

APPLICATION TO PRACTICE MEDICINE

MINNESOTA BOARD OF MEDICAL PRACTICE
2700 UNIVERSITY AVENUE WEST, SUITE 106
ST. PAUL, MINNESOTA 55114-1080
(612) 642-0538

RECEIVED

DATE OF APPLICATION:

DAY MONTH YEAR
22 03 95

APR 1 1995

MN BOARD OF
MED PRACTICE

INSTRUCTIONS TO APPLICANT

1. Answer all questions completely and accurately or the application will be returned.
2. The name you enter must exactly match the name on your medical diploma, or documentation of formal name change must be submitted.
3. All addresses must include zip code. If requested on the application.
4. Account for all time from the beginning of high school, whether spent in school, practice, or otherwise. Dates must include Day, Month, and Year. Attach a separate sheet if necessary.
5. Enter all dates as DAY-MONTH-YEAR. For example, January 1, 1999 should be entered as 01-JAN-99.
6. The application fee is not refundable.
7. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.

FOR BOARD USE ONLY

APPLICATION #:		60392
CHECK (RECEIPT #):		95320-8, 17
AMT PAID:		31
TEMP PERMIT #:		
BOARD ACTION:		
BOARD DATE:		7-8-95
LICENSE #:		3792
SOURCE CODE	AMOUNT	
100	165.00	
200	200.00	
300	66.00	

TO: The Minnesota Board of Medical Practice:

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.

FULL LEGAL NAME:		
LAST	FIRST	MIDDLE
FAHRMANN	JUNE	MARILYN
STREET ADDRESS:		
STATE OR PROVINCE:		
COUNTRY:		
USA		
HOME PHONE:		
DATE OF BIRTH:		
GENDER:		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
MARRIED NAME:		
SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER:		

EXAMINATION TYPE			
<input type="checkbox"/> FLEX EXAMINATION	<input type="checkbox"/> COMP 1	<input type="checkbox"/> COMP 2	<input type="checkbox"/> COMP 1&2
<input type="checkbox"/> FLEX, OTHER STATE (FLIX06)			
<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS EXAMINATION (NBME)			
<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC EXAMINERS EXAMINATION (NBOE)			
<input type="checkbox"/> LICENTIATE OF MEDICAL COUNCIL OF CANADA EXAMINATION (LMCC)			
<input type="checkbox"/> STATE BOARD EXAMINATION (STATE)			
<input checked="" type="checkbox"/> UNITED STATES MEDICAL LICENSING EXAM (USMLE)			
<input type="checkbox"/> COMBINATION FLEX, NBME, USMLE			

NATURALIZATION INFORMATION	
NAME:	
PLACE OF NATURALIZATION:	
DATE OF NATURALIZATION:	
NUMBER:	

NOTE: CITIZENSHIP PAPERS MUST BE SUBMITTED AT TIME OF INTERVIEW.

* NOTE: If FLEX is Marked, Also Check Component 1, Component 2, Or Components 1&2

60392

ADDITIONAL RELATIVE

NAME OF RELATIVE:
JEROME FAHRMANN

STREET ADDRESS:
CITY: STATE: ZIP CODE:

COUNTRY: **USA** RELATIONSHIP: **BROTHER**

YOUR HOME ADDRESS

STREET ADDRESS:
CITY: STATE OR PROVINCE: ZIP CODE:

COUNTRY: **USA** EFFECTIVE DATE: **PRESENTLY**

RECORD OF BIRTH

DATE OF BIRTH: **52** CITY OF BIRTH: **MRS** COUNTY OF BIRTH: **HENNEPIN** STATE/PROVINCE OF BIRTH: **MINNESOTA**

FULL NAME OF FATHER: NO. 1: MAIDEN NAME: COUNTRY OF BIRTH: **USA**

PHYSICAL DATA

HEIGHT: **5' 11"** WEIGHT: **170** HAIR: **N** COLOR EYES: **N**

SCARS AND TATTOOS:

EDUCATION

NAME OF SCHOOL	CITY	STATE OR PROVINCE	FROM DATE	TO DATE
IRONDALE SR HIGH	NEW BRIGHTON	MIN	9/67	6/70
NHCC	BROOKLYN PARK	MIN	01-81	06-84
HAMLINE U	ST. PAUL	MA	09-84	05-88

UNIVERSITY OF MINNESOTA (GRADUATE SCHOOL)

INSTITUTION	CITY	STATE	ZIP CODE	FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)
UNIVERSITY OF MINNESOTA	MINNEAPOLIS	MIN	55455	28-08-87	11-06-91

ACTIVITY (ATTACH SEPARATE SHEET, IF NECESSARY)

ACTIVITY	FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)
SALES CONSULTANT	01-02-70	15-01-73
FULL TIME MOTHER	15-03-73	15-04-77
MOTHER, MEDICAL ASSISTANT	15-04-77	01-06-85
MOTHER, COUNSELOR, COORDINATOR	01-06-85	01-07-91

#60392

1. EDUCATION					
BACHELOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	ZIP:	COUNTRY:
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY					
DOCTOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	ZIP:	COUNTRY:
<input checked="" type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL	MINNEAPOLIS	MN	55455	USA
					DATE DO MM-YY
					DATE DO MM-YY

2. POSTGRADUATE RESIDENTIAL TRAINING					
NAME OF HOSPITAL:	FAIRVIEW-RIVERSIDE MEDICAL CENTER		FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)	
			01-03-94	PRESENT	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
2450 RIVER E AVENUE	MPIS	MN	USA	55454	
TYPE OF TRAINING: (BE SPECIFIC)					
FAMILY PRACTICE RESIDENCY PROGRAM - UGE MN AFFILIATE					
NAME OF HOSPITAL:			FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
NAME OF HOSPITAL:			FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					

3. POSTGRADUATE NON-RESIDENTIAL EDUCATION/TRAINING					
FACILITY NAME:	NONE		FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
FACILITY NAME:			FROM DATE (DD-MM-YY)	TO DATE (DD-MM-YY)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					

4. MILITARY SERVICE				
BRANCH OF SERVICE:	DATE OF ENTRY:	DATE OF RELEASE:	RAV AT DISCHARGE:	TYPE OF DISCHARGE:
NONE				
DUTY ASSIGNMENT:				LOCATION:

5. STATES/PROVINCES/COUNTRIES IN WHICH YOU HAVE BEEN LICENSED			
STATE/PROVINCE/COUNTRY	LICENSE NUMBER	DATE ISSUED	HOW OBTAINED (*)
NONE			

(*) NATIONAL BOARD OF MEDICAL EXAMINERS (NBME)
STATE BOARD EXAM (STATE)
NATIONAL BOARD OF OSTEOPATHIC EXAMINERS (NBOE)
LICENTURE (MEDICAL COUNCIL OF CANADA (MCC))

LEX EXAM MATCH (LEX)
UNITED STATES MEDICAL LICENSING EXAM (USMLE)
COMBINATION (LEX, NBME, USMLE)

APP-PV-03 8/99

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STATE BELOW WHERE YOU HAVE PRACTICED OUTSIDE OF A TRAINING PROGRAM, AND PROVIDE TWO REFERENCES FROM EACH FACILITY

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:
NAME OF REFERENCE:		STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:

UNSURE

MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ORGANIZATIONS		
NAME OF ORGANIZATION	FROM DATE	TO DATE
AMA	1992	Present
AAOANA	1993	Present

Are you currently certified by a specialty board of the (check one):

☐ American Board of Medical Specialties

☐ American Osteopathic Association Bureau of Professional Education

☐ Royal College of Physicians and Surgeons of Canada

☐ None of the above

Specialty: _____

Expiration Date: _____

*If it has been more than 10 years since your initial licensing exam, the SPEX exam is required unless currently specialty board certified.

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CERTIFICATE OF ETHICAL AND MORAL CHARACTER

THIS CERTIFICATE MUST BE SIGNED BY TWO LICENSED PHYSICIANS WHO ARE PERSONALLY ACQUAINTED WITH THE APPLICANT.

I certify that the photograph attached is a recent one and likeness of Dr. JUNE M. FAHRMANN
and that s/he is a person of good ethical and moral character.

William Muller 3/30/95 36372 Mn.
SIGNATURE DATE LICENSE NUMBER STATE OF ISSUE

William Muller
PRINT OR TYPE FULL NAME



I certify that the photograph attached is a recent one and likeness of Dr. June M. Fahrman
and that s/he is a person of good ethical and moral character.

Elizabeth E. Cooley 3/30/95 36247 MN
SIGNATURE DATE LICENSE NUMBER STATE OF ISSUE

Elizabeth E. Cooley
PRINT OR TYPE FULL NAME

AFFIDAVIT OF APPLICANT:

STATE OF: MINNESOTA

COUNTY OF: HENNEPIN

MN F 55-454 585780 #60392

I, JUNE MARILYN FAHRMAN, swear that I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of Minnesota; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

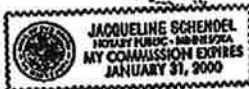
I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records including (but not limited to) transcripts, medical records, personnel files, and any information, favorable or otherwise, the Board may require for its evaluation of my professional, ethical, and physical qualifications for licensure in Minnesota.

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 the denial, suspension or revocation of my license to practice medicine in Minnesota. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved by the Board.

Sworn to before me this 30 day of March, 1995
Jacqueline Schendel
Signature Of Notary Public

June M. Fahrman
Signature Of Applicant

My Commission Expires: 1-31-2000



RIGHT TO BE HEARD

Under Minnesota Statutes §13.41, subdivision 2 (1984), information you provide in this application, except for your name and address is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate, while you remain an applicant. When you become licensed, the information in your file related to your license is classified as public under Minnesota Statutes §13.41, subdivision 4 (1984).

The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but you cannot be licensed without doing so.

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

(Use Back button to return to summary page)

User Name: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/21/2010 2:26:40 PM
Complete Date: 10/21/2010 2:36:41 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/21/2010 2:26:54 PM	
2	Verify Information	10/21/2010 2:27:48 PM	
3	Privileges & Continuing Medical Education	10/21/2010 2:29:18 PM	
4	Practice Questions	10/21/2010 2:30:21 PM	
5	Profiling - Practice Addresses	10/21/2010 2:30:36 PM	
5	Profiling - Post Graduate Training	10/21/2010 2:31:03 PM	
5	Profiling - Post Graduate Training	10/21/2010 2:31:03 PM	
5	Profiling - ABMS/AOA	10/21/2010 2:31:30 PM	
5	Profiling - ABMS/AOA	10/21/2010 2:31:30 PM	
5	Profiling - Criminal Convictions	10/21/2010 2:31:40 PM	
6	Review	10/21/2010 2:32:32 PM	
7	Prescription Monitoring Program Registration	10/21/2010 2:32:46 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 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: PO Box 2168
Maple Grove, MN 55311

Phone: (763) 494-3473
Email Address:
Web Site:

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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:** 77**Category 1 Equivalent Course Hours:** 0**Total Reported Hours:** 77

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

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

(Use Back button to return to summary page)

User Name: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/27/2011 10:48:50 AM
Complete Date: 10/27/2011 10:57:30 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/27/2011 10:49:06 AM	
2	Verify Information	10/27/2011 10:49:43 AM	
3	Privileges & Continuing Medical Education	10/27/2011 10:50:00 AM	
4	Practice Questions	10/27/2011 10:51:31 AM	
5	Profiling - Practice Addresses	10/27/2011 10:51:46 AM	
5	Profiling - Post Graduate Training	10/27/2011 10:51:57 AM	
5	Profiling - Post Graduate Training	10/27/2011 10:51:57 AM	
5	Profiling - ABMS/AOA	10/27/2011 10:52:20 AM	
5	Profiling - ABMS/AOA	10/27/2011 10:52:20 AM	
5	Profiling - Criminal Convictions	10/27/2011 10:52:38 AM	
6	Review	10/27/2011 10:53:21 AM	
7	Prescription Monitoring Program Registration	10/27/2011 10:53:43 AM	

1

Verification Page

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

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

Application for License Renewal

License Number: PY 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: PO Box 2168
Maple Grove, MN 55311
Phone: (763) 494-3473
Email Address:
Web Site:

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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 10/31/2013.

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

(Use Back button to return to summary page)

User Name: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/30/2012 6:55:09 AM
Complete Date: 10/30/2012 7:04:32 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/30/2012 6:55:27 AM	
2	Verify Information	10/30/2012 6:58:46 AM	
3	Privileges & Continuing Medical Education	10/30/2012 6:59:03 AM	
4	Practice Questions	10/30/2012 7:00:03 AM	
5	Profiling - Practice Addresses	10/30/2012 7:00:20 AM	
5	Profiling - Post Graduate Training	10/30/2012 7:00:29 AM	
5	Profiling - Post Graduate Training	10/30/2012 7:00:29 AM	
5	Profiling - ABMS/AOA	10/30/2012 7:00:43 AM	
5	Profiling - ABMS/AOA	10/30/2012 7:00:43 AM	
5	Profiling - Criminal Convictions	10/30/2012 7:01:00 AM	
6	Review	10/30/2012 7:01:29 AM	
7	Prescription Monitoring Program Registration	10/30/2012 7:01:50 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 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: 14413 91st Place
Maple Grove, MN 55369

Phone: (763) 494-3473
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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 10/31/2013.

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

(Use Back button to return to summary page)

User Name: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/21/2013 7:00:45 PM
Complete Date: 10/21/2013 7:22:52 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/21/2013 7:01:59 PM	
2	Verify Information	10/21/2013 7:02:28 PM	
3	Privileges & Continuing Medical Education	10/21/2013 7:04:55 PM	
4	Practice Questions	10/21/2013 7:06:31 PM	
5	Profiling - Practice Addresses	10/21/2013 7:07:20 PM	
5	Profiling - Post Graduate Training	10/21/2013 7:07:31 PM	
5	Profiling - Post Graduate Training	10/21/2013 7:07:31 PM	
5	Profiling - ABMS/AOA	10/21/2013 7:07:47 PM	
5	Profiling - ABMS/AOA	10/21/2013 7:07:47 PM	
5	Profiling - Criminal Convictions	10/21/2013 7:08:05 PM	
6	Review	10/21/2013 7:08:55 PM	
7	Prescription Monitoring Program Registration	10/21/2013 7:09:11 PM	

1

Verification Page

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

Application for License Renewal

License Number: PY 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: 14413 91st Place
Maple Grove, MN 55369

Phone: (763) 494-3473
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/20/2014 3:14:38 PM
Complete Date: 10/20/2014 3:54:08 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/20/2014 3:15:01 PM	
2	Verify Information	10/20/2014 3:16:38 PM	
3	Privileges & Continuing Medical Education	10/20/2014 3:16:50 PM	
4	Practice Questions	10/20/2014 3:19:06 PM	
5	Profiling - Practice Addresses	10/20/2014 3:19:25 PM	
5	Profiling - Post Graduate Training	10/20/2014 3:19:34 PM	
5	Profiling - Post Graduate Training	10/20/2014 3:19:34 PM	
5	Profiling - ABMS/AOA	10/20/2014 3:20:01 PM	
5	Profiling - ABMS/AOA	10/20/2014 3:20:01 PM	
5	Profiling - Criminal Convictions	10/20/2014 3:20:10 PM	
6	Review	10/20/2014 3:20:54 PM	
8	Questionnaire	10/20/2014 3:29:09 PM	

1

Verification Page

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Application for License Renewal

License Number: PY 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: 14413 91st Place
Maple Grove, MN 55369
Phone: (763) 494-3473
Email Address: fahrchoice@msn.com
Web Site:

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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 10/31/2016.

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

(Use Back button to return to summary page)

User Name: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/26/2015 6:57:01 PM
Complete Date: 10/26/2015 7:50:49 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/26/2015 6:57:24 PM	
2	Verify Information	10/26/2015 6:57:54 PM	
3	Privileges & Continuing Medical Education	10/26/2015 6:58:16 PM	
4	Practice Questions	10/26/2015 6:59:20 PM	
5	Profiling - Practice Addresses	10/26/2015 6:59:52 PM	
5	Profiling - Post Graduate Training	10/26/2015 7:00:02 PM	
5	Profiling - Post Graduate Training	10/26/2015 7:00:02 PM	
5	Profiling - ABMS/AOA	10/26/2015 7:00:34 PM	
5	Profiling - ABMS/AOA	10/26/2015 7:00:34 PM	
5	Profiling - Criminal Convictions	10/26/2015 7:00:56 PM	
6	Review	10/26/2015 7:01:41 PM	
8	Questionnaire	10/26/2015 7:06:08 PM	

1

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Application for License Renewal

License Number: PY 37972
Name: June Marilyn Fahrman

Drivers License:
Is license current?

Designated Address: 14413 91st Place
Maple Grove, MN 55369
Phone: (763) 494-3473
Email Address: fahrchoice@msn.com
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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 10/31/2016.

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

(Use Back button to return to summary page)

User Name: June Fahrmann Start Date: 10/13/2016 11:59:15 AM
 Service License Renewal - Complete 10/13/2016 12:24:29 PM
 Name: PY Date: PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/13/2016 11:59:38 AM	
2	Verify Information	10/13/2016 12:01:29 PM	
3	Privileges & Continuing Medical Education	10/13/2016 12:02:52 PM	
4	Practice Questions	10/13/2016 12:05:19 PM	
5	Profiling - Practice Addresses	10/13/2016 12:06:56 PM	PracticeAddress
5	Profiling - Post Graduate Training	10/13/2016 12:07:18 PM	Bypass Case
5	Profiling - Post Graduate Training	10/13/2016 12:07:18 PM	
5	Profiling - ABMS/AOA	10/13/2016 12:08:09 PM	
5	Profiling - ABMS/AOA	10/13/2016 12:08:09 PM	
5	Profiling - Criminal Convictions	10/13/2016 12:08:25 PM	
6	Review	10/13/2016 12:09:43 PM	
7	Prescription Monitoring Program Registration	10/13/2016 12:11:21 PM	
9	Payment	10/13/2016 12:20:46 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 37972
Name: June Marilyn Fahrmann

Drivers License:
Is license current?

Designated Address: 14413 91st Place
 Maple Grove, MN 55369
Phone: (763) 533-2534
Email Address: fahrchoice@msn.com
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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: 0

Category 1 Equivalent Course Hours: 0

Total Reported Hours: 0

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: June Fahrman
Service Name: License Renewal - PY
Start Date: 10/23/2017 3:06:44 PM
Complete Date: 10/23/2017 3:19:59 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	10/23/2017 3:09:37 PM	
2	Verify Information	10/23/2017 3:09:55 PM	
3	Privileges & Continuing Medical Education	10/23/2017 3:10:12 PM	
4	Practice Questions	10/23/2017 3:11:21 PM	
5	Profiling - Practice Addresses	10/23/2017 3:11:38 PM	PracticeAddress
5	Profiling - Post Graduate Training	10/23/2017 3:11:59 PM	Bypass Case
5	Profiling - Post Graduate Training	10/23/2017 3:11:59 PM	
5	Profiling - ABMS/AOA	10/23/2017 3:12:17 PM	
5	Profiling - ABMS/AOA	10/23/2017 3:12:17 PM	
5	Profiling - Criminal Convictions	10/23/2017 3:12:31 PM	
6	Review	10/23/2017 3:13:05 PM	
7	Prescription Monitoring Program Registration	10/23/2017 3:13:15 PM	
9	Payment	10/23/2017 3:17:08 PM	

Verification Page

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Name: June Marilyn Fahrman

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Is license current?

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Maple Grove, MN 55369
Phone: (763) 533-2534
Email Address: fahrchoice@msn.com
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
North Memorial Health Care	Minneapolis	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 10/31/2019.



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: June Marilyn Fahrman

[New Search](#)

License: Physician and Surgeon - #37972

[Print](#)

Licensee Public Information			
Licensure Designated Address: 14413 91st Place			
Maple Grove, MN 55369			
Web Site:			Birth Year: 1952
E-mail:	fahrchoice@msn.com		Gender: Female

License Information			
License Number:	37972	License Type:	Physician and Surgeon
Expiration Date:	10-31-2018	Grant Date:	07-08-1995
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:	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL MINNEAPOLIS USA	Degree:	M.D.
Location:	Minneapolis, MN USA	Date:	06/11/1994

Practice Locations (Self-Reported Information)			
Primary Location: ROBBINSDALE CLINIC PA		Secondary Location: N/A	
3819 W BROADWAY			
ROBBINSDALE, MN 55422			
Phone:	763-533-2534	Phone:	Unknown

Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)					
Program	Specialty	Start Date	End Date	Completed	
University of Minnesota Medical School	M.D.	08/00/1989	06/00/1994	Y	
University of Minnesota Family Practice Residency-Riverside Affiliate	Family Practice	07/00/1994	06/00/1997	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
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Criminal Convictions (Self-Reported Information)					
Type	Crime Description	Conviction Date	Court of Jurisdiction	Sentence/Comment	

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

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Profile Retrieved on 3/2/2018 11:23:02 AM

Disclaimer

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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."