

APPLICATION TO PRACTICE MEDICINE



MINNESOTA BOARD OF MEDICAL PRACTICE
UNIVERSITY PARK PLAZA
2829 UNIVERSITY AVENUE SE, SUITE 500
MINNEAPOLIS, MINNESOTA 55414-3246
612-617-2130 or www.bmp.state.mn.us

Hearing Impaired-Minnesota Relay Service
Metro Area 297-5353
Outside Metro Area 1-800-627-3529

DATE OF APPLICATION:

MONTH	DAY	YEAR
9	1	2006



FOR BOARD USE ONLY

APPLICATION #: 87942

CHECK/RECEIPT #: 326-3

AMT PAID: _____

TEMP PERMIT #: _____

BOARD ACTION: _____

BOARD DATE: 3-12-2007

LICENSE #: 49517

INSTRUCTIONS TO APPLICANT

1. Answer all questions completely, accurately, and legibly 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 Month, Day, and Year. Attach a separate sheet if necessary.
5. Enter all dates as MONTH-DAY-YEAR.
6. The application fee is not refundable.
7. Failure to answer all questions completely and accurately, omission or falsification of material facts, alteration of application may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.
8. Incomplete applications may be destroyed after six months of inactivity.

SOURCE CODE	AMOUNT
5200 lic	192 ⁰⁰
5201 app	200 ⁰⁰
5203 tp	

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.

YOUR CURRENT NAME AND ADDRESS			
FULL LEGAL NAME:	LAST Frisch	FIRST Hope	MIDDLE Elizabeth
STREET ADDRESS:			
CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY: USA
HOME PHONE:	OTHER PHONE:	OTHER NAMES:	
SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER:		GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	

BASIS FOR APPLICATION (CHECK ONE)

- ☐ FEDERATION LICENSING EXAMINATION (FLEX)
☐ NATIONAL BOARD OF MEDICAL EXAMINERS EXAMINATION (NBME)
☐ NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS EXAMINATION (NBOME)
☐ COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION (COMLEX-USA)
☐ LICENTIATE OF MEDICAL COUNCIL OF CANADA EXAMINATION (LMCC)
☐ STATE BOARD EXAMINATION (STATE)
☒ UNITED STATES MEDICAL LICENSING EXAM (USMLE)
☐ COMBINATION FLEX, NBME, USMLE (MUST BE COMPLETED BY YEAR 2000)

ECFMC CERTIFICATION (FOREIGN ONLY)

NUMBER: _____

DATE ISSUED: _____

DRIVER'S LICENSE

STATE: Minnesota

NUMBER: _____

ADDRESS OF NEAREST RELATIVE		
NAME OF RELATIVE: 1		
STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	
ZIP CODE:	COUNTRY: USA	RELATIONSHIP: mother

YOUR INTENDED ADDRESS (IF KNOWN)		
STREET ADDRESS: same as address above		
CITY:	STATE OR PROVINCE:	
ZIP CODE:	COUNTRY:	EFFECTIVE DATE:
PHONE:		

RECORD OF BIRTH			
BIRTHDATE (MO/DAY/YEAR) / 1974	CITY OF BIRTH: Minneapolis	COUNTY OF BIRTH: USA	STATE/PROVINCE OF BIRTH: Minnesota
FULL NAME OF FATHER:		MOTHER'S MARDEN NAME:	COUNTRY OF BIRTH: USA

IDENTIFYING CHARACTERISTICS			
HEIGHT (R./In.):	WEIGHT (lbs):	COLOR HAIR:	COLOR EYES:
IDENTIFYING MARKS:			

PRELIMINARY EDUCATION					
NAME OF HIGH SCHOOL: Minneapolis South	CITY: Minneapolis	STATE OR PROVINCE: MN		FROM DATE: (Mo/Day/Year) 9 / / 1988	TO DATE: (Mo/Day/Year) 6 / 10 / 1992
NAME OF COLLEGE: Brandeis University	CITY: Waltham	STATE OR PROVINCE: MA	DEGREE BA	FROM DATE: (Mo/Day/Year) 8 / / 1992	TO DATE: (Mo/Day/Year) 5 / 19 / 1996
NAME OF COLLEGE:	CITY:	STATE OR PROVINCE:	DEGREE	FROM DATE: (Mo/Day/Year) / /	TO DATE: (Mo/Day/Year) / /

MEDICAL EDUCATION (MEDICAL COLLEGES MUST BE RECOGNIZED BY THE BOARD)					
INSTITUTION	CITY	STATE	ZIP CODE	FROM DATE (Mo/Day/Year)	TO DATE (Mo/Day/Year)
University of Health Sciences-College of Osteopathic Medicine (now called KCUMB)	Kansas City	MO	64106	8/1999	5/18/2003

ACCOUNTING OF TIME NOT NOTED ELSEWHERE ON THIS APPLICATION		
ACTIVITY (ATTACH SEPARATE SHEET, IF NECESSARY)	FROM DATE (Mo/Day/Year)	TO DATE (Mo/Day/Year)
Employment at Meadowbrook Women's Clinic	8/1996	5/1999

MEDICAL DIPLOMAS						
BACHELOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE	ZIP:	COUNTRY:	DATE Mo/Day/Year
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY						
DOCTOR OF OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE	ZIP:	COUNTRY:	DATE Mo/Day/Year
<input type="checkbox"/> MEDICINE <input checked="" type="checkbox"/> OSTEOPATHY	University of Health Sciences- College of Osteopathic Medicine (now called KCUMB)	Kansas City	MO	64106	USA	5/19/2003

US/CANADIAN ACCREDITED GRADUATE CLINICAL MEDICAL INTERNSHIP, RESIDENCY, FELLOWSHIP					
NAME OF HOSPITAL:		FROM DATE (Mo/Day/Year)		TO DATE (Mo/Day/Year)	
University of Minnesota Medical School		6/2003		6/8/2007	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
515 Delaware Street SE	Minneapolis	Minnesota	USA	55405 55455	
TYPE OF TRAINING: (BE SPECIFIC) Obstetrics, Gynecology and Women's Health					
NAME OF HOSPITAL:		FROM DATE (Mo/Day/Year)		TO DATE (Mo/Day/Year)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
NAME OF HOSPITAL:		FROM DATE (Mo/Day/Year)		TO DATE (Mo/Day/Year)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
NAME OF HOSPITAL:		FROM DATE (Mo/Day/Year)		TO DATE (Mo/Day/Year)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
NAME OF HOSPITAL:		FROM DATE (Mo/Day/Year)		TO DATE (Mo/Day/Year)	
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					

MILITARY SERVICE				
BRANCH OF SERVICE:	ENTRY DATE (Mo/Day/Year)	RELEASE DATE (Mo/Day/Year)	RANK AT DISCHARGE:	TYPE OF DISCHARGE
DUTY ASSIGNMENT:			LOCATION:	

STATES/PROVINCES/COUNTRIES IN WHICH YOU ARE OR HAVE EVER BEEN LICENSED			
STATE/PROVINCE/COUNTRY	LICENSE NUMBER	DATE ISSUED (Mo/Day/Year)	HOW OBTAINED(*)

(*) NATIONAL BOARD OF MEDICAL EXAMINERS (NBME)
STATE BOARD EXAM (STATE)
NATIONAL BOARD OF OSTEO MEDICAL EXAMINERS (NBOME)
COMPREHENSIVE OSTEO MEDICAL LICENSING EXAM (COMLEX-USA)

FLEX EXAMINATION (FLEX)
UNITED STATES MEDICAL LICENSING EXAM (USMLE)
COMBINATION FLEX, NBME, USMLE (COMB)
LICENTIATE OF MEDICAL COUNCIL OF CANADA (LMCC)

PRACTICE REFERENCES

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

NAME OF FACILITY:		FROM DATE (MONTH/DAY/YEAR)	TO DATE (MONTH/DAY/YEAR)	
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 (MONTH/DAY/YEAR)	TO DATE (MONTH/DAY/YEAR)	
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 (MONTH/DAY/YEAR)	TO DATE (MONTH/DAY/YEAR)	
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 (MONTH/DAY/YEAR)	TO DATE (MONTH/DAY/YEAR)	
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 (MONTH/DAY/YEAR)	TO DATE (MONTH/DAY/YEAR)	
NAME OF REFERENCE	STREET ADDRESS:	CITY:	STATE/CNTRY	ZIP CODE:
NAME OF REFERENCE	STREET ADDRESS:	CITY:	STATE/CNTRY	ZIP CODE:

PROPOSED PRACTICE PLANS IN MINNESOTA (IF ANY)

MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ORGANIZATIONS

NAME OF ORGANIZATION	FROM DATE	TO DATE
American College of Obstetrics and Gynecology	6/2003	present

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

- ☐ American Board of Medical Specialties
☐ Royal College of Physicians and Surgeons of Canada
☐ College of Family Physicians of Canada
☐ American Osteopathic Assn Bureau of Professional Education
☒ None of the above

Specialty: _____

Issue Date: _____

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.

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. Frisch

And that s/he is a person of good ethical and moral character.

<u>Mark L. Tane MD</u>	<u>1/30/07</u>	<u>022265</u>	<u>MN</u>
SIGNATURE	DATE	LICENSE NUMBER	STATE OF ISSUE
<u>Mark L. Tane MD</u>			
PRINT OR TYPE FULL NAME			

CERTIFICATION OF IDENTIFICATION

Certification of Notary Public is required.

State: Minnesota County: Hennepin

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. Sworn to before me by the applicant on this 30 day of January, 2007.

Notary Public Signature [Signature]

Expiration Date 1 / 31 / 2011
Month Day Year



[Signature]
Applicant Signature

I certify that the photograph attached is a recent one and likeness of Dr. Frisch

And that s/he is a person of good ethical and moral character.

<u>Stefanie Swanson Galecki</u>	<u>1/30/07</u>	<u>405522</u>	<u>MN</u>
SIGNATURE	DATE	LICENSE NUMBER	STATE OF ISSUE
<u>Stefanie Swanson Galecki</u>			
PRINT OR TYPE FULL NAME			

AFFIDAVIT OF APPLICANT:

STATE OF: _____

COUNTY OF: _____

Hope Elizabeth Frisch


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 Minnesota; that I am the person named in the diploma, which accompanies this application; 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.

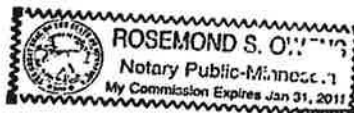
I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal 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 hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the 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 30th day of January, 2007.


Signature of Notary Public




Signature of Applicant

My Commission Expires: 1-31-11

RIGHTS OF SUBJECTS OF DATA

This information is requested by the Minnesota Board of Medical Practice. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. The information is classified as private while your application is pending or if your application is denied, and as public if your license is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation by the Board into your qualifications. Under some circumstances, the information could become available to other agencies or persons authorized by law to have access. Attach a separate page for detailed explanations, when appropriate. Failure to answer all questions completely and accurately, omission or falsification of material facts, alteration of application may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.

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

(Use Back button to return to summary page)

User Name: Hope Frisch Start Date: 5/26/2010 8:24:55 AM
 Service Name: License Renewal - PY Complete Date: 5/26/2010 8:38:17 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/26/2010 8:25:15 AM	
2	Verify Information	5/26/2010 8:26:07 AM	
2	Verify Information	5/26/2010 8:26:42 AM	
3	Privileges & Continuing Medical Education	5/26/2010 8:29:23 AM	
4	Practice Questions	5/26/2010 8:31:03 AM	
5	Profiling - Practice Addresses	5/26/2010 8:31:15 AM	
5	Profiling - Post Graduate Training	5/26/2010 8:31:32 AM	
5	Profiling - Post Graduate Training	5/26/2010 8:31:32 AM	
5	Profiling - ABMS/AOA	5/26/2010 8:31:56 AM	
5	Profiling - ABMS/AOA	5/26/2010 8:31:56 AM	
5	Profiling - Criminal Convictions	5/26/2010 8:32:04 AM	
6	Review	5/26/2010 8:32:51 AM	
7	Prescription Monitoring Program Registration	5/26/2010 8:32:59 AM	

1

Verification Page

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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 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 5045 Colfax Ave So
 Minneapolis, MN 55419

Phone: (612) 781-3074
Email Address:
Web Site:

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 were 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: Hope Frisch Start Date: 5/16/2011 1:17:01 PM
Service Name: License Renewal - PY Complete Date: 5/16/2011 1:26:29 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/16/2011 1:17:18 PM	
2	Verify Information	5/16/2011 1:19:28 PM	
3	Privileges & Continuing Medical Education	5/16/2011 1:19:47 PM	
4	Practice Questions	5/16/2011 1:20:51 PM	
2	Verify Information	5/16/2011 1:22:40 PM	
3	Privileges & Continuing Medical Education	5/16/2011 1:22:43 PM	
4	Practice Questions	5/16/2011 1:22:48 PM	
5	Profiling - Practice Addresses	5/16/2011 1:22:51 PM	
5	Profiling - Post Graduate Training	5/16/2011 1:22:57 PM	
5	Profiling - Post Graduate Training	5/16/2011 1:22:58 PM	
5	Profiling - ABMS/AOA	5/16/2011 1:23:38 PM	
5	Profiling - ABMS/AOA	5/16/2011 1:23:38 PM	
5	Profiling - Criminal Convictions	5/16/2011 1:23:44 PM	
6	Review	5/16/2011 1:23:59 PM	
7	Prescription Monitoring Program Registration	5/16/2011 1:24:04 PM	

1

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Application for License Renewal

License Number: PY 49517
Name: Hope Elizabeth Frisch

Drivers License: ☐
Is license current?

Designated Address: 801 Nicollet Mall
Suite 400
Minneapolis, MN 55402

Phone: (612) 333-2503
Email Address:
Web Site: www.haugenobgyn.com

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 05/31/2013.

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

(Use Back button to return to summary page)

User Name: Hope Frisch Start Date: 5/23/2012 2:22:13 PM
Service License Renewal - Complete 5/23/2012 2:30:53 PM
Name: PY Date: PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/23/2012 2:22:43 PM	
2	Verify Information	5/23/2012 2:23:25 PM	• Designated phone must be entered
2	Verify Information	5/23/2012 2:23:47 PM	
3	Privileges & Continuing Medical Education	5/23/2012 2:24:01 PM	
4	Practice Questions	5/23/2012 2:25:07 PM	
5	Profiling - Practice Addresses	5/23/2012 2:25:15 PM	
5	Profiling - Post Graduate Training	5/23/2012 2:25:20 PM	
5	Profiling - Post Graduate Training	5/23/2012 2:25:20 PM	
5	Profiling - ABMS/AOA	5/23/2012 2:25:30 PM	
5	Profiling - ABMS/AOA	5/23/2012 2:25:30 PM	
5	Profiling - Criminal Convictions	5/23/2012 2:25:48 PM	
6	Review	5/23/2012 2:26:46 PM	
7	Prescription Monitoring Program Registration	5/23/2012 2:28:18 PM	

1

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

Application for License Renewal

License Number: PY 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 801 Nicollet Mall
Suite 400
Minneapolis, MN 55402

Phone: (612) 333-2503
Email Address:
Web Site: www.haugenobgyn.com

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 05/31/2013.

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

(Use Back button to return to summary page)

User Name: Hope Frisch Start Date: 4/15/2013 3:52:52 PM
 Service Name: License Renewal - PY Complete Date: 4/15/2013 4:00:06 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/15/2013 3:52:59 PM	
2	Verify Information	4/15/2013 3:53:21 PM	
3	Privileges & Continuing Medical Education	4/15/2013 3:56:18 PM	
4	Practice Questions	4/15/2013 3:57:07 PM	
5	Profiling - Practice Addresses	4/15/2013 3:57:16 PM	
5	Profiling - Post Graduate Training	4/15/2013 3:57:22 PM	
5	Profiling - Post Graduate Training	4/15/2013 3:57:22 PM	
5	Profiling - ABMS/AOA	4/15/2013 3:57:29 PM	
5	Profiling - ABMS/AOA	4/15/2013 3:57:29 PM	
5	Profiling - Criminal Convictions	4/15/2013 3:57:44 PM	
6	Review	4/15/2013 3:58:04 PM	
7	Prescription Monitoring Program Registration	4/15/2013 3:58:37 PM	

1

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

Application for License Renewal

License Number: PY 49517
 Name: Hope Elizabeth Frisch

Drivers License:
 Is license current?

Designated Address: 801 Nicollet Mall
 Suite 400
 Minneapolis, MN 55402

Phone: (612) 333-2503
 Email Address:
 Web Site: www.haugenobgyn.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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: 101

Total Reported Hours: 101

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: Hope Frisch Start Date: 4/21/2014 10:29:41 AM
Service Name: License Renewal - PY Complete Date: 4/21/2014 10:58:25 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/21/2014 10:29:46 AM	
2	Verify Information	4/21/2014 10:30:41 AM	
3	Privileges & Continuing Medical Education	4/21/2014 10:31:00 AM	
4	Practice Questions	4/21/2014 10:32:08 AM	
5	Profiling - Practice Addresses	4/21/2014 10:34:43 AM	
5	Profiling - Post Graduate Training	4/21/2014 10:35:03 AM	
5	Profiling - Post Graduate Training	4/21/2014 10:35:03 AM	
5	Profiling - ABMS/AOA	4/21/2014 10:35:11 AM	
5	Profiling - Criminal Convictions	4/21/2014 10:35:17 AM	
6	Review	4/21/2014 10:35:36 AM	
7	Prescription Monitoring Program Registration	4/21/2014 10:35:41 AM	

1

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Application for License Renewal

License Number: PY 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 801 Nicollet Mall
Suite 400
Minneapolis, MN 55402

Phone: (612) 333-2503
Email Address:
Web Site: www.haugenobgyn.com

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 05/31/2016.

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

(Use Back button to return to summary page)

User Name: Hope Frisch Start Date: 5/4/2015 5:03:05 PM
Service License Renewal - Complete 5/4/2015 5:10:00 PM
Name: PY Date: PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/4/2015 5:03:44 PM	
1	Information	5/4/2015 5:03:45 PM	
2	Verify Information	5/4/2015 5:04:08 PM	
3	Privileges & Continuing Medical Education	5/4/2015 5:04:16 PM	
4	Practice Questions	5/4/2015 5:05:23 PM	
5	Profiling - Practice Addresses	5/4/2015 5:05:42 PM	
5	Profiling - Post Graduate Training	5/4/2015 5:05:51 PM	
5	Profiling - ABMS/AOA	5/4/2015 5:06:00 PM	
5	Profiling - ABMS/AOA	5/4/2015 5:06:00 PM	
5	Profiling - Criminal Convictions	5/4/2015 5:06:05 PM	
6	Review	5/4/2015 5:06:18 PM	
8	Questionnaire	5/4/2015 5:08:48 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 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 801 Nicollet Mall
Suite 400
Minneapolis, MN 55402

Phone: (612) 333-2503
Email Address: vrue@haugenobgyn.com
Web Site: www.haugenobgyn.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 05/31/2016.

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

(Use Back button to return to summary page)

User Name:	Hope Frisch	Start Date:	5/5/2016 6:12:04 PM
Service Name:	License Renewal - PY	Complete Date:	5/5/2016 6:31:12 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/5/2016 6:12:09 PM	
2	Verify Information	5/5/2016 6:12:30 PM	
3	Privileges & Continuing Medical Education	5/5/2016 6:15:04 PM	
4	Practice Questions	5/5/2016 6:16:01 PM	
5	Profiling - Practice Addresses	5/5/2016 6:16:17 PM	
5	Profiling - Post Graduate Training	5/5/2016 6:16:23 PM	
5	Profiling - Post Graduate Training	5/5/2016 6:16:23 PM	
5	Profiling - ABMS/AOA	5/5/2016 6:16:56 PM	
5	Profiling - ABMS/AOA	5/5/2016 6:16:56 PM	
5	Profiling - Criminal Convictions	5/5/2016 6:17:06 PM	
4	Practice Questions	5/5/2016 6:18:44 PM	
5	Profiling - Practice Addresses	5/5/2016 6:18:46 PM	
5	Profiling - Post Graduate Training	5/5/2016 6:18:48 PM	
5	Profiling - Post Graduate Training	5/5/2016 6:18:48 PM	
5	Profiling - ABMS/AOA	5/5/2016 6:18:50 PM	
5	Profiling - ABMS/AOA	5/5/2016 6:18:50 PM	
5	Profiling - Criminal Convictions	5/5/2016 6:18:51 PM	
6	Review	5/5/2016 6:19:05 PM	
7	Prescription Monitoring Program Registration	5/5/2016 6:19:30 PM	<ul style="list-style-type: none"> Please select a Health Profession Type Please enter a valid DEA number The email addresses provided must match
7	Prescription Monitoring Program Registration	5/5/2016 6:20:11 PM	

1 2

Verification Page

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Application for License Renewal

License Number: PY 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 801 Nicollet Mall
 Suite 400
 Minneapolis, MN 55402

Phone: (612) 781-3074
Email Address: vrue@haugenobgyn.com
Web Site: www.haugenobgyn.com

Private Address:**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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: Hope Frisch Start Date: 5/1/2017 11:34:36 AM
Service Name: License Renewal - PY Complete Date: 5/1/2017 11:45:23 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/1/2017 11:34:41 AM	
2	Verify Information	5/1/2017 11:34:58 AM	
3	Privileges & Continuing Medical Education	5/1/2017 11:35:09 AM	
4	Practice Questions	5/1/2017 11:35:36 AM	
5	Profiling - Practice Addresses	5/1/2017 11:35:48 AM	PracticeAddress
5	Profiling - Post Graduate Training	5/1/2017 11:35:54 AM	Bypass Case
5	Profiling - Post Graduate Training	5/1/2017 11:35:54 AM	
5	Profiling - ABMS/AOA	5/1/2017 11:36:03 AM	
5	Profiling - ABMS/AOA	5/1/2017 11:36:03 AM	
5	Profiling - Criminal Convictions	5/1/2017 11:36:13 AM	
6	Review	5/1/2017 11:37:05 AM	
7	Prescription Monitoring Program Registration	5/1/2017 11:38:43 AM	
7	Prescription Monitoring Program Registration	5/1/2017 11:38:43 AM	PMP Submitted Successfully: 5/1/2017 11:38:43 AM
7	Prescription Monitoring Program Registration	5/1/2017 11:38:47 AM	
9	Payment	5/1/2017 11:44:27 AM	

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Verification Page

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Application for License Renewal

License Number: PY 49517
Name: Hope Elizabeth Frisch

Drivers License:
Is license current?

Designated Address: 801 Nicollet Mall
Suite 400
Minneapolis, MN 55402

Phone: (612) 333-2503
Email Address: vrue@haugenobgyn.com
Web Site: www.haugenobgyn.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Abbott Northwestern	Minneapolis	MN	physician
Fairview Southdale	Edina	MN	physician

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 05/31/2019.



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: Hope Elizabeth Frisch

New Search

License: Physician and Surgeon - #49517

Print

Licensee Public Information			
Licensure Designated Address: 801 Nicollet Mall Suite 400 Minneapolis, MN 55402			
Web Site:	www.haugenobgyn.com		
E-mail:	vrue@haugenobgyn.com		
	Birth Year:	1974	
	Gender:	Female	

License Information			
License Number:	49517	License Type:	Physician and Surgeon
Expiration Date:	05-31-2018	Grant Date:	05-12-2007
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 HEALTH SCIENCES COLLEGE OF OSTEOPATHIC MEDICINE, KANSAS CITY, MO, USA		Degree: D.O.
Location:	Kansas City, MO USA		Date: 05/18/2003

Practice Locations (Self-Reported Information)			
Primary Location:	John A. Haugen Associates P.A. 801 Nicollet Mall Suite 400 Minneapolis, MN 55402 Phone: 612-333-2503		
Secondary Location:	John A. Haugen Associates, P.A. 3400 West 66th Street Suite 385 Edina, MN 55435 Phone: 952-927-6561		

Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)				
Program	Specialty	Start Date	End Date	Completed
University of Minnesota	Obstetrics and gynecology	06/18/2003	06/08/2007	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

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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 3/13/2018 3:20:11 PM

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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."