires 1-31, 2010





Planned Parenthood
Serving Minnesota • North Dakota • South Dakota

APR 1 2009

1965 Ford Parkway
St. Paul, Minnesota 55116-1996
(651) 698-2401 phone
(651) 698-2405 fax
www.ppmns.org

3/30/09

Duane Houdek
North Dakota State Board of Medical Examiners
418 E. Broadway Ave, Suite 12
Bismarck, ND 59501-4086

RE: Robin Jean Kutil Bresette, MD
DOB: 8/14/1977

Dear Mr. Houdek:

Robin Bresette, MD was a contract physician providing medical services at Planned Parenthood of MN, ND, SD from August, 2006 until December, 2008 under my supervision. Dr. Bresette is a competent physician with a good knowledge base and technical skills. She had some difficulty in communicating a caring attitude toward patients and did not provide what I considered to be patient-centered care.

Sincerely,

A handwritten signature in black ink that reads "Carol E. Ball, MD". The signature is written in a cursive, flowing style.

Carol E. Ball, MD
Medical Director

FEB 23 2009



MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza • 2829 University Avenue SE Suite 500 • Minneapolis, MN 55414-3246

Telephone (612) 617-2130 • Fax (612) 617-2166 • www.bmp.state.mn.us

MN Relay Service for Hearing Impaired (800) 627-3529

February 23, 2009

North Dakota State Board of Medical Examiners
418 E. Broadway Ave. #12
Bismarck, ND 58501

This is to certify that a standard search of the available records of the Minnesota Board of Medical Practice indicates the following:

Physician:	Robin Jean Kutil Bresette
Date of birth:	August 14, 1977
Was issued license number:	47029
On:	September 11, 2004
Expiration date is:	August 31, 2009
Status:	Active
Issued on the basis of:	USMLE - United States Med Lic Exam
Corrective action:	None
Disciplinary action:	None

This license information was last updated on: 2/23/2009 4:45:33AM

The above format is the standard format prepared for all physicians regulated by this board.

Please be advised that the Board does not release information as to whether there has been a complaint filed or an investigation conducted on individual verifications. All physicians are considered in good standing unless noted otherwise.

Further public records including disciplinary and corrective actions may be available from the Board's website at www.bmp.state.mn.us under professional profile. If other information is needed, please contact the Minnesota Board of Medical Practice at 612-617-2130.

A handwritten signature in black ink, appearing to read "Rob Leach".

Rob Leach
Executive Director

FEB 23 2009



**SOUTH DAKOTA BOARD OF MEDICAL
AND OSTEOPATHIC EXAMINERS
125 S. Main Avenue
Sioux Falls, SD 57104**

<http://medicine.sd.gov> SDBMOE@state.sd.us

This is to certify that the records of the **South Dakota State Board of Medical and Osteopathic Examiners** indicate the following information regarding;

Robin Jean Bresette MD

Health Partners

Profession: MD

License Number: 7050

Date Issued: 2007-06-27

Current Status: Active

Expiration Date: 2009-03-01

Licensed By: USMLE Endorsement

Disciplinary Action: None

To expedite the verification of licensure process, the above is the standard format for all professionals regulated by the Board.

All licensees are considered in good standing unless Disciplinary Action indicates 'yes'. If further information is needed, please contact the **South Dakota Board of Medical and Osteopathic Examiners**.

License verification data is updated daily, and may not reflect changes to licensure occurring within the past 24 hours.

Purchased Date: February 23, 2009 - 10:50 am

A handwritten signature in black ink, appearing to read "Tracy Hummel". The signature is written in a cursive, flowing style.

Tracy Hummel
License Renewal and Verification Coordinator
Board of Medical and Osteopathic Examiners



STATE OF NORTH DAKOTA
OFFICE OF ATTORNEY GENERAL

STATE CAPITOL
600 E BOULEVARD AVE DEPT 125
BISMARCK, ND 58505-0040
(701) 328-2210 FAX (701) 328-2226
www.ag.nd.gov

MAR 19 2009

Wayne Stenehjem
ATTORNEY GENERAL

BUREAU OF CRIMINAL INVESTIGATION
4205 STATE STREET, PO BOX 1054
BISMARCK, ND 58502-1054
(701) 328-5500 FAX (701) 328-5510
1-800-472-2185 (Toll Free)

March 16, 2009

ND BOARD OF MEDICAL EXAMINERS
418 E BROADWAY AVE STE 12
BISMARCK ND 58501

Re: CRIMINAL RECORD CHECK RESULTS

In response to your inquiry on the following individual(s), a review of North Dakota criminal history records on file at this agency reveals that no information is available.

NAME	DOB

BRESETTE, ROBIN JEAN KUTIL/JEAN Addl Last Names: KUTIL	08/14/1977

/s/ JERALD C KEMMET
DIRECTOR

by: 
BRAD STARCK
IDENTIFICATION TECHNICIAN

CERTIFICATE OF MEDICAL EDUCATION

MAR - 5 2009

(Applicant must forward this application form to medical school granting degree for certification of his/her medical education)

It is hereby certified that Robin J Bresette (KUTL)
(1)

received a M.D. diploma from University of Wisconsin Medical School
(2) (3)

750 Highland Ave, Madison, WI, 53705 on 5/18/2003 and to the
(4) Location (5) MM/DD/YY

best of our knowledge is of good moral character.

Signed Sharon J Greuel
Sharon J. Greuel

(SEAL OF COLLEGE)

Certification Officer
(TITLE)

Date this Certificate 3/2/2009

INSTRUCTIONS TO MEDICAL SCHOOL

The person whose name appears on this certificate has applied for a license to practice medicine in the State of North Dakota.

Please review this certificate to determine if the statement is correct.

If you find that it is entirely correct, please:

- A. Complete the portion of the form calling for your name, your title, and the date.
- B. Affix the official seal of your institution.
- C. Return this certificate to the North Dakota State Board of Medical Examiners, 418 E. Broadway Ave., Suite 12; Bismarck, ND U.S.A. 58501 or FAX to 701-328-6505 Original must follow faxed copy via US mail or another courier.

-Thank You-

3-07

INSTRUCTIONS TO APPLICANT

- 1. Type your name on Line (1).
- 2. Indicate what medical school diploma you received on Line (2).
- 3. Type the name of your medical school on Line (3).
- 4. Type the address of your medical school on Line (4).
- 5. Type the date (month/day/year) you received your medical school diploma on Line (5).
- 6. Send this form to the President, Dean, or Registrar of your medical school.

APR 9 2009



UNIVERSITY OF MINNESOTA
St. Joseph's Family Medicine
Residency Program

580 Rice Street • St. Paul, MN 55103
Phone (651) 227-6551 • Fax (651) 665-0684
Affiliated with HealthEast St. Joseph's Hospital

April 7, 2009

ATTN: Duane Houdek
North Dakota State Board of Medical Examiners
418 E. Broadway Ave., Ste 12
Bismark, ND 58501-4086

Re: Dr. Robin Jean Kutil Bresette

To Whom It May Concern:

I had the pleasure to work with Robin for the entirety of her residency from 7/1/03 to 6/30/06. Our residency is ACGME accredited and she successfully completed her residency during that time.

Robin displayed a high degree of leadership during residency and was a person of high character. She has a great work ethic, communicates well and was the ultimate patient advocate. She displayed no problems either physically or mentally and excelled in the ACGME's six areas of core competency.

Feel free to contact me with any further questions about Dr. Robin Kutil Bresette at 651-223-7343.

Sincerely,

A handwritten signature in black ink, appearing to read 'Casey Martin'.

Casey Martin, MD
Program Director

JUN 5 2009



Corporate Office:
8170 33rd Avenue South
Bloomington, MN 55425
healthpartners.com

Mailing Address:
Mail Stop: 21102T
P.O. Box 1309
Minneapolis, MN 55440-1309

North Dakota State Board of Medical Examiners
418 E. Broadway Ave, Suite 12
Bismark, ND 58501-4086
June 1, 2009

Dear Sir or Madam.

I am writing in support of Robin Jean Kutil Bresette's application for medical licensure. She was employed in a half time position in HealthPartner's urgent care from 11-6-06 to 3-26-08. She left HealthPartners in good standing. I have no concerns regarding her practice of medicine in this venue. She is a well-trained family physician with special interest in women's health. I am sure she will be an asset to your state.

Sincerely,

A handwritten signature in cursive script, appearing to read "R.L. Mitchell".

R.L. Mitchell, M.D.
Asst. Medical Director for Acute Ambulatory Care



TO: North Dakota State Board of Medical Examiners
418 East Broadway Avenue, Suite 12
Bismarck, North Dakota 58501

FROM: Carrie Terrell, MD, FACOG

DATE: June 4, 2009

REGARDING: Robin Bressette, MD

I have known Dr. Robin Kutil Bressette since 2006 when she joined Midwest Health Center for Women in Minneapolis, MN. She has been a dependable physician. I have known her work to be responsible and ethical and her documentation complete and timely. I have no reservations recommending Dr. Bressette for licensure in North Dakota.

Should you have further questions, please contact me through one of the following:

Carrie Terrell, MD, FACOG
Medical Director, Midwest Health Center for Women
33 S. 5th St Minneapolis, MN 55402 (?)
612-332-2311

Assistant Professor University of Minnesota
425 Delaware St. SE
BOX 395
Minneapolis, MN 55455
612-626-3111

terre010@umn.edu



FAX COVER SHEET

Private & Confidential

TO: Jane Schiele

FROM: Patricia L. Sandin, Executive Director

A handwritten signature in black ink, appearing to read "Pat Sandin", written over the printed name of Patricia L. Sandin.

DATE: July 20, 2009

Attached is the letter from Dr. Carrie Terrell regarding Dr. Robin Kutil Bresette.

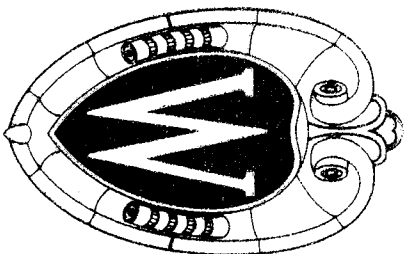
As I noted in my original fax cover sheet, I am not a physician, but the Executive Director of Midwest Health Center for Women. Therefore, I am not able to provide a reference for Dr. Bresette, but do acknowledge that the photograph in the original fax is indeed Dr. Robin Kutil Bresette and that she has been a contract physician at Midwest Health Center for Women since September, 2006.

Should you have any questions or concerns, or need additional information, please do not hesitate to either email me at psandin@midwesthealthcenter.org or call me at 612-767-4800.

Thank you.

2 Pages Including Cover Sheet

UNIVERSITY OF WISCONSIN-MADISON



The Board of Regents of the University of Wisconsin System,
on the nomination of the faculty, has conferred upon

ROBIN JEAN KUTIL

The Degree of

DOCTOR OF MEDICINE

Together with all honors, rights, and privileges belonging to that degree.

In witness whereof, this diploma is granted.

Given at Madison in the State of Wisconsin
this eighteenth day of May in the year two thousand and three
and of the University the one hundred fifty-third.

Katherine Lyall
President, University of Wisconsin System

Ann J. Wilk
Chancellor, University of Wisconsin-Madison

Luigi A. Battichelli
President of the Board of Regents

UNIVERSITY OF MINNESOTA

This certifies that

Robin J. Krutil, MD

has successfully completed and met all the requirements of the

Sr. Joseph's Hospital Residency Program

in the Department of

Family Medicine and Community Health

at the University of Minnesota from

July 1, 2003 through June 30, 2006

In witness whereof, we have hereunto subscribed our names and affixed the seal of the
University of Minnesota this

June 30, 2006

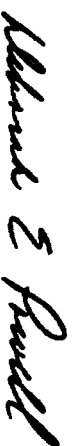
James Van Vooren, MD, Program Director



Macaran A. Baird, MD, MS, Department Head



Deborah E. Powell, MD, Dean, Medical School



American Board of Family Medicine



Robin Jean Kutil, M.D.

having met all its requirements
is hereby certified to be a

Diplomate

of this Board for the period

2006-2013

Karen B. Mitchell MD
Chair



James C. Ruffin MD
President

American Academy of Family Physicians
Hereby recognizes

Robin J. Krutil, M.D.

*for the successful completion
of an*

Accredited Residency in Family Medicine.

Year Completed 2006



Dogbe E. Haly, M.D.
Executive Vice President