

Minnesota State Board of Medical Examiners
230 LOWRY MEDICAL ARTS BLDG., ST. PAUL 2, MINNESOTA

STATE BOARD EXAMINATION

Name MELVIN JULIUS FRISCH Application No. 35
Preliminary Education Virginia Jr. Coll. Date June 14, 15, 16, 1966
Medical Education U. of Minnesota License Number 17,719-f
School of Graduation " " " Issued July 3, 1962
Diploma Bachelor of Medicine Foo Paid \$50.00 May 24, 1966
Diploma Doctor of Medicine June 11, 1966 Receipt No. 4021
Internship _____

MINNESOTA STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES
EXAMINATION REPORT

MELVIN JULIUS FRISCH
Date of Examination June 2, 3, 1964 Certificate No. 16,902 Dated June 3, 1964
Apr. 7, 8, 1964
Anatomy 98 Hygiene 78
Bacteriology 87 Pathology 80
Chemistry 88 Physiology 90
Memo. _____

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS
EXAMINATION REPORT

Physical Diagnosis 90 Materia Medica & Therapeutics 91
Medicine 100 Pediatrics 88
Surgery 86 Eye, Ear, Nose & Throat 94
Obstetrics & Gynecology 96 General Average 92.1



PERSONNEL OF BOARD

Howard L. Horns, M.D. Pres.
Austin M. McCarthy, M.D. Vice-Pres.
J. P. Medelman, M.D. Sec'y.
James C. Cain, M.D.
Dale Dodson, D.O.
F. H. Magnay, M.D.
Bror F. Pearson, M.D.
Russell O. Sather, M.D.
Location _____

Cert. copy 1. Minnesota Basic Sciences Certificate 16,902 issued MELVIN JULIUS FRISCH, June 3, 1964
Memorandum by examination.
2. University of Minnesota diploma conferring DOCTOR OF MEDICINE upon MELVIN JULIUS FRISCH
June 11, 1966 (above recorded & returned June 13, 1966)

Received Melvin J. Frisch

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

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MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

230 LOWRY MEDICAL ARTS BUILDING, ST. PAUL 2, MINN.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE
BY EXAMINATIONMinneapolis, Minn., May 12, 1966
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 and basic science certificate.)

1. Name Malvin Julius Frisch

2. Address:

Present address

Intended address

3. Place of Birth Virginia, Minn. Date of Birth 1941 Race White4. Nationality
of Father...
of Mother...

Name of Father

Maiden name of Mother

5. Citizenship: Naturalization
(if foreign born)

Does not apply

(Name, place, date and number. Citizenship papers must be submitted.)

6. Identification: Height

Weight

Color of Hair

Color of Eyes

Identifying marks

None

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

High School Roosevelt High School, Virginia, Minnesota, Sept., 1956--
Name, location, dates of attendance.June 1959College Virginia Jr. College, Virginia, Minn. Sept. 1959--June 1961
Name, location, dates of attendance.University of Minn. Sept. 1961--June 1962Academic Degree of Ass. Arts From Virginia Jr. College (Date) June 1961
(Name of School)B. S. From Univ. of Minn. (Date) Dec. 19, 1964

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

Univ. of Minn. Medical School Medical Dept. from 9-24-62 to 6-11-66
(Name of institution, location and attendance) Mo. Day Yr. Mo. Day Yr.Medical Dept. from to
Mo. Day Yr. Mo. Day Yr.Medical Dept. from to
Mo. Day Yr. Mo. Day Yr.Medical Dept. from to
Mo. Day Yr. Mo. Day Yr.Medical Dept. from to
Mo. Day Yr. Mo. Day Yr.Medical Dept. from to
Mo. Day Yr. Mo. Day Yr.Diploma Bachelor of Medicine from Univ. of Minn. Dec. 19, 1964
(Name and location of institution) (Date issued)Diploma Doctor of Medicine from Univ. of Minn. June 11, 1966
(Name and location of institution) (Date issued)9. INTERNSHIP: Name of Hospital Los Angeles County Harbor General HospitalAddress 1000 W. Carson Street, Torrance, California 90509Dates: From June 24, 1966 To June 23, 196710. POST-GRADUATE WORK: (Places and dates) None

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11. MILITARY SERVICE: Date of entry.....Date of release.....
Branch of Service.....Rank.....Particulars.....
Not Yet Completed

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED: None
State.....License No.....Date.....How obtained.....
(Exam.—Recip.—Nat. Bd.)
State.....License No.....Date.....How obtained.....
State.....License No.....Date.....How obtained.....

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

a. Place.....From.....To.....
References.....
(Two names and addresses)

b. Place.....From.....To.....
References.....
(Two names and addresses)

c. Place.....From.....To.....
References.....
(Two names and addresses)

d. Place.....From.....To.....
References.....
(Two names and addresses)

e. Place.....From.....To.....
References.....
(Two names and addresses)

15. Is it your purpose to abandon practice at your present location and to become a permanent resident of the State of Minnesota? Not applicable

14. What type of work do you propose to follow? Practice of Medicine

15. Are you a member of any medical societies; if so, give particulars: No

16. Do you now, or have you ever, personally used narcotics or taken treatment for alcoholic or drug habit? No
(If so, explain)

17. Have you ever been charged with violation of any Federal, State or Local Statute? No
(If so, explain)

18. Are you now, or have you ever been, an itinerant or advertising doctor? No
(If so, explain)

19. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or medical office? No
(If so, explain)

20. Have you ever been denied a license by or the privilege of taking an examination before any State Medical Examining Board? No
(If so, explain)

21. 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? No
(If so, explain)

22. Has any State Medical Examining Board revoked or suspended a license issued to you? No
(If so, explain)

23. Have you ever practiced any other branch of the healing arts? No
(If so, explain)

24. Are you related to any members of the medical profession? No
Names.....Addresses.....Relationship.....Licensed in Minnesota.....

25. MINNESOTA STATE CERTIFICATE OF REGISTRATION IN THE BASIC SCIENCES:

Number 16902 Date of Issue June 3, 1964
By Examination XXX By Reciprocity By National Board

26. CERTIFICATE OF ETHICAL AND MORAL CHARACTER; (This Certificate must be signed by two licensed practitioners who are personally acquainted with the applicant)

Date 5/11/66

I certify that Dr. William J. Frisch is a person of good moral character.
of Minneapolis, Minn. M. D. 15829
(Signature) Frank B. Johnson (License Number)
Box 286, University Hospital Minneapolis
(Address)
2. Frank Maynor M. D. 9371
(Signature) (License Number)
Univ. of Minn. Med School
(Address)

27. AFFIDAVIT OF APPLICANT:

STATE OF Minnesota ss.
County of Hennepin

William J. Frisch On being 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.

William J. Frisch
(Signature of Applicant)

Sworn to before me this 11 day of May 1966

(SEAL)

My commission expires June 1, 1967
Notary Public

INSTRUCTIONS

Application must be filed out and returned to the office of the Minnesota State Board of Medical Examiners at 230 Lowry Medical Arts Building, Saint Paul, Minnesota, accompanied by the following:

- A recent unmounted photograph of applicant sworn to before a notary public.
 - Medical diploma.
 - Minnesota Certificate of Registration in the Basic Sciences.
 - Fee of ten dollars (fee not returnable—See Section 6107—Minn. Laws of 1957) 450
 - Photostatic copy of army or navy discharge papers.
 - Give accounting of all time from beginning of high school, if spent in school, practice or otherwise.
- Name must co-incide with medical diploma and basic science certificate.
Examinations begin on the third Tuesday in the months of January, April, June and October; written examinations on Tuesday and Wednesday and the practical examination on Thursday.
Application must be on file not later than the first of the month in which the examination is given.
There is no provision in the law for a temporary permit to practice.
The filing of an application does not grant any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of Minnesota.

Account of Time

Sept. 1956-June 1959-----in high school, living at home in Virginia, Minn.
June 1959-Sept. 1959-----summer job at Frisch's Food Mkt. living at home in Virginia, Minn.
Sept. 1959-June 1961-----attending Virginia Jr. College, living at home in Virginia, Minn.
June 1961-Sept. 1961-----summer job at Frisch's Food Mkt., living at home in Virginia, Minn.
Sept. 1961-June 1962-----attending U. of Minn., College of SLA, living at Centennial Hall Mpls., Minn.
June 1962-Sept. 1962-----summer job at Frisch's Food Mkt., living at home in Virginia, Minn.
Sept 1962-July 1964-----attending U. of Minn. Medical School living at 501 Ontario St. S.E., Kpls., Minn.
July 1964-June 1966-----attending U. of Minn. Medical School living at 300 Delaware St. S.E., Kpls., Minn.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 8/24/2010 4:23:13 PM
 Service Name: License Renewal - PY Complete Date: 8/24/2010 4:35:59 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/24/2010 4:23:27 PM	
2	Verify Information	8/24/2010 4:23:57 PM	
3	Privileges & Continuing Medical Education	8/24/2010 4:25:01 PM	<ul style="list-style-type: none"> Specify if you were certified by a specialty Board.
3	Privileges & Continuing Medical Education	8/24/2010 4:25:11 PM	
4	Practice Questions	8/24/2010 4:26:27 PM	
5	Profiling - Practice Addresses	8/24/2010 4:26:49 PM	
5	Profiling - Post Graduate Training	8/24/2010 4:27:12 PM	
5	Profiling - Post Graduate Training	8/24/2010 4:27:12 PM	
5	Profiling - ABMS/AOA	8/24/2010 4:27:43 PM	
5	Profiling - ABMS/AOA	8/24/2010 4:27:43 PM	
5	Profiling - Criminal Convictions	8/24/2010 4:28:04 PM	
6	Review	8/24/2010 4:29:03 PM	
7	Prescription Monitoring Program Registration	8/24/2010 4:29:27 PM	

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 17719
 Name: Melvin Julius Frisch

Drivers License:
 Is license current?

Designated Address: 801 Nicollet Mall Suite 400 Minneapolis, MN 55402
 Phone: (612) 333-2503
 Email Address: mel_patti@hotmail.com
 Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Abbott Northwestern Hospital	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: 86

Category 1 Equivalent Course Hours: 0

Total Reported Hours: 86

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: Melvin Frisch Start Date: 8/26/2011 6:38:45 AM
Service Name: License Renewal - PY Complete Date: 8/26/2011 6:53:42 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/26/2011 6:39:11 AM	
2	Verify Information	8/26/2011 6:42:45 AM	
3	Privileges & Continuing Medical Education	8/26/2011 6:43:18 AM	
4	Practice Questions	8/26/2011 6:44:28 AM	
5	Profiling - Practice Addresses	8/26/2011 6:44:50 AM	
5	Profiling - Post Graduate Training	8/26/2011 6:45:01 AM	
5	Profiling - Post Graduate Training	8/26/2011 6:45:01 AM	
5	Profiling - ABMS/AOA	8/26/2011 6:45:19 AM	
5	Profiling - ABMS/AOA	8/26/2011 6:45:19 AM	
5	Profiling - Criminal Convictions	8/26/2011 6:45:31 AM	
6	Review	8/26/2011 6:46:38 AM	
7	Prescription Monitoring Program Registration	8/26/2011 6:47:12 AM	

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 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

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

Phone: (612) 333-2503
Email Address: mel_mjf@yahoo.com
Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
Abbott Northwestern Hospital	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 09/30/2013.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 8/2/2012 3:36:04 PM
Service Name: License Renewal - PY Complete Date: 8/2/2012 4:03:14 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/2/2012 3:36:29 PM	
2	Verify Information	8/2/2012 3:38:08 PM	
3	Privileges & Continuing Medical Education	8/2/2012 3:54:20 PM	
4	Practice Questions	8/2/2012 3:55:42 PM	
5	Profiling - Practice Addresses	8/2/2012 3:57:36 PM	
5	Profiling - Post Graduate Training	8/2/2012 3:57:52 PM	
5	Profiling - Post Graduate Training	8/2/2012 3:57:52 PM	
5	Profiling - ABMS/AOA	8/2/2012 3:58:11 PM	
5	Profiling - ABMS/AOA	8/2/2012 3:58:11 PM	
5	Profiling - Criminal Convictions	8/2/2012 3:58:19 PM	
6	Review	8/2/2012 3:58:54 PM	
7	Prescription Monitoring Program Registration	8/2/2012 3:59:28 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 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

Designated Address: 825 So. 8th Street
Suite 1018
Minneapolis, MN 55404

Phone: (612) 376-7708
Email Address: mel_mjf@yahoo.com
Web Site:

Private Address:

Hospital Staff Privileges

You have no hospital staff privileges

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 09/30/2013.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 8/27/2013 10:43:35 AM
Service Name: License Renewal - PY Complete Date: 8/27/2013 11:38:03 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/27/2013 10:43:59 AM	
1	Information	8/27/2013 10:51:13 AM	
1	Information	8/27/2013 10:57:14 AM	
2	Verify Information	8/27/2013 10:59:58 AM	
3	Privileges & Continuing Medical Education	8/27/2013 11:19:47 AM	
4	Practice Questions	8/27/2013 11:21:15 AM	
5	Profiling - Practice Addresses	8/27/2013 11:29:28 AM	
5	Profiling - Post Graduate Training	8/27/2013 11:30:04 AM	
5	Profiling - Post Graduate Training	8/27/2013 11:30:04 AM	
5	Profiling - ABMS/AOA	8/27/2013 11:30:29 AM	
5	Profiling - ABMS/AOA	8/27/2013 11:30:29 AM	
5	Profiling - Criminal Convictions	8/27/2013 11:30:43 AM	
6	Review	8/27/2013 11:32:13 AM	
7	Prescription Monitoring Program Registration	8/27/2013 11:32:48 AM	

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 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

Designated Address: 4075 W. 51st.st.#108
Edina, MN 55424

Phone: (612) 269-5518
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

You have no hospital staff privileges

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: 80

Category 1 Equivalent Course Hours: 0

Total Reported Hours: 80

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.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 9/4/2014 11:54:43 AM
Service Name: License Renewal - PY Complete Date: 9/4/2014 12:10:15 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	9/4/2014 11:55:04 AM	
2	Verify Information	9/4/2014 11:55:47 AM	
3	Privileges & Continuing Medical Education	9/4/2014 11:56:09 AM	
4	Practice Questions	9/4/2014 11:57:39 AM	
5	Profiling - Practice Addresses	9/4/2014 12:00:52 PM	
5	Profiling - Post Graduate Training	9/4/2014 12:01:03 PM	
5	Profiling - Post Graduate Training	9/4/2014 12:01:04 PM	
5	Profiling - ABMS/AOA	9/4/2014 12:01:26 PM	
5	Profiling - ABMS/AOA	9/4/2014 12:01:26 PM	
5	Profiling - Criminal Convictions	9/4/2014 12:01:36 PM	
6	Review	9/4/2014 12:02:09 PM	
8	Questionnaire	9/4/2014 12:04:40 PM	

1

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Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

Designated Address: 4075 W. 51st.st.#108
Edina, MN 55424

Phone: (612) 269-5518
Email Address:
Web Site:

Private Address:

Hospital Staff Privileges

You have no hospital staff privileges

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 09/30/2016.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 9/10/2015 2:45:50 PM
Service License Renewal - Complete 9/10/2015 3:00:10 PM
Name: PY Date: PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	9/10/2015 2:46:19 PM	
2	Verify Information	9/10/2015 2:49:24 PM	
3	Privileges & Continuing Medical Education	9/10/2015 2:50:01 PM	
4	Practice Questions	9/10/2015 2:51:32 PM	
5	Profiling - Practice Addresses	9/10/2015 2:52:03 PM	
5	Profiling - Post Graduate Training	9/10/2015 2:52:18 PM	
5	Profiling - Post Graduate Training	9/10/2015 2:52:18 PM	
5	Profiling - ABMS/AOA	9/10/2015 2:52:49 PM	
5	Profiling - ABMS/AOA	9/10/2015 2:52:49 PM	
5	Profiling - Criminal Convictions	9/10/2015 2:53:09 PM	
6	Review	9/10/2015 2:54:16 PM	
7	Prescription Monitoring Program Registration	9/10/2015 2:54:21 PM	
8	Questionnaire	9/10/2015 2:54:58 PM	

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Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

Designated Address: 4075 W. 51st.st.#108
Edina, MN 55424

Phone: (612) 269-5518
Email Address: mel.mjf@gmail.com
Web Site:

Private Address:

Hospital Staff Privileges

You have no hospital staff privileges

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 09/30/2016.

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

(Use Back button to return to summary page)

User Name: Melvin Frisch Start Date: 9/16/2016 1:13:40 PM
Service Name: License Renewal - PY Complete Date: 9/16/2016 1:31:22 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	9/16/2016 1:14:02 PM	
2	Verify Information	9/16/2016 1:14:38 PM	
3	Privileges & Continuing Medical Education	9/16/2016 1:16:38 PM	
4	Practice Questions	9/16/2016 1:17:44 PM	
5	Profiling - Practice Addresses	9/16/2016 1:18:18 PM	PracticeAddress
5	Profiling - Post Graduate Training	9/16/2016 1:18:37 PM	Bypass Case
5	Profiling - Post Graduate Training	9/16/2016 1:18:37 PM	
5	Profiling - ABMS/AOA	9/16/2016 1:19:02 PM	
5	Profiling - ABMS/AOA	9/16/2016 1:19:02 PM	
5	Profiling - Criminal Convictions	9/16/2016 1:19:15 PM	
6	Review	9/16/2016 1:20:09 PM	
7	Prescription Monitoring Program Registration	9/16/2016 1:22:31 PM	
9	Payment	9/16/2016 1:25:55 PM	

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Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License:
Is license current?

Designated Address: 4075 W. 51st.st.#108 Edina, MN 55424
Phone: (612) 269-5518
Email Address: mel.mjf@gmail.com
Web Site:

Private Address:**Hospital Staff Privileges**

You have no hospital staff privileges

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 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: Melvin Frisch Start Date: 9/19/2017 7:17:57 PM
 Service Name: License Renewal - PY Complete Date: 9/19/2017 7:38:37 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	9/19/2017 7:18:30 PM	
2	Verify Information	9/19/2017 7:18:54 PM	
3	Privileges & Continuing Medical Education	9/19/2017 7:19:22 PM	
4	Practice Questions	9/19/2017 7:20:22 PM	
5	Profiling - Practice Addresses	9/19/2017 7:20:59 PM	PracticeAddress
5	Profiling - Practice Addresses	9/19/2017 7:21:06 PM	PracticeAddress
5	Profiling - Post Graduate Training	9/19/2017 7:21:19 PM	Bypass Case
5	Profiling - Post Graduate Training	9/19/2017 7:21:19 PM	
5	Profiling - ABMS/AOA	9/19/2017 7:21:43 PM	
5	Profiling - ABMS/AOA	9/19/2017 7:21:43 PM	
5	Profiling - Criminal Convictions	9/19/2017 7:21:59 PM	
6	Review	9/19/2017 7:22:46 PM	
7	Prescription Monitoring Program Registration	9/19/2017 7:23:46 PM	
2	Verify Information	9/19/2017 7:29:40 PM	
3	Privileges & Continuing Medical Education	9/19/2017 7:29:46 PM	
4	Practice Questions	9/19/2017 7:29:52 PM	
5	Profiling - Practice Addresses	9/19/2017 7:29:55 PM	PracticeAddress
5	Profiling - Post Graduate Training	9/19/2017 7:29:57 PM	Bypass Case
5	Profiling - Post Graduate Training	9/19/2017 7:29:57 PM	
5	Profiling - ABMS/AOA	9/19/2017 7:30:00 PM	

1 2

Verification Page

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Application for License Renewal

License Number: PY 17719
Name: Melvin Julius Frisch

Drivers License:
 Is license current?

Designated Address: 4075 W. 51st.st.#108
 Edina, MN 55424

Phone:(612) 269-5518
Email Address:mel.mjf@gmail.com
Web Site:

Private Address:

Hospital Staff Privileges

You have no hospital staff privileges

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 09/30/2019.

Minnesota Board of Medical Practice



Friday, March 02, 2018

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Professional Profile

Profile Details

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Professional Profile: Melvin Julius Frisch

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License: Physician and Surgeon - #17719

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Licensee Public Information

Licensure Designated Address: 4075 W. 51st.st.#108
Edina, MN 55424

Web Site:**E-mail:** mel.mjf@gmail.com**Birth Year:** 1941**Gender:** Male

License Information

License Number: 17719 **License Type:** Physician and Surgeon**Expiration Date:** 09-30-2018 **Grant Date:** 07-03-1967**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:** Unknown

Practice Locations (Self-Reported Information)

Primary Location: Planned Parenthood of Arizona
5651 N. 7th St.
Phoenix, AZ 85014
Phone: 612-269-5518

Secondary Location: Planned Parenthood Arizona
2255 Wyatt Dr.
Tucson, AZ 85712
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	Obstetrics and Gynecology	07/01/1972	06/30/1975	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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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."