

OK
John

RECEIVED

Minnesota State Board of Medical Examiners

JUL 5 1978

PAGE
AUG 07 1978

Suite
200 S Room 352
717 Delaware Street Southeast
Minneapolis, Minnesota 55414
Telephone: 296-5534

MINN. STATE BOARD OF
MEDICAL EXAMINERS

MINN. STATE BOARD of
MEDICAL EXAMINERS

NATIONAL BOARD ENDORSEMENT

Name	<u>Carol Elizabeth Ball</u>	Application No.	<u>109</u>
Preliminary Education	<u>Drake University, Des Moines, IA</u>	Date	<u>8/11/78</u>
Medical Education	<u>Mayo Medical School, Rochester, MN</u>	License Number	<u>24, 235</u>
School of Graduation	<u>Mayo Medical School, 5/28/77</u>	Issued	<u>8-11-78</u>
Diploma	<u>Bachelor of Medicine</u>	Fee Paid	<u>July 5, 1978</u>
Diploma Doctor of Medicine	<u>Mayo Medical School, Rochester</u>	Receipt No.	<u>23</u>
Internship	<u>USPHS Hospital, San Francisco, CA</u>		<u>7/1/77 to 6/30/78</u>
National Board Certificate No.	<u>190923</u>	Date	<u>7/1/78</u>
		Average	<u>83.6</u>

CREDENTIALS

BORN: BENZINGER, PA /52
 MEDICAL SCHOOL: MAYO MEDICAL SCHOOL, ROCHESTER, MN 5/28/77
 INTERNSHIP CERT: USPHS HOSPITAL, SAN FRANCISCO, CA 7/1/77 to 6/30/78
 NATIONAL BOARD CERT #190923 ISSUED 7/1/78 AVG 83.6
 INFORMATION RELEASE FORM
 MALPRACTICE HISTORY REPORT FORM
 HOSPITAL STAFF PRIVILEGE FORM

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

PERSONNEL OF BOARD

- FATHER DAVID MC PHER Pres.
- ALFRED DALY, M.D. Vice-Pres.
- DOROTHY H. BERNSTEIN, M.D. Sec'y.
- JAMES C. CAIN, M.D.
- DALE DODSON, D.O.
- SUZANNE FLINCH
- WILLIAM L. HEDRICK, M.D.
- WILLIAM JACOTT, M.D.
- LOREN E. NELSON, M.D.
- RUSSELL O. SATHER, M.D.
- CAROL HOLD



Location

717 DELAWARE ST., S.E., RM 352
MINN., MN 55414

Memorandum

June 13, 1978
 Elizabeth H. Miller
 Notary Public
 San Francisco, Ca.
 My Commission Expires
 Oct. 29, 1980

Minnesota State Board of Medical Examiners

Suite 200
200 Room 352
717 Delaware Street Southeast
APPLICATION FOR Minneapolis, Minnesota 55414
END Telephone: 296-5534

THROUGH

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.)
(All addresses must include zip code.)

1. Name Carol Elizabeth Ball
2. Addresses 2

- Your present address _____ Your intended address _____
3. Place of Birth Benzinger Twp, Pennsylvania Date of Birth 5/4/52
 4. Name of Father William John Ball
Maiden Name of Mother Harriet Jones
 5. Citizenship: Naturalization U.S.
(If foreign born) Name, place, date and number. Citizenship papers must be submitted.
 6. Identification: Height 5' Weight 120 Color of Hair brn
Color of Eyes brn Identifying marks _____

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

High School Sylvania H.S., Sylvania Ohio 9/1/67 - 8/1/69 Zip 43560

College St. Cloud State, St. Cloud Minn. 9/1/69 - 4/1/70 Zip 56301

Drake Univ., Des Moines, Iowa 9/1/70 - 5/13/73 Zip 50311

Academic Degree of B.A. From Drake University (Date) 5/13/73

Academic Degree of _____ From _____ (Date) _____

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

Mayo MS, Rochester, Minn Zip 55901 Medical Dept. from 9-1-73 to 5-28-77

Zip _____ Medical Dept. from _____ to _____

Zip _____ Medical Dept. from _____ to _____

Zip _____ Medical Dept. from _____ to _____

Zip _____ Medical Dept. from _____ to _____

Zip _____ Medical Dept. from _____ to _____

Diploma Bachelor of Medicine from _____ Date Issued _____

Diploma Doctor of Medicine from Mayo Medical School, Rochester, Minn. Date Issued 5/28/77

9. INTERNSHIP: Name of Hospital U.S. Public Health Service Hospital
Address 15th Ave. S Lake Street, San Francisco, Calif. Zip 94118
Dates: From July 1, 1977 To June 30, 1978

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

INSTRUCTIONS:
Read enclosed instruction sheet carefully.

PAGE III

Give accounting of all time from beginning of high school, whether spent in school, practice, or otherwise. Name must coincide with medical diploma.

Fee is not returnable. (See Section 5707, Minn. Laws of 1927.)

Application must be on file in Secretary's office on the first day in the months of Jan., Apr., July or Oct. Applications of Diplomates of the National Board of Medical Examiners are considered by this Board at meetings held following the above mentioned dates.

11. MILITARY SERVICE: Date of Entry 7/1/77 Date of Release _____
Branch of Service Public Health Service Rank LT-03 Particulars continuing on active duty

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED: none
State _____ License No. _____ Date _____ How Obtained _____
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 _____ Zip _____
b. Place _____ From _____ To _____
References _____ Two names and addresses _____ Zip _____
c. Place _____ From _____ To _____
References _____ Two names and addresses _____ Zip _____
d. Place _____ From _____ To _____
References _____ Two names and addresses _____ Zip _____
e. Place _____ From _____ To _____
References _____ Two names and addresses _____ Zip _____

- 13. Is it your purpose to discontinue practice at your present location and to become a permanent resident of the State of Minnesota Answer yes
- 14. Are you presently in good physical and mental health? If not, give particulars: yes
- 15. Have you ever been voluntarily or involuntarily committed to a public or private mental institution or been disabled by accident or physical or mental illness? If so, give particulars: no
- 16. Are you a member of any medical society? If so, give particulars: no
- 17. Do you now, or have you ever, personally used or administered to yourself any controlled substances, or have you been treated for alcohol or drug use? If so, give particulars: no
- 18. Have you ever voluntarily or involuntarily surrendered your right to prescribe controlled substances, or to your knowledge been the subject of investigation by any Federal, State or Local agency having jurisdiction over controlled substances? If so, give particulars: no
- 19. Have you ever been denied a license by, or the privilege of taking an examination before any State Medical Examining Board? If so, give particulars: no
- 20. 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, give particulars: no

21. AFFIDAVIT OF APPLICANT:
STATE OF California
County of San Francisco

_____ being first 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.

Carol K. Fall M.D.
Applicant

Sworn to before me this 5 day of June, 1978

My Commission expires Oct 29, 1980
Kenneth H. Phillips
Notary Public

PAGE IV

Please have photo attached on page 1, the application blank filled out and notarized before having sections 21 through 24 completed.

(PLEASE SEND TO MEDICAL SCHOOL FOR FOLLOWING CERTIFICATION)

22. OFFICIAL CERTIFICATE OF MEDICAL EDUCATION: Beginning with first year of medical school, state periods of study, giving dates of diplomas or certificates received.

Commenced medical education at

Awarded

Mayo Medical School

M.D. degree May 28, 1977

September 10, 1973

(SEAL)

July 3, 1978

James R. McArthur, M.D.
Dean for Academic Affairs
Mayo Medical School, Rochester, MN 55901

(PLEASE SEND TO MEDICAL SOCIETY FOR FOLLOWING CERTIFICATION)

23. RECOMMENDATION OF SECRETARY OF LOCAL, COUNTY, STATE MEDICAL SOCIETY:

1. Ann K. Lancerotti, M.D.

Secretary of the

Chief, Dept. of Medicine, U.S.P.H.S. Hospital

Medical Society, certify that

Carol E. Ball, M.D.

is personally known to me, and that he is an ethical practitioner and is of good moral and professional character. I further certify that the said Dr. Ball

is engaged in the reputable practice of medicine in the State of California

I have carefully examined all the statements made by the applicant and believe them to be true in every respect. I also state that the photograph attached to this application is a recent one and the likeness of said Dr. Ball

(Seal of Society)

Ann K. Lancerotti, M.D.
Secretary of Medical Society
USPHS (BSP) S.F.

(Secretary must execute following affidavit)

*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of San Francisco

State of California

In San Francisco, Calif. on the 13th day of June

A.D., 1978 before me personally appeared Ann K. Lancerotti, M.D.

of USPHS Hosp. San Francisco to me known and known by me to be the party executing

the foregoing instrument, and he acknowledged said instrument, by him executed, to be his free act and deed.



Dorothy M. Wilburn
Notary Public
122 Commercial St. San Bruno, California

(PLEASE SEND TO NATIONAL BOARD FOR FOLLOWING CERTIFICATION)

24. CERTIFICATE OF SECRETARY OF NATIONAL BOARD ISSUING ORIGINAL CERTIFICATE:

NOTE: This endorsement shall not be executed unless the applicant has affixed the affidavit on page 3.

I, Secretary of the National Board of Medical Examiners, certify that

No. on the day of based on

and that said certificate has never been revoked.

School of Graduation

Degree M.B.-M.D.

Date

I further certify that the aforesaid

in his written examination before this Board, obtained a general average of per cent in the following subjects:

Subject	Per cent	Subject	Per cent

Acting on behalf of the National Board of Medical Examiners, I recommend

Dr. to the Minnesota State Board of Medical Examiners to receive a license to practice Medicine and Surgery and further certify that the photograph attached to this application is a recent one and a likeness of the candidate.

(Seal of the National Board)

Secretary, National Board of Medical Examiners

Date

Address

(If this applicant has been subject to disciplinary action, kindly give details in a letter to this board.)

**User Admin** Search and maintain all registered users**Online Service History Detail**

(Use Back button to return to summary page)

User Name: Carol Ball Start Date: 4/17/2017 2:10:25 PM
 Service Name: License Renewal - PY Complete Date: 4/17/2017 2:25:14 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/17/2017 2:10:43 PM	
2	Verify Information	4/17/2017 2:11:14 PM	
3	Privileges & Continuing Medical Education	4/17/2017 2:11:24 PM	
4	Practice Questions	4/17/2017 2:12:52 PM	
5	Profiling - Practice Addresses	4/17/2017 2:13:09 PM	PracticeAddress
5	Profiling - Post Graduate Training	4/17/2017 2:13:19 PM	Bypass Case
5	Profiling - Post Graduate Training	4/17/2017 2:13:19 PM	
5	Profiling - ABMS/AOA	4/17/2017 2:13:38 PM	
5	Profiling - ABMS/AOA	4/17/2017 2:13:38 PM	
5	Profiling - Criminal Convictions	4/17/2017 2:13:45 PM	
6	Review	4/17/2017 2:14:27 PM	
7	Prescription Monitoring Program Registration	4/17/2017 2:16:53 PM	
7	Prescription Monitoring Program Registration	4/17/2017 2:16:53 PM	PMP Submitted Successfully: 4/17/2017 2:16:53 PM
7	Prescription Monitoring Program Registration	4/17/2017 2:17:05 PM	
9	Payment	4/17/2017 2:22:28 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 24235
Name: Carol Elizabeth Ball

Drivers License:
Is license current? Yes

Designated Address: 671 Vandalia Street
 St. Paul, MN 55114
Phone: (651) 698-2406 Ext. 144
Email Address:
Web Site:

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Regions Hospital	St. Paul	MN	Active

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 05/31/2018.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name:	Carol Ball	Start Date:	4/20/2016 5:04:47 PM
Service Name:	License Renewal - PY	Complete Date:	4/20/2016 5:28:19 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/20/2016 5:05:19 PM	
2	Verify Information	4/20/2016 5:06:45 PM	
3	Privileges & Continuing Medical Education	4/20/2016 5:07:04 PM	
4	Practice Questions	4/20/2016 5:08:34 PM	
5	Profiling - Practice Addresses	4/20/2016 5:09:12 PM	
5	Profiling - Post Graduate Training	4/20/2016 5:09:20 PM	
5	Profiling - Post Graduate Training	4/20/2016 5:09:20 PM	
5	Profiling - ABMS/AOA	4/20/2016 5:09:50 PM	
5	Profiling - ABMS/AOA	4/20/2016 5:09:50 PM	
5	Profiling - Criminal Convictions	4/20/2016 5:09:59 PM	
6	Review	4/20/2016 5:11:37 PM	
7	Prescription Monitoring Program Registration	4/20/2016 5:11:45 PM	
9	Payment	4/20/2016 5:25:48 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 24235
Name: Carol Elizabeth Ball

Drivers License:
Is license current? Yes

Designated Address: 671 Vandalia Street
 St. Paul, MN 55114
Phone: (651) 698-2406
Email Address:
Web Site:

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Regions Hospital	St. Paul	MN	Active

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 05/31/2018.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Carol Ball Start Date: 4/29/2015 4:26:09 PM
 Service Name: License Renewal - PY Complete Date: 4/29/2015 4:44:34 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/29/2015 4:26:49 PM	
2	Verify Information	4/29/2015 4:27:57 PM	
3	Privileges & Continuing Medical Education	4/29/2015 4:32:07 PM	
4	Practice Questions	4/29/2015 4:33:41 PM	
5	Profiling - Practice Addresses	4/29/2015 4:33:59 PM	
5	Profiling - Post Graduate Training	4/29/2015 4:34:11 PM	
5	Profiling - Post Graduate Training	4/29/2015 4:34:11 PM	
5	Profiling - ABMS/AOA	4/29/2015 4:34:28 PM	
5	Profiling - ABMS/AOA	4/29/2015 4:34:28 PM	
5	Profiling - Criminal Convictions	4/29/2015 4:34:36 PM	
6	Review	4/29/2015 4:35:24 PM	
8	Questionnaire	4/29/2015 4:42:19 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 24235
Name: Carol Elizabeth Ball

Drivers License: ...
Is license current? Yes

Designated Address: 671 Vandalia Street
 St. Paul, MN 55114
Phone: (651) 698-2406
Email Address:
Web Site:

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Regions Hospital	St. Paul	MN	Active

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: 100
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 100

You are 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.

**User Admin** Search and maintain all registered users**Online Service History Detail**

(Use Back button to return to summary page)

User Name: Carol Ball Start Date: 4/22/2014 2:42:40 PM
 Service Name: License Renewal - PY Complete Date: 4/22/2014 3:08:55 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/22/2014 2:43:05 PM	
2	Verify Information	4/22/2014 2:43:50 PM	
3	Privileges & Continuing Medical Education	4/22/2014 2:44:01 PM	
4	Practice Questions	4/22/2014 2:44:55 PM	
5	Profiling - Practice Addresses	4/22/2014 2:45:19 PM	
5	Profiling - Post Graduate Training	4/22/2014 2:45:28 PM	
5	Profiling - Post Graduate Training	4/22/2014 2:45:28 PM	
5	Profiling - ABMS/AOA	4/22/2014 2:45:44 PM	
5	Profiling - ABMS/AOA	4/22/2014 2:45:44 PM	
5	Profiling - Criminal Convictions	4/22/2014 2:45:56 PM	
6	Review	4/22/2014 2:46:30 PM	
7	Prescription Monitoring Program Registration	4/22/2014 2:46:36 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 24235
Name: Carol Elizabeth Ball

Drivers License:
Is license current? Yes

Designated Address: 671 Vandalia Street
 St. Paul, MN 55114

Phone: (651) 696-5542
Email Address:
Web Site:

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Regions Hospital	St. Paul	MN	Active

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 05/31/2015.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Carol Ball Start Date: 5/6/2013 12:02:51 PM
 Service Name: License Renewal - PY Complete Date: 5/6/2013 12:19:02 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/6/2013 12:03:39 PM	
2	Verify Information	5/6/2013 12:05:29 PM	
3	Privileges & Continuing Medical Education	5/6/2013 12:05:55 PM	
4	Practice Questions	5/6/2013 12:08:20 PM	
5	Profiling - Practice Addresses	5/6/2013 12:13:03 PM	
5	Profiling - Post Graduate Training	5/6/2013 12:13:14 PM	
5	Profiling - Post Graduate Training	5/6/2013 12:13:15 PM	
5	Profiling - ABMS/AOA	5/6/2013 12:14:14 PM	
5	Profiling - ABMS/AOA	5/6/2013 12:14:14 PM	
5	Profiling - Criminal Convictions	5/6/2013 12:14:26 PM	
6	Review	5/6/2013 12:15:24 PM	
7	Prescription Monitoring Program Registration	5/6/2013 12:15:32 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 24235
Name: Carol Elizabeth Ball

Drivers License:
Is license current? Yes

Designated Address: 671 Vandalia Street
 St. Paul, MN 55114
Phone: (651) 696-5542
Email Address:
Web Site:

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Regions Hospital	St. Paul	MN	Active

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 05/31/2015.



Professional Profile

Profile Details

Warning! It is a federal crime to knowingly transfer or use a means of identification of another person by using the information displayed in this web page and contents in any attached link and/or documents, with the intent to commit, or to aid or abet, any unlawful activity that constitutes a violation of Federal law (Identity Theft and Assumption Deterrence Act of 1998, 18 USC 1028 (a)(7) with Maximum Penalty 25 years' imprisonment/\$250,000 fine) and any applicable state or local law, such as Minn. Stat. 609.527 Identity Theft.

Professional Profile: Carol Elizabeth Ball

New Search

License: Physician and Surgeon - #24235

Print

Licensee Public Information				
License Designated Address: 671 Vandalia Street St. Paul, MN 55114				
Web Site:		Birth Year: 1952		
E-mail:		Gender: Female		
License Information				
License Number:	24235	License Type:	Physician and Surgeon	
Expiration Date:	05-31-2018	Grant Date:	08-11-1978	
License Status:	Active			
Disciplinary Action:	No			
Corrective Action:	No			
Disciplinary Actions by Other States (Reported to the Board since July 1, 2013): No				
Education				
Medical School:	MAYO MEDICAL SCHOOL, ROCHESTER, MN, USA	Degree:	M.D.	
Location:	Rochester, MN USA	Date:	05/28/1977	
Practice Locations (Self-Reported Information)				
Primary Location: Planned Parenthood of Minnesota, North Dakota, South Dakota 671 Vandalia Street St. Paul, MN 55114 Phone: 651-698-2406		Secondary Location: St. Paul/Ramsey County Public Health 555 Cedar St. Paul, MN 55101 Phone: 651-266-1273		
Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)				
Program	Specialty	Start Date	End Date	Completed
St. Paul Ramsey Medical Center	Obstetrics and Gynecology	06/01/1989	06/30/1992	Y
Area of Specialty (Certified by American Board of Medical Specialties or American Osteopathic Specialty Boards; Refer to the Note at the End of this Page)				
Source	Board	Certification / Sub-Certification		
ABMS	Obstetrics and Gynecology	Obstetrics & Gynecology		
Criminal Convictions (Self-Reported Information)				
Type	Crime Description	Conviction Date	Court of Jurisdiction	Sentence/Comment

Print

Direct questions and comments about these results to Minnesota Board of Medical Practice.
Telephone: (612) 617-2130 e-mail: medical.board@state.mn.us

Print

Profile Retrieved on 3/1/2018 9:51:54 AM

Disclaimer

The Minnesota Board of Medical Practice provides this information as a service to the public. The Board relies upon information provided by licensees to be true and accurate. Information that is self-reported by the provider has not been verified by the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of the self-reported information contained on this web page. Neither the Minnesota Board of Medical Practice, nor any source of information on this web page, shall be responsible for any errors or omissions, or for the use of this information.

Primary Source Verification

The license information in this web page has been designed and implemented to meet primary source verification requirements of the Joint Commission accredited hospitals and the National Committee for Quality Assurance (NCQA) certified managed care organizations, and it can be used as the primary source verification.

Note on 'Area of Specialty'

Specialty board certification information was obtained directly from American Board of Medical Specialties (ABMS), www.abms.org, or American Board of Osteopathic Medical Specialties (AOA), www.aoa-net.org, as a written direct verification, quarterly update, or from the official ABMS or AOA primary source verification website. Minnesota's Physician Profile contains specialty certifications only from ABMS and AOA, because they are universally recognized and easily verifiable. Other organizations certify and endorse specialization with their own standards and procedures. You may wish to ask your physician about such certifications if he or she does not list one of the specialties from the ABMS or AOA.

Maintenance of Certification (MOC)

MOC is an ABMS program of lifelong learning and requires physicians to self-assess their competency. Further information can be found at www.abms.org. The American Osteopathic Association also has a continuous lifelong process "Osteopathic Continuous Certification" or OCC. Further information is available at www.osteopathic.org.

Criminal Conviction

Minnesota Statute 214.072 (a)(1) requires the Board to post licensee's "conviction of a felony or gross misdemeanor occurring on or after July 1, 2013, in any state or jurisdiction."