

Peter D'Ascolic

1412-2 100 00

Minnesota State Board of Medical Examiners

717 Delaware St. S.E., Suite 352
Minneapolis, MN 55414



PAGE 1

Application for:
 NATIONAL BOARD ENDORSEMENT OF MEDICAL EXAMINERS
 NATIONAL BOARD OF OSTEOPATHIC EXAMINERS
 L.M.C.C.

Name	<u>Peter Thomas D'Ascolic</u>	Application No.	<u>130</u>
Preliminary Education		Date	<u>8-6-83</u>
Medical Education	<u>Howard U. Med. Coll. Washington, D.C.</u>	License Number	<u>27,828</u>
School of Graduation	<u>Howard U., Washington, D.C. 1978</u>	Issued	<u>8-6-83</u>
Diploma	<u>Bachelor of Medicine</u>	Fee Paid	<u>6-20-83</u>
Diploma Doctor of Medicine	<u>Howard U., M.D. 5-13-78</u>	Receipt No.	<u>1412-2</u>
Internship	<u>Long Beach V.A. Med. Ctr. Long Beach, CA 7-1-78 to 7-1-79</u>		
National Board Certificate No.	<u>201061</u>	Date	<u>7-2-79</u>
		Average	<u>76.6</u>

CREDENTIALS

BORN: Washington, D.C. -50.
 MEDICAL SCHOOL: Howard U, Washington, D.C. M.D. issued 5-13-78.
 INTERNSHIP: Long Beach V.A. Medical Ctr. Long Beach, CA 7-1-78 to 7-1-79.
 NATIONAL BOARD CERT: #201061 issued 7-2-79 Avg. 76.6.
 INFORMATION RELEASE FORM.
 HOSPITAL STAFF PRIVILEGE FORM.
 MALPRACTICE HISTORY REPORT FORM.

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

PERSONNEL OF BOARD

- CHESTER A. ANDERSON, M.D. Pres.
- WILLIAM J. DONKERS, D.O. Vice-Pres.
- MARCIA YUGEND Sec'y.
- DOROTHY H. BERNSTEIN, M.D.
- JACK BERT, M.D.
- MARY HARTMANN
- WILLIAM JACOTT, MD.
- GEORGE B. MARTIN JR., MD.
- LOREN E. NELSON, M.D.
- THERESA OLSON
- RICHARD B. TOMPKINS, M.D.

Location



Norma J. Washburn
My Commission expires 8/89
5-31-83

Memorandum

Minnesota State Board of Medical Examiners

717 Delaware St. S.E., Suite 352
Minneapolis, MN 55414

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

Yankton, S.D. 5/30/83
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.)
(All addresses must include zip code.)

1. Name Peter Thomas D'Ascoli
2. Addresses _____

_____ Present address _____ Your intended address _____ Zip _____

3. Place of Birth Washington, D.C. Date of Birth '50

4. Name of Father _____
Maiden Name of Mother _____

5. Citizenship: Naturalization (US)
(If foreign born) _____ Name, place, date and number. Citizenship papers must be submitted

6. Identification: Height _____ Weight _____ Color of Hair _____
Color of Eyes _____ 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 Good Counsel H.S. Wheaton, Maryland Zip 20902
from 9/64 to 6/68 Name, location, dates of attendance.

College Montgomery College, Rockville, Maryland 9/68-12/78 Zip 20850
Howard University, Washington, D.C. (1/78-5/79) Zip 20059
Name, location, dates of attendance.

Academic Degree of BS From Howard University (Date) 5/79
Name of School

Academic Degree of _____ From _____ (Date) _____
Name of School

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

Howard Univ. Medical School Zip 20059 Medical Dept. from 9-28-74 to 5-13-78
Name and location of institution Mo. Day Yr. Mo. Day Yr.

Zip _____ Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.

Zip _____ Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.

Zip _____ Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.

Zip _____ Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.

Zip _____ Medical Dept. from _____ to _____
Mo. Day Yr. Mo. Day Yr.

Diploma Bachelor of Medicine from _____ Date Issued _____
Name and location of institution

Diploma Doctor of Medicine from Howard University School of Medicine Date Issued 5-13-78
Name and location of institution

9. INTERNSHIP: Name of Hospital Long Beach VA Medical Center

Address Long Beach, California Zip 90804

Dates: From July 1, 1978 To July 1, 1979

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

University of California at Los Angeles LA, CA (MPH) Zip 90024

September 1979 to July 1980 Zip _____

OB-Gyn Residency - Sacred Heart Hospital (Affiliated Univ. of South Dakota) Yankton, S.D. 57078 (Aug 1980 to present)

INSTRUCTIONS:

Read enclosed instruction sheet carefully.

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

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

Application must be on file in Secretary's office on the 15th day in the months of Dec., March, June or Sept. 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 N/A Date of Release _____
Branch of Service _____ Rank _____ Particulars _____

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:

State South Dakota License No. 2636 Date current to 1983 How Obtained Recip
State Calif License No. 6-40074 Date expired How Obtained Reg. Bd
State _____ License No. _____ Date _____ How Obtained _____

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

a. Place Pasadena, California From August 1979 To June 1980
References Dr. Bloom Pasadena Public Health, City Hall 26, Colorado Zip 9107

b. Place Yankton, South Dakota From August 1980 To Present (At Rec of Examin)
References Dr. L. Peterson and Dr. H.T. Gilmore

c. Place _____ From _____ To _____
References _____ Zip _____

d. Place _____ From _____ To _____
References _____ Zip _____

e. Place _____ From _____ To _____
References _____ 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: _____

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: _____

16. Are you a member of any medical society? If so, give particulars: Professional Society - Junior Fellow of American College of Obstetricians and Gynecologists

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: _____

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: _____

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: _____

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: _____

21. AFFIDAVIT OF APPLICANT:
STATE OF South Dakota } ss.
County of Yankton
Peter Thomas D'Ascoli

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.

Peter Thomas D'Ascoli
Applicant

Sworn to before me this 31st day of May, 1983

My Commission expires 8/89
Thomas J. Hardburne
Notary Public

PAGE IV

Please have photo attached on page 1, the application blank filled out and notarized before having sections 21 through 23 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.

8/26/74 - 5/ 9/75

8/29/77 - 4/30/78

8/25/75 - 5/ 7/76

M.D. May 13, 1978

8/30/76 - 5 6/77

Pauline H. Justice - Dillon
Pauline Y. Titus-Dillon, M.D., Associate Dean
President, Secretary of Dean

(SEAL)

June 14, 1983
Date

Howard U. Coll. of Med., Washington, D.C.
Name of School and Address

(PLEASE SEND TO MEDICAL SOCIETY FOR FOLLOWING CERTIFICATION)

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

1. John Sternquist

Dr. of E. Dak
Robert P. Ascare

Secretary of the
Medical Society, certify that

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. Robert P. Ascare is engaged in the reputable practice of medicine in the State of South Dakota. 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. Robert P. Ascare.

(Seal of Society) W A

5/31/83
Date

John Sternquist
Secretary of Medical Society
Box 706 Yankton, S.D.
Address

(Secretary must execute following affidavit)

*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of Yankton
State of South Dakota ss.

In Yankton Yankton S.D. on the 31st day of May

A.D., 1983 before me personally appeared Dr. John Sternquist Assoc. President
of Box 706 Yankton, S.D. 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 J. Washburn
Notary Public
Yankton, S. Dak.
Address

MD-00022-01

(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: Peter D'Ascoli Start Date: 2/5/2010 11:57:05 PM
 Service Name: License Renewal - PY Complete Date: 2/6/2010 12:11:56 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/5/2010 11:57:57 PM	
2	Verify Information	2/5/2010 11:59:45 PM	
3	Privileges & Continuing Medical Education	2/6/2010 12:01:15 AM	
4	Practice Questions	2/6/2010 12:03:41 AM	
5	Profiling - Practice Addresses	2/6/2010 12:04:11 AM	
5	Profiling - Post Graduate Training	2/6/2010 12:05:58 AM	
5	Profiling - Post Graduate Training	2/6/2010 12:05:58 AM	
5	Profiling - ABMS/AOA	2/6/2010 12:06:45 AM	
5	Profiling - ABMS/AOA	2/6/2010 12:06:45 AM	
5	Profiling - Criminal Convictions	2/6/2010 12:07:22 AM	
6	Review	2/6/2010 12:08:28 AM	
7	Prescription Monitoring Program Registration	2/6/2010 12:08:46 AM	

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 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 2914 Monterey Avenue
 St. Louis Park, MN 55416
Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Regions Hospital	St. Paul	MN	staff
Holy Rosary Hospital	Miles City	MT	staff

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 02/28/2011.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/10/2011 12:09:26 PM
 Service Name: License Renewal - PY Complete Date: 1/11/2011 1:45:52 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/10/2011 12:12:24 PM	
2	Verify Information	1/10/2011 12:14:16 PM	
3	Privileges & Continuing Medical Education	1/10/2011 12:16:30 PM	<ul style="list-style-type: none"> Your reported hours must be equal or greater than the required hours to renew your license. If you wish to request a CME extension, contact the Board.
2	Verify Information	1/11/2011 1:34:18 PM	
3	Privileges & Continuing Medical Education	1/11/2011 1:36:04 PM	
4	Practice Questions	1/11/2011 1:38:01 PM	
5	Profiling - Practice Addresses	1/11/2011 1:38:22 PM	
5	Profiling - Post Graduate Training	1/11/2011 1:39:48 PM	
5	Profiling - Post Graduate Training	1/11/2011 1:39:48 PM	
5	Profiling - ABMS/AOA	1/11/2011 1:40:14 PM	
5	Profiling - ABMS/AOA	1/11/2011 1:40:14 PM	
5	Profiling - Criminal Convictions	1/11/2011 1:40:37 PM	
6	Review	1/11/2011 1:41:45 PM	
7	Prescription Monitoring Program Registration	1/11/2011 1:42:28 PM	

Verification Page

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

Applying for License Renewal

License Number: PY 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 2914 Monterey Avenue
 St. Louis Park, MN 55416
Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Regions Hospital	St. Paul	MN	staff
Holy Rosary Hospital	Miles City	MT	staff

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: 85.
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 85

You were not certified by one of the above specialty Boards during your three-year cycle.

Minnesota Board of Medical Practice



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/14/2012 12:20:20 PM
 Service Name: License Renewal - PY Complete Date: 1/14/2012 12:36:30 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/14/2012 12:21:06 PM	
2	Verify Information	1/14/2012 12:22:55 PM	
3	Privileges & Continuing Medical Education	1/14/2012 12:24:32 PM	
4	Practice Questions	1/14/2012 12:27:26 PM	
5	Profiling - Practice Addresses	1/14/2012 12:27:46 PM	
5	Profiling - Post Graduate Training	1/14/2012 12:29:07 PM	
5	Profiling - Post Graduate Training	1/14/2012 12:29:07 PM	
5	Profiling - ABMS/AOA	1/14/2012 12:29:42 PM	
5	Profiling - ABMS/AOA	1/14/2012 12:29:42 PM	
5	Profiling - Criminal Convictions	1/14/2012 12:30:30 PM	
6	Review	1/14/2012 12:31:50 PM	
7	Prescription Monitoring Program Registration	1/14/2012 12:32:39 PM	

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 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 2914 Monterey Avenue
 St. Louis Park, MN 55416
Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff
Bozeman-Deaconess Hospital	Bozeman	MT	staff

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 02/28/2014.

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

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/30/2013 8:20:33 AM
 Service Name: License Renewal - PY Complete Date: 1/30/2013 8:35:34 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/30/2013 8:21:26 AM	
2	Verify Information	1/30/2013 8:23:38 AM	
3	Privileges & Continuing Medical Education	1/30/2013 8:24:46 AM	
4	Practice Questions	1/30/2013 8:27:01 AM	
5	Profiling - Practice Addresses	1/30/2013 8:27:20 AM	
5	Profiling - Post Graduate Training	1/30/2013 8:27:55 AM	
5	Profiling - Post Graduate Training	1/30/2013 8:27:55 AM	
5	Profiling - ABMS/AOA	1/30/2013 8:28:40 AM	
5	Profiling - ABMS/AOA	1/30/2013 8:28:40 AM	
5	Profiling - Criminal Convictions	1/30/2013 8:29:01 AM	
6	Review	1/30/2013 8:30:04 AM	
7	Prescription Monitoring Program Registration	1/30/2013 8:31:03 AM	

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 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 3805 East 26th Street
 Minneapolis, MN 55406

Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff

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 02/28/2014.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/23/2014 11:30:54 PM
 Service Name: License Renewal - PY Complete Date: 1/24/2014 12:55:33 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/23/2014 11:31:45 PM	
2	Verify Information	1/23/2014 11:33:15 PM	
3	Privileges & Continuing Medical Education	1/23/2014 11:36:26 PM	
4	Practice Questions	1/23/2014 11:38:27 PM	
5	Profiling - Practice Addresses	1/23/2014 11:39:14 PM	• Check box must be checked if primary business is not entered
5	Profiling - Practice Addresses	1/23/2014 11:46:20 PM	
5	Profiling - Post Graduate Training	1/23/2014 11:47:09 PM	
5	Profiling - Post Graduate Training	1/23/2014 11:47:10 PM	
5	Profiling - ABMS/AOA	1/23/2014 11:47:32 PM	
5	Profiling - ABMS/AOA	1/23/2014 11:47:32 PM	
5	Profiling - Criminal Convictions	1/23/2014 11:48:44 PM	
3	Privileges & Continuing Medical Education	1/23/2014 11:51:47 PM	
4	Practice Questions	1/23/2014 11:51:52 PM	
5	Profiling - Practice Addresses	1/23/2014 11:51:56 PM	
5	Profiling - Post Graduate Training	1/23/2014 11:52:00 PM	
5	Profiling - Post Graduate Training	1/23/2014 11:52:00 PM	
5	Profiling - ABMS/AOA	1/23/2014 11:52:02 PM	
5	Profiling - ABMS/AOA	1/23/2014 11:52:03 PM	
5	Profiling - Criminal Convictions	1/23/2014 11:52:05 PM	
6	Review	1/23/2014 11:52:35 PM	

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Application for License Renewal

License Number: PY 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 3805 East 26th Street Minneapolis, MN 55406
Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff
Glendive Medical Center	Glendive	MT	staff

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: 79

Category 1 Equivalent Course Hours: 0

Total Reported Hours: 79

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.

Minnesota Board of Medical Practice



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/27/2015 4:09:57 PM
 Service Name: License Renewal - PY Complete Date: 1/27/2015 4:48:57 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/27/2015 4:10:51 PM	
2	Verify Information	1/27/2015 4:11:31 PM	
3	Privileges & Continuing Medical Education	1/27/2015 4:12:30 PM	
4	Practice Questions	1/27/2015 4:15:19 PM	
5	Profiling - Practice Addresses	1/27/2015 4:15:59 PM	
5	Profiling - Post Graduate Training	1/27/2015 4:16:53 PM	
5	Profiling - Post Graduate Training	1/27/2015 4:16:53 PM	
5	Profiling - ABMS/AOA	1/27/2015 4:17:18 PM	
5	Profiling - ABMS/AOA	1/27/2015 4:17:19 PM	
5	Profiling - Criminal Convictions	1/27/2015 4:17:36 PM	
6	Review	1/27/2015 4:18:49 PM	
8	Questionnaire	1/27/2015 4:26:01 PM	

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Application for License Renewal

License Number: PY 27828
 Name: Peter Thomas D'Ascoli

Drivers License:
 Is license current?

Designated Address: 3805 East 26th Street Minneapolis, MN 55406
 Phone: (612) 210-1957
 Email Address:
 Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff
Glendive Medical Center	Glendive	MT	staff

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 02/28/2017.

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

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/21/2016 8:44:33 AM
 Service Name: License Renewal - PY Complete Date: 1/21/2016 9:11:37 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/21/2016 8:45:20 AM	
2	Verify Information	1/21/2016 8:47:41 AM	
3	Privileges & Continuing Medical Education	1/21/2016 8:48:11 AM	
4	Practice Questions	1/21/2016 8:49:46 AM	
5	Profiling - Practice Addresses	1/21/2016 8:50:36 AM	
5	Profiling - Post Graduate Training	1/21/2016 8:51:09 AM	
5	Profiling - Post Graduate Training	1/21/2016 8:51:09 AM	
5	Profiling - ABMS/AOA	1/21/2016 8:51:42 AM	
5	Profiling - ABMS/AOA	1/21/2016 8:51:42 AM	
5	Profiling - Criminal Convictions	1/21/2016 8:52:05 AM	
6	Review	1/21/2016 8:53:20 AM	
6	Review	1/21/2016 8:53:21 AM	
8	Questionnaire	1/21/2016 9:09:19 AM	

Verification Page

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Application for License Renewal

License Number: PY 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 3805 East 26th Street
 Minneapolis, MN 55406

Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
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Holy Rosary Hospital	Miles City	MT	staff
Glendive Medical Center	Glendive	MT	staff

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 02/28/2017.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 2/10/2017 2:24:55 PM
 Service Name: License Renewal - PY Complete Date: 2/10/2017 2:52:56 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/10/2017 2:25:52 PM	
2	Verify Information	2/10/2017 2:27:36 PM	
3	Privileges & Continuing Medical Education	2/10/2017 2:30:46 PM	
4	Practice Questions	2/10/2017 2:32:34 PM	
5	Profiling - Practice Addresses	2/10/2017 2:33:26 PM	PracticeAddress
5	Profiling - Post Graduate Training	2/10/2017 2:34:27 PM	Bypass Case
5	Profiling - Post Graduate Training	2/10/2017 2:34:27 PM	
5	Profiling - ABMS/AOA	2/10/2017 2:35:16 PM	
5	Profiling - ABMS/AOA	2/10/2017 2:35:16 PM	
5	Profiling - Criminal Convictions	2/10/2017 2:35:38 PM	
6	Review	2/10/2017 2:37:24 PM	
7	Prescription Monitoring Program Registration	2/10/2017 2:43:34 PM	
7	Prescription Monitoring Program Registration	2/10/2017 2:43:35 PM	PMP Submitted Successfully: 2/10/2017 2:43:35 PM
7	Prescription Monitoring Program Registration	2/10/2017 2:43:42 PM	
9	Payment	2/10/2017 2:51:13 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 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 3805 East 26th Street
 Minneapolis, MN 55406
Phone: (612) 210-1957
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff
Glendive Medical Center	Glendive	MT	staff

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: 77
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 77



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Peter D'Ascoli Start Date: 1/15/2018 4:17:09 AM
 Service Name: License Renewal - PY Complete Date: 1/15/2018 4:44:21 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	1/15/2018 4:18:22 AM	
2	Verify Information	1/15/2018 4:19:41 AM	
3	Privileges & Continuing Medical Education	1/15/2018 4:20:34 AM	
4	Practice Questions	1/15/2018 4:22:41 AM	
5	Profiling - Practice Addresses	1/15/2018 4:24:02 AM	PracticeAddress • Secondary Practice Address Line 1 • Secondary Practice Address City • Secondary Practice Address Zip Code
5	Profiling - Practice Addresses	1/15/2018 4:24:19 AM	PracticeAddress
5	Profiling - Post Graduate Training	1/15/2018 4:25:32 AM	Bypass Case
5	Profiling - Post Graduate Training	1/15/2018 4:25:32 AM	
5	Profiling - ABMS/AOA	1/15/2018 4:26:07 AM	
5	Profiling - ABMS/AOA	1/15/2018 4:26:07 AM	
5	Profiling - Criminal Convictions	1/15/2018 4:26:29 AM	
6	Review	1/15/2018 4:27:55 AM	
7	Prescription Monitoring Program Registration	1/15/2018 4:32:02 AM	
7	Prescription Monitoring Program Registration	1/15/2018 4:32:03 AM	PMP Submitted Successfully: 1/15/2018 4:32:02 AM
7	Prescription Monitoring Program Registration	1/15/2018 4:32:09 AM	
9	Payment	1/15/2018 4:41:35 AM	

Verification Page

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Application for License Renewal

License Number: PY 27828
Name: Peter Thomas D'Ascoli

Drivers License:
Is license current?

Designated Address: 3805 East 26th Street
 Minneapolis, MN 55406

Phone: (612) 210-1957
Email Address:
Web Site:

Private Add. ---

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University Fairview-Riverside	Minneapolis	MN	staff
Holy Rosary Hospital	Miles City	MT	staff
Glendive Medical Center	Glendive	MT	staff

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 02/29/2020.



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: Peter Thomas D'Ascoli

[New Search](#)

License: Physician and Surgeon - #27828

[Print](#)

Licensee Public Information	
Licensure Designated Address: 3805 East 26th Street Minneapolis, MN 55406	
Web Site:	Birth Year: 1950
E-mail:	Gender: Male

License Information	
License Number: 27828	License Type: Physician and Surgeon
Expiration Date: 02-28-2019	Grant Date: 08-06-1983
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: HOWARD UNIVERSITY, COLLEGE OF MEDICINE, WASHINGTON, DC USA	Degree: M.D.
Location: Washington, DC USA	Date: Unknown

Practice Locations (Self-Reported Information)	
Primary Location: Billings Clinic Miles City, MT 59301	Secondary Location: N/A
Phone: 406-233-7000	Phone: Unknown

Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)				
Program	Specialty	Start Date	End Date	Completed
Long Beach California Veterans Administration Medical Center	Internal Medicine	06/00/1978	06/00/1979	Y
Long Beach VA	Internal Medicine	07/00/1978	06/00/1979	Y
UCLA	Public Health	09/00/1979	12/00/1980	Y
U of SD	Ob Gyn	08/00/1980	09/00/1983	Y
University of South Dakota	Obstetrics and Gynecology	08/01/1980	08/01/1983	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 12:18:06 PM

Disclaimer

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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."