

APPLICATION TO PRACTICE MEDICINE

MINNESOTA BOARD OF MEDICAL PRACTICE

UNIVERSITY PARK PLAZA

2829 UNIVERSITY AVENUE SE, SUITE 400

MINNEAPOLIS, MINNESOTA 55414-3246

(612) 617-2130

Hearing Impaired-Minnesota Relay Service
Metro Area 297-5353

Outside Metro Area 1-800-627-3529



FOR BOARD USE ONLY

APPLICATION #: 67030
 CHECK/RECEIPT #: _____
 AMT PAID: _____
 TEMP PERMIT #: _____
 BOARD ACTION: _____
 BOARD DATE: 7-11-98
 LICENSE #: 44719

DAY	MONTH	YEAR

DATE OF APPLICATION:

RECEIVED
 YEAR 21998
 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, 1989 should be entered as 01-JAN-89.
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.
8. Incomplete applications will be destroyed after six months of inactivity.

FOR BOARD USE ONLY

SOURCE CODE	AMOUNT
5200	168.00
5201	200.00

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.

YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
	Johnson	Judith	Lynn
STREET ADDRESS:			
CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY:
			U.S.A.
HOME PHONE:	OTHER PHONE:	GENDER	MAIDEN NAME:
		<input checked="" type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER:			

BASIS FOR APPLICATION (CHECK ONE) *

FEDERATION LICENSING EXAMINATION (FLEX)
 NATIONAL BOARD OF MEDICAL EXAMINERS EXAMINATION (NBME)
 NATIONAL BOARD OF OSTEOPATHIC EXAMINERS EXAMINATION (NBOE)
 LICENTIATE OF MEDICAL COUNCIL OF CANADA EXAMINATION (LMCC)
 STATE BOARD EXAMINATION (STATE)
 UNITED STATES MEDICAL LICENSING EXAM (USMLE)
 COMBINATION FLEX, NBME, USMLE

ECFMG CERTIFICATION (FOREIGN)

NUMBER: _____
 DATE ISSUED: _____

DRIVERS LICENSE

STATE: _____
 NUMBER: _____

67030

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

YOUR INTENDED ADDRESS		
STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	
ZIP CODE:	COUNTRY:	EXPIRES DATE:
PHONE:		

RECORD OF BIRTH			
BIRTHDATE (DD-MMM-YY) 14-MAY-64	CITY OF BIRTH: Minneapolis	COUNTY OF BIRTH: Hennepin	STATE/PROVINCE OF BIRTH: Minnesota
FULL NAME OF FATHER:		MOTHER'S MAIDEN NAME:	COUNTRY OF BIRTH: U.S.A.

IDENTIFYING CHARACTERISTICS			
HEIGHT (ft./in.): 5' 7"	WEIGHT (lbs): 145	COLOR HAIR: blonde	COLOR EYES: green
IDENTIFYING MARKS:			

PRELIMINARY EDUCATION					
NAME OF HIGH SCHOOL: Armstrong	CITY: Plymouth	STATE OR PROVINCE: Minnesota		FROM DATE: 9/79	TO DATE: 6/82
NAME OF COLLEGE: University of WI	CITY: Madison	STATE OR PROVINCE: Wisconsin	DEGREE: B.A.	FROM DATE: (DD-MMM-YY) 08-AUG-82	TO DATE: (DD-MMM-YY) 17-May-87
NAME OF COLLEGE: -----	CITY: ---	STATE OR PROVINCE: ---	DEGREE: --	FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)

MEDICAL EDUCATION (MEDICAL COLLEGES MUST BE RECOGNIZED BY THE BOARD)						
INSTITUTION	CITY	STATE	ZIP CODE	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
University of Minnesota	Minneapolis	MN	55455	01-AUG-87	08-JUL-91	

ACCOUNTING OF TIME NOT NOTED ELSEWHERE ON THIS APPLICATION		
ACTIVITY (ATTACH SEPARATE SHEET, IF NECESSARY)	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)
Travel	01-JUL-95	15-OCT-95

67030

MEDICAL DIPLOMAS						
BACHELOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	ZIP:	COUNTRY:	DATE DD-MMM-YY
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY	-----					
DOCTOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	ZIP:	COUNTRY:	DATE: DD-MMM-YY
<input checked="" type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY	University of Minnesota	Minneapolis	MN	55455	U.S.A.	08-JUN-91

ACCREDITED GRADUATE CLINICAL MEDICAL TRAINING					
NAME OF HOSPITAL:	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)			
University of New Mexico Hospital	01-JUL-91	30-JUN-95			
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
2211 Lomas Blvd. NE	Albuquerque	NM	U.S.A.	87131	
TYPE OF TRAINING: (BE SPECIFIC) Obstetrics and Gynecology, certified four year residency program					
NAME OF HOSPITAL:	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)			

STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					
NAME OF HOSPITAL:	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)			

STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
TYPE OF TRAINING: (BE SPECIFIC)					

POST GRADUATE NON-CLINICAL MEDICAL EDUCATION/TRAINING					
FACILITY NAME:	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)			
None					
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	
FACILITY NAME:	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)			
STREET ADDRESS:	CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:	

MILITARY SERVICE				
BRANCH OF SERVICE:	ENTRY DATE (DD-MMM-YY)	RELEASE DATE (DD-MMM-YY)	RANK AT DISCHARGE:	TYPE OF DISCHARGE:
None				
DUTY ASSIGNMENT:	LOCATION:			

STATES/PROVINCES/COUNTRIES IN WHICH YOU ARE OR HAVE BEEN LICENSED			
STATE/PROVINCE/COUNTRY	LICENSE NUMBER	DATE ISSUED (DD-MMM-YY)	HOW OBTAINED (*)
New Mexico	95-79	01-JUL-95	NPLM

(*) NATIONAL BOARD OF MEDICAL EXAMINERS (NBME)
 STATE BOARD EXAM (STATE)
 NATIONAL BOARD OF OSTEOPATHIC EXAMINERS (NBOE)
 LICENTATE OF MEDICAL COUNCIL OF CANADA (LMCC)
 FLEX EXAMINATION (FLEX)
 UNITED STATES MEDICAL LICENSING EXAM (USMLE)
 COMBINATION FLEX, NBME, USMLE

67030

PRACTICE REFERENCES

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

NAME OF FACILITY: Presbyterian Hospital		FROM DATE: (DD-MMM-YY) 16-OCT-95	TO DATE: (DD-MMM-YY) present		
NAME OF REFERENCE: Timothy Hurley, MD	STREET ADDRESS: 201 Cedar St. SE	CITY: Albuquerque	STATE/CNTRY: NM	ZIP CODE: 87106	
NAME OF REFERENCE: Karen Williams, MD	STREET ADDRESS: 883 Lead SE	CITY: Albuquerque	STATE/CNTRY: NM	ZIP CODE: 87102	

NAME OF FACILITY: St. Joseph's Hospital		FROM DATE: (DD-MMM-YY) 15-FEB-96	TO DATE: (DD-MMM-YY) present		
NAME OF REFERENCE: Rebecca Shoden, MD	STREET ADDRESS: 883 Lead SE	CITY: Albuquerque	STATE/CNTRY: NM	ZIP CODE: 87102	
NAME OF REFERENCE: Richard Sauerman, MD	STREET ADDRESS: 1101 Medical Arts Ave N	CITY: Albuquerque	STATE/CNTRY: NM	ZIP CODE: 87102	

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:	

PROPOSED PRACTICE PLANS IN MINNESOTA (IF ANY)

Private practice in Duluth

MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ORGANIZATIONS

NAME OF ORGANIZATION	FROM DATE	TO DATE
Greater ABO Medical Association	10/95	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

College of Family Physicians of Canada

None of the above

Specialty: Obstetrics and Gynecology

Expiration Date: 31-DEC-2007

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

67030

CERTIFICATE OF ETHICAL AND MORAL CHARACTER

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

NM

I certify that the photograph attached is a recent one and likeness of Dr. ~~Judith Johnson~~ and that s/he is a person of good ethical and moral character.

Polly C. Primm MD

3.1.98

97125

NM

SIGNATURE

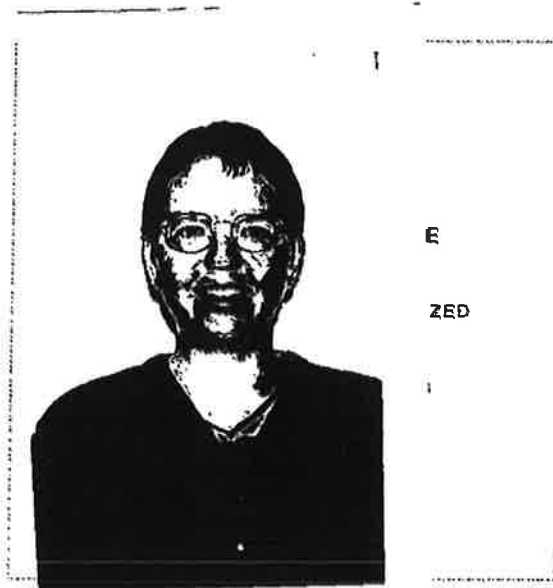
DATE

LICENSE NUMBER

STATE OF ISSUE

Polly COOPER PRIMM

PRINT OR TYPE FULL NAME



I certify that the photograph attached is a recent one and likeness of Dr. ~~Judith Johnson~~ and that s/he is a person of good ethical and moral character.

Susan L. Laramore

3/1/98

9137

NM

SIGNATURE

DATE

LICENSE NUMBER

STATE OF ISSUE

SUSAN LARAMORE

PRINT OR TYPE FULL NAME

AFFIDAVIT OF APPLICANT:

STATE OF: New Mexico

COUNTY OF: Bernalillo

I, Judith Lynn Johnson, 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 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 1st day of March, 19 98

Alice Wallace
Signature of Notary Public

[Handwritten Signature]
Signature of Applicant

My Commission Expires: 8.14.99

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, 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.

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

(Use Back button to return to summary page)

User Name: Judith Johnson Start Date: 4/26/2013 9:31:24 AM
 Service Name: License Renewal - PY Complete Date: 4/26/2013 9:58:52 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/26/2013 9:31:33 AM	
2	Verify Information	4/26/2013 9:32:26 AM	
3	Privileges & Continuing Medical Education	4/26/2013 9:32:35 AM	
4	Practice Questions	4/26/2013 9:33:26 AM	
5	Profiling - Practice Addresses	4/26/2013 9:33:53 AM	
5	Profiling - Post Graduate Training	4/26/2013 9:34:05 AM	
5	Profiling - Post Graduate Training	4/26/2013 9:34:05 AM	
5	Profiling - ABMS/AOA	4/26/2013 9:34:49 AM	
5	Profiling - Criminal Convictions	4/26/2013 9:34:57 AM	
6	Review	4/26/2013 9:36:07 AM	
7	Prescription Monitoring Program Registration	4/26/2013 9:36:23 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 40719
Name: Judith Lynn Johnson

Drivers License:
Is license current?

Designated Address: 1000 E 1ST ST, STE LL
 St Luke's Obstetrics and Gynecology
 Duluth, MN 55805
Phone: (218) 722-5629
Email Address: jjohnson2@slhduluth.com
Web Site:

Private Address: **Phone:** 2

Hospital Staff Privileges

Facility	City	State	Type of Privilege
ST LUKE'S	DULUTH	MN	ACTIVE
ST MARY'S	DULUTH	MN	ACTIVE
MILLER DWAN	DULUTH	MN	ACTIVE

Continuing Education

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 05/31/2014.

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

(Use Back button to return to summary page)

User Name: Judith Johnson Start Date: 5/13/2014 10:28:13 PM
 Service Name: License Renewal - PY Complete Date: 5/13/2014 11:00:03 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/13/2014 10:28:32 PM	
2	Verify Information	5/13/2014 10:30:16 PM	
3	Privileges & Continuing Medical Education	5/13/2014 10:31:35 PM	
4	Practice Questions	5/13/2014 10:33:10 PM	
5	Profiling - Practice Addresses	5/13/2014 10:33:45 PM	
5	Profiling - Post Graduate Training	5/13/2014 10:33:55 PM	
5	Profiling - Post Graduate Training	5/13/2014 10:33:55 PM	
5	Profiling - ABMS/AOA	5/13/2014 10:34:26 PM	
5	Profiling - ABMS/AOA	5/13/2014 10:34:27 PM	
5	Profiling - Criminal Convictions	5/13/2014 10:34:33 PM	• Criminal Question
5	Profiling - Criminal Convictions	5/13/2014 10:34:41 PM	
2	Verify Information	5/13/2014 10:36:23 PM	
3	Privileges & Continuing Medical Education	5/13/2014 10:36:33 PM	
4	Practice Questions	5/13/2014 10:36:38 PM	
5	Profiling - Practice Addresses	5/13/2014 10:36:42 PM	
5	Profiling - Post Graduate Training	5/13/2014 10:36:47 PM	
5	Profiling - Post Graduate Training	5/13/2014 10:36:48 PM	
5	Profiling - ABMS/AOA	5/13/2014 10:36:53 PM	
5	Profiling - ABMS/AOA	5/13/2014 10:36:53 PM	
5	Profiling - Criminal Convictions	5/13/2014 10:36:57 PM	

1 2

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 40719
Name: Judith Lynn Johnson

Drivers License:
Is license current?

Designated Address: 1000 E 1ST ST, STE LL
 St Luke's Obstetrics and Gynecology
 Duluth, MN 55805

Phone: (218) 249-4700
Email Address: judith.johnson@slhduluth.com
Web Site:

Private Address:

Phone:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
ST LUKE'S	DULUTH	MN	ACTIVE
ST MARY'S	DULUTH	MN	ACTIVE
MILLER DWAN	DULUTH	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: Judith Johnson Start Date: 4/24/2015 3:00:13 PM
 Service Name: License Renewal - PY Complete Date: 4/24/2015 3:13:48 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/24/2015 3:01:42 PM	
1	Information	4/24/2015 3:01:43 PM	
1	Information	4/24/2015 3:01:43 PM	
1	Information	4/24/2015 3:01:43 PM	
1	Information	4/24/2015 3:01:44 PM	
1	Information	4/24/2015 3:01:44 PM	
1	Information	4/24/2015 3:01:45 PM	
2	Verify Information	4/24/2015 3:02:37 PM	
3	Privileges & Continuing Medical Education	4/24/2015 3:02:56 PM	
4	Practice Questions	4/24/2015 3:03:44 PM	
5	Profiling - Practice Addresses	4/24/2015 3:04:02 PM	
5	Profiling - Post Graduate Training	4/24/2015 3:04:08 PM	
5	Profiling - Post Graduate Training	4/24/2015 3:04:08 PM	
5	Profiling - ABMS/AOA	4/24/2015 3:04:20 PM	
5	Profiling - ABMS/AOA	4/24/2015 3:04:20 PM	
5	Profiling - Criminal Convictions	4/24/2015 3:04:28 PM	
4	Practice Questions	4/24/2015 3:06:05 PM	
5	Profiling - Practice Addresses	4/24/2015 3:06:10 PM	
5	Profiling - Post Graduate Training	4/24/2015 3:06:13 PM	
5	Profiling - Post Graduate Training	4/24/2015 3:06:13 PM	

1 2

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 40719
Name: Judith Lynn Johnson

Drivers License:
Is license current?

Designated Address: 1000 E 1ST ST, STE LL
 St Luke's Obstetrics and Gynecology
 Duluth, MN 55805

Phone: (218) 249-4700
Email Address: judith.johnson@slhduluth.com
Web Site:

Private Address:**Phone:****Hospital Staff Privileges**

Facility	City	State	Type of Privilege
ST LUKE'S	DULUTH	MN	ACTIVE
ST MARY'S	DULUTH	MN	ACTIVE
MILLER DWAN	DULUTH	MN	ACTIVE

Continuing Education

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 05/31/2017.

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

(Use Back button to return to summary page)

User Name: Judith Johnson Start Date: 4/14/2016 4:30:37 PM
 Service Name: License Renewal - PY Complete Date: 4/14/2016 4:50:40 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	4/14/2016 4:30:47 PM	
2	Verify Information	4/14/2016 4:31:13 PM	
3	Privileges & Continuing Medical Education	4/14/2016 4:31:27 PM	
4	Practice Questions	4/14/2016 4:32:28 PM	
5	Profiling - Practice Addresses	4/14/2016 4:32:45 PM	
5	Profiling - Post Graduate Training	4/14/2016 4:32:53 PM	
5	Profiling - Post Graduate Training	4/14/2016 4:32:53 PM	
5	Profiling - ABMS/AOA	4/14/2016 4:33:10 PM	
5	Profiling - ABMS/AOA	4/14/2016 4:33:10 PM	
5	Profiling - Criminal Convictions	4/14/2016 4:33:21 PM	
6	Review	4/14/2016 4:33:44 PM	
7	Prescription Monitoring Program Registration	4/14/2016 4:33:54 PM	
9	Payment	4/14/2016 4:45:15 PM	
7	Prescription Monitoring Program Registration	4/14/2016 4:47:13 PM	
8	Questionnaire	4/14/2016 4:47:19 PM	
9	Payment	4/14/2016 4:47:21 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 40719
Name: Judith Lynn Johnson

Drivers License:
Is license current?

Designated Address: 1000 E 1ST ST, STE LL
 St Luke's Obstetrics and Gynecology
 Duluth, MN 55805

Phone: (218) 249-4700
Email Address: judith.johnson@shduluth.com
Web Site:

Private Address:

Phone:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
ST LUKE'S	DULUTH	MN	ACTIVE
ST MARY'S	DULUTH	MN	ACTIVE
MILLER DWAN	DULUTH	MN	ACTIVE

Continuing Education

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 05/31/2017.

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

(Use Back button to return to summary page)

User Name: Judith Johnson Start Date: 5/2/2017 4:59:49 AM
 Service Name: License Renewal - PY Complete Date: 5/2/2017 5:14:37 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	5/2/2017 5:00:12 AM	
2	Verify Information	5/2/2017 5:01:46 AM	
3	Privileges & Continuing Medical Education	5/2/2017 5:02:08 AM	
4	Practice Questions	5/2/2017 5:03:03 AM	
5	Profiling - Practice Addresses	5/2/2017 5:03:16 AM	PracticeAddress
5	Profiling - Post Graduate Training	5/2/2017 5:03:31 AM	Bypass Case
5	Profiling - Post Graduate Training	5/2/2017 5:03:31 AM	
5	Profiling - ABMS/AOA	5/2/2017 5:04:00 AM	
5	Profiling - ABMS/AOA	5/2/2017 5:04:00 AM	
5	Profiling - Criminal Convictions	5/2/2017 5:04:10 AM	
4	Practice Questions	5/2/2017 5:05:19 AM	
5	Profiling - Practice Addresses	5/2/2017 5:05:34 AM	PracticeAddress
5	Profiling - Post Graduate Training	5/2/2017 5:05:36 AM	Bypass Case
5	Profiling - Post Graduate Training	5/2/2017 5:05:36 AM	
5	Profiling - ABMS/AOA	5/2/2017 5:05:39 AM	
5	Profiling - ABMS/AOA	5/2/2017 5:05:39 AM	
5	Profiling - Criminal Convictions	5/2/2017 5:05:41 AM	
6	Review	5/2/2017 5:06:25 AM	
7	Prescription Monitoring Program Registration	5/2/2017 5:06:36 AM	
9	Payment	5/2/2017 5:11:39 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 40719
Name: Judith Lynn Johnson

Drivers License:
Is license current?

Designated Address: 635 W 3rd St
 Duluth, MN 55806

Phone: (218) 391-4212
Email Address:
Web Site:

Private Address:

Phone:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
ST LUKE'S	DULUTH	MN	ACTIVE
ST MARY'S	DULUTH	MN	ACTIVE
MILLER DWAN	DULUTH	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.



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: Judith Lynn Johnson

[New Search](#)

License: Physician and Surgeon - #40719

[Print](#)

Licensee Public Information				
Licensure Designated Address: 635 W 3rd St Duluth, MN 55806				
Web Site:	Birth Year: 1964			
E-mail:	Gender: Female			
License Information				
License Number:	40719	License Type:	Physician and Surgeon	
Expiration Date:	05-31-2018	Grant Date:	07-11-1998	
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:	06/08/1991	
Practice Locations (Self-Reported Information)				
Primary Location: St Luke's Obstetrics and Gynecology 1000 E 1ST ST, STE LL DULUTH, MN 55805		Secondary Location: N/A		
Phone:	218-249-4700	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 SCHOOL OF MEDICINE	MEDICINE	00/00/1987	00/00/1991	Y
UNIVERSITY OF NEW MEXICO SCHOOL OF MEDICINE	OB-GYN	00/00/1991	00/00/1995	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 2/28/2018 8:28:22 AM

Disclaimer

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

Primary Source Verification

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

Note on 'Area of Specialty'

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

Maintenance of Certification (MOC)

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

Criminal Conviction

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