

Thomas Campbell 544 #17  
\$100

Minnesota State Board of Medical Examiners

PAGE 1

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

Application for:

- NATIONAL BOARD ENDORSEMENT OF MEDICAL EXAMINERS
- NATIONAL BOARD OF OSTEOPATHIC EXAMINERS
- L.M.C.C.

Name	Thomas Frederick Campbell	Application No.	96
Preliminary Education		Date	8-8-80
Medical Education	U of Minnesota, Mpls, MN	License Number	25,609
School of Graduation	U of Minnesota, Mpls, MN 1979	Issued	8-8-80
Diploma Bachelor of Medicine		Fee Paid	
Diploma Doctor of Medicine	M.D. U of Minnesota 6-9-79	Receipt No.	544-17
Internship	St. Paul Ramsey Medical Ctr. St. Paul, MN	6-24-79 to 6-23-80	
National Board Certificate No.	#216228	Date	7-1-80
		Average	84.1

CREDENTIALS

BORN: Minneapolis, MN 12-10-46. MEDICAL SCHOOL: U of Minnesota, Mpls, MN  
M.D. issued 6-9-79. INTERNSHIP: St. Paul Ramsey Medical Ctr. St. Paul, MN  
6-24-79 to 6-23-80. NATIONAL BOARD CRT: #216228 issued 7-1-80 Avg. 84.1.  
INFORMATION RELEASE FORM, HOSPITAL STAFF PRIVILEGE FORM, MALPRACTICE HISTORY  
REPORT FORM.

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

PERSONNEL OF BOARD

- WILLIAM JACOTT, M.D. Pres.
- SUZANNE E. FLINSCHE Vice-Pres.
- DOROTHY H. BERNSTEIN, M.D. Sec'y.
- CHESTER A. ANDERSON, M.D.
- HAROLD R. BROMAN JR. M.D.
- JAMES C. CAIN, M.D.
- WILLIAM J. DONKERS, D.O.
- SAM S CRAIG
- LOREN R. NELSON, M.D.
- THERESA OLSON
- RUSSELL O. SATHER M.D.

Location



I certify this is a true likeness of  
Thomas Frederick Campbell.

Mary E. Campbell  
MARY E. CAMPBELL  
HENNEPIN COUNTY  
NOTARY PUBLIC - MINNESOTA  
MY COMMISSION EXPIRES DEC. 28, 1983

Memorandum

# Minnesota State Board of Medical Examiners

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

APPLICATION FOR LICENSE TO PRACTICE MEDICINE  
2211 South 9th Street, Apt 347  
Minneapolis, Minnesota 55404  
1 June 1980  
Place and Date

To the Minnesota State Board of Medical Examiners:

I hereby make application for a license to practice medicine and surgery in the State of Minnesota and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

(Name must coincide with medical diploma.)  
(All addresses must include zip code.)

- Name Thomas Frederick Campbell
- Addresses \_\_\_\_\_

3. Place of Birth Minneapolis, Minnesota Date of Birth 1946

4. Name of Father \_\_\_\_\_

Maiden Name of mother \_\_\_\_\_

5. Citizenship: Naturalization not foreign born  
Name, place, date and number. Citizenship papers must be submitted.

6. Identification: Height \_\_\_\_\_ In. Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_  
Color of Eyes \_\_\_\_\_ Identifying marks \_\_\_\_\_

7. PRELIMINARY EDUCATION (beginning with high school. Give names of institutions attended and location, with concise statement of periods of study.)  
West High School Sept. 6, 1961 - June 12, 1964  
High School 2800 Hennepin Ave, Minneapolis, Minnesota Zip 55400  
Name, location, dates of attendance.

University of Minnesota Sept. 23, 1964 - Dec. 16, 1967 Zip \_\_\_\_\_  
College Minneapolis, Minnesota Sept. 27, 1971 - Aug. 23, 1974 Zip 55455  
Name, location, dates of attendance.

Academic Degree of Diploma From West High School (Date) June, 1964  
Name of School

Academic Degree of \_\_\_\_\_ From \_\_\_\_\_ (Date) \_\_\_\_\_  
Name of School

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

University of Minnesota  
Minneapolis, Minnesota Zip 55455 Medical Dept. from 9/11/75 to 5/9/79  
Name and location of institution Mo. Day Yr. Mo. Day Yr.

Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Diploma Bachelor of Medicine from University of Minnesota Medical School Issued  
Minneapolis, Minnesota 55455 June 9, 1979  
Name and location of institution Date issued

Diploma Doctor of Medicine from \_\_\_\_\_ Issued \_\_\_\_\_  
Name and location of institution Date issued

9. INTERNSHIP: Name of Hospital St. Paul-Ramsey Medical Center, Dept. of Ob-Gyn  
Address 640 Jackson Street, St. Paul, Minnesota Zip 55101

Dates: From 24 June 1979 To 23 June 1980

Please see attached addendum for periods not included above.

10. POST-GRADUATE WORK: (Places and dates) None Zip \_\_\_\_\_

Zip \_\_\_\_\_

**INSTRUCTIONS:**

Read enclosed instruction sheet carefully.

Give accounting of all time from beginning of high school, whether spent in school, practice, or otherwise. Name must coincide with medical diploma. Fee is not refundable. (See Section 5707, Minn. Laws of 1927.) Application must be on file in Secretary's office on the 15th day in the months of Dec., March, June or Sept. Applications of Diplomates of the National Board of Medical Examiners are considered by this Board at meetings held following the above mentioned dates.

11. MILITARY SERVICE: Date of Entry 11 March 1968 Date of Release 9 December 1970  
Branch of Service U. S. Army Rank Spo. 6 (E-6) Particulars Honorable Discharge,  
National Defense Service Medal, Vietnam Service Medal, Vietnam Campaign Medal,  
Good Conduct Medal, Army Commendation Medal, Bronze Star Medal

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:

State None License No. \_\_\_\_\_ Date \_\_\_\_\_ How Obtained \_\_\_\_\_  
Exam. Recp. No. \_\_\_\_\_

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 None From \_\_\_\_\_ To \_\_\_\_\_ Zip \_\_\_\_\_  
References \_\_\_\_\_ Two names and addresses \_\_\_\_\_

b. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Zip \_\_\_\_\_  
References \_\_\_\_\_ Two names and addresses \_\_\_\_\_

c. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Zip \_\_\_\_\_  
References \_\_\_\_\_ Two names and addresses \_\_\_\_\_

d. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Zip \_\_\_\_\_  
References \_\_\_\_\_ Two names and addresses \_\_\_\_\_

e. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Zip \_\_\_\_\_  
References \_\_\_\_\_ Two names and addresses \_\_\_\_\_

13. Is it your purpose to discontinue practice at your present location and to become a permanent resident of the State of Not Applicable Answer \_\_\_\_\_

14. Are you presently in good physical and mental health? If not, give particulars: Yes

15. Have you ever been voluntarily or involuntarily committed to a public or private mental institution or been disabled by accident or physical or mental illness? If so, give particulars: No

16. Are you a member of any medical society? If so, give particulars: No

17. Do you now, or have you ever, personally used or administered to yourself any controlled substances, or have you been treated for alcohol or drug use? If so, give particulars: No

18. Have you ever voluntarily or involuntarily surrendered your right to prescribe controlled substances, or to your knowledge been the subject of investigation by any Federal, State or Local agency having jurisdiction over controlled substances? If so, give particulars: No

19. Have you ever been denied a license by, or the privilege of taking an examination before any State Medical Examining Board? If so, give particulars: No

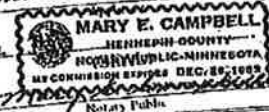
20. Have you ever been notified by any State Medical Board or any medical society of any complaint against you relative to the practice of medicine? If so, give particulars: No

21. AFFIDAVIT OF APPLICANT:  
STATE OF Minnesota ss.  
County of Hennepin

Thomas Frederick Campbell being first duly sworn says that he is the person referred to in the above application for license to practice medicine and surgery in the State of Minnesota, and that the statements herein contained are each and all strictly true in every respect.

Sworn to before me this 1st day of June

My Commission expires December 26, 1983



PAGE IV

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

(PLEASE SEND TO MEDICAL SCHOOL FOR FOLLOWING CERTIFICATION)  
22. OFFICIAL CERTIFICATE OF MEDICAL EDUCATION: Beginning with first year of medical school, state periods of study, giving dates of diplomas or certificates received.

Thomas F. Campbell, M.D.  
From 9-11-75 to 6-9-79

M.D. June 9, 1979

(SEAL)

June 5, 1980

W. Albert Sullivan, Jr., M.D., Associate Dean  
President, Secretary or Dean  
Univ. of Minn. Medical School, Mpls, MN 55455  
Name of School and Address

(PLEASE SEND TO MEDICAL SOCIETY FOR FOLLOWING CERTIFICATION)  
23. RECOMMENDATION OF SECRETARY OF LOCAL COUNTY STATE MEDICAL SOCIETY:

1. ERICK Y. HAKANSON, M.D. CHAIRMAN  
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY  
THOMAS FREDERICK CAMPBELL, M.D. Secretary of the

is personally known to me, and that he is an ethical practitioner and is of good moral and professional character. I further certify that the said Dr. THOMAS FREDERICK CAMPBELL is engaged in the reputable practice of medicine in the State of MINNESOTA. I have carefully examined all the statements made by the applicant and believe them to be true in every respect. I also state that the photograph attached to this application is a recent one and the likeness of said Dr. THOMAS FREDERICK CAMPBELL.

(Seal of Society)

JUNE 4, 1980

Erick Y. Hakanson  
CHAIRMAN, DEPT. OF OBSTETRICS & GYNECOLOGY  
ST. PAUL-RAMSEY MEDICAL CENTER  
640 JACKSON STREET  
ST. PAUL, MN. 55101  
Address

\*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of RAMSEY  
State of MINNESOTA

In ST. PAUL, RAMSEY, MINNESOTA on the 4TH day of JUNE

A.D. 19 80 before me personally appeared ERICK Y. HAKANSON, M.D.

of 640 JACKSON STREET, ST. PAUL, MN. to me known and known by me to be the party executing the foregoing instrument, and he acknowledged said instrument, by him executed, to be his free act and deed.

751 Cassin Way  
St. Paul, MN

MD-00022-01

(If this applicant has been subject to disciplinary action, kindly give details in a letter to this board.)



**User Admin** Search and maintain all registered users

**Online Service History Detail**

(Use Back button to return to summary page)

User Name: Thomas Campbell      Start Date: 12/30/2013 1:39:18 PM  
 Service Name: License Renewal - PY      Complete Date: 12/30/2013 2:30:10 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/30/2013 1:39:55 PM	
2	Verify Information	12/30/2013 1:44:11 PM	
3	Privileges & Continuing Medical Education	12/30/2013 1:46:31 PM	
4	Practice Questions	12/30/2013 2:05:02 PM	
5	Profiling - Practice Addresses	12/30/2013 2:09:18 PM	
5	Profiling - Post Graduate Training	12/30/2013 2:09:35 PM	
5	Profiling - ABMS/AOA	12/30/2013 2:12:04 PM	
5	Profiling - ABMS/AOA	12/30/2013 2:12:04 PM	
5	Profiling - Criminal Convictions	12/30/2013 2:12:25 PM	
6	Review	12/30/2013 2:26:18 PM	
7	Prescription Monitoring Program Registration	12/30/2013 2:26:32 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 25609  
**Name:** Thomas Frederick Campbell

**Drivers License:**  
**Is license current?**

**Designated Address:** HealthEast Care System  
 1690 University Avenue West  
 Suite 250  
 St. Paul, MN 55104  
**Phone:** (651) 232-4990  
**Email Address:**  
**Web Site:**

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
HealthEast Hospitals	St Paul	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:** 85  
**Category 1 Equivalent Course Hours:** 0  
**Total Reported Hours:** 85

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: Thomas Campbell      Start Date: 12/28/2014 11:57:53 PM  
 Service Name: License Renewal - PY      Complete Date: 12/29/2014 4:19:51 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/28/2014 11:58:34 PM	
2	Verify Information	12/29/2014 12:00:08 AM	
3	Privileges & Continuing Medical Education	12/29/2014 12:01:00 AM	
4	Practice Questions	12/29/2014 12:03:34 AM	
5	Profiling - Practice Addresses	12/29/2014 12:04:31 AM	
5	Profiling - Post Graduate Training	12/29/2014 12:05:11 AM	
5	Profiling - Post Graduate Training	12/29/2014 12:05:12 AM	
5	Profiling - ABMS/AOA	12/29/2014 12:06:08 AM	
5	Profiling - ABMS/AOA	12/29/2014 12:06:08 AM	
5	Profiling - Criminal Convictions	12/29/2014 12:06:32 AM	
6	Review	12/29/2014 12:08:07 AM	
8	Questionnaire	12/29/2014 12:17:11 AM	
2	Verify Information	12/29/2014 12:41:33 AM	
3	Privileges & Continuing Medical Education	12/29/2014 12:41:45 AM	
4	Practice Questions	12/29/2014 12:41:55 AM	
5	Profiling - Practice Addresses	12/29/2014 12:42:06 AM	
5	Profiling - Post Graduate Training	12/29/2014 12:42:16 AM	
5	Profiling - Post Graduate Training	12/29/2014 12:42:16 AM	
5	Profiling - ABMS/AOA	12/29/2014 12:42:31 AM	
5	Profiling - ABMS/AOA	12/29/2014 12:42:31 AM	

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**Application for License Renewal**

**License Number:** PY 25609  
**Name:** Thomas Frederick Campbell

**Drivers License:**  
**Is license current?**

**Designated Address:** HealthEast Care System  
 1690 University Avenue West  
 Suite 250  
 St. Paul, MN 55104  
**Phone:** (651) 232-4990  
**Email Address:**  
**Web Site:**

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
HealthEast Hospitals	St Paul	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 12/31/2016.

# Minnesota Board of Medical Practice



## User Admin Search and maintain all registered users

### Online Service History Detail

(Use Back button to return to summary page)

User Name: Thomas Campbell      Start Date: 12/14/2015 1:05:43 PM  
 Service Name: License Renewal - PY      Complete Date: 12/14/2015 1:43:41 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/14/2015 1:06:20 PM	
2	Verify Information	12/14/2015 1:07:38 PM	
3	Privileges & Continuing Medical Education	12/14/2015 1:07:56 PM	
4	Practice Questions	12/14/2015 1:10:08 PM	
5	Profiling - Practice Addresses	12/14/2015 1:10:42 PM	
5	Profiling - Post Graduate Training	12/14/2015 1:11:25 PM	
5	Profiling - Post Graduate Training	12/14/2015 1:11:25 PM	
5	Profiling - ABMS/AOA	12/14/2015 1:12:28 PM	
5	Profiling - ABMS/AOA	12/14/2015 1:12:28 PM	
5	Profiling - Criminal Convictions	12/14/2015 1:12:49 PM	
6	Review	12/14/2015 1:14:48 PM	
8	Questionnaire	12/14/2015 1:19:49 PM	

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### Application for License Renewal

**License Number:** PY 25609  
**Name:** Thomas Frederick Campbell

**Drivers License:**  
**Is license current?**

**Designated Address:** HealthEast Care System  
 1690 University Avenue West  
 Suite 250  
 St. Paul, MN 55104  
**Phone:** (651) 232-4990  
**Email Address:**  
**Web Site:**

**Private Address:**

### Hospital Staff Privileges

Facility	City	State	Type of Privilege
HealthEast Hospitals	St Paul	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 12/31/2016.

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

(Use Back button to return to summary page)

User Name: Thomas Campbell      Start Date: 12/28/2016 11:37:19 AM  
 Service Name: License Renewal - PY      Complete Date: 12/28/2016 12:01:17 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/28/2016 11:37:33 AM	
2	Verify Information	12/28/2016 11:43:57 AM	
3	Privileges & Continuing Medical Education	12/28/2016 11:46:07 AM	
4	Practice Questions	12/28/2016 11:47:19 AM	
5	Profiling - Practice Addresses	12/28/2016 11:49:30 AM	PracticeAddress
5	Profiling - Post Graduate Training	12/28/2016 11:49:43 AM	Bypass Case
5	Profiling - Post Graduate Training	12/28/2016 11:49:43 AM	
5	Profiling - ABMS/AOA	12/28/2016 11:49:58 AM	
5	Profiling - ABMS/AOA	12/28/2016 11:49:58 AM	
5	Profiling - Criminal Convictions	12/28/2016 11:50:05 AM	
6	Review	12/28/2016 11:50:57 AM	
7	Prescription Monitoring Program Registration	12/28/2016 11:51:28 AM	
9	Payment	12/28/2016 11:57:43 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 25609  
**Name:** Thomas Frederick Campbell

**Drivers License:**  
**Is license current?**

**Designated Address:** Premiere Ob Gyn, East (AKA Metro Ob Gyn)  
 17 West Exchange St. Suite 622 St. Paul, MN 55102  
**Phone:** (651) 227-9141  
**Email Address:** tcampbellmd@gmail.com  
**Web Site:** metro-obgyn.com

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
HealthEast Hospitals	St Paul	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:** 75

**Category 1 Equivalent Course Hours:** 0

**Total Reported Hours:** 75

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: Thomas Campbell Start Date: 11/17/2017 11:57:30 AM  
 Service Name: License Renewal - PY Complete Date: 11/17/2017 12:14:19 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/17/2017 11:58:07 AM	
1	Information	11/17/2017 11:58:59 AM	
2	Verify Information	11/17/2017 11:59:08 AM	
3	Privileges & Continuing Medical Education	11/17/2017 11:59:20 AM	
4	Practice Questions	11/17/2017 12:01:03 PM	
5	Profiling - Practice Addresses	11/17/2017 12:01:35 PM	PracticeAddress
5	Profiling - Post Graduate Training	11/17/2017 12:01:46 PM	Bypass Case
5	Profiling - Post Graduate Training	11/17/2017 12:01:46 PM	
5	Profiling - ABMS/AOA	11/17/2017 12:02:10 PM	
5	Profiling - ABMS/AOA	11/17/2017 12:02:10 PM	
5	Profiling - Criminal Convictions	11/17/2017 12:02:28 PM	
6	Review	11/17/2017 12:03:28 PM	
7	Prescription Monitoring Program Registration	11/17/2017 12:04:41 PM	• The email addresses provided must match
7	Prescription Monitoring Program Registration	11/17/2017 12:05:34 PM	
7	Prescription Monitoring Program Registration	11/17/2017 12:05:35 PM	PMP Submitted Successfully: 11/17/2017 12:05:34 PM
7	Prescription Monitoring Program Registration	11/17/2017 12:05:43 PM	
9	Payment	11/17/2017 12:10:46 PM	

**Verification Page**

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**Application for License Renewal**

**License Number:** PY 25609  
**Name:** Thomas Frederick Campbell

**Drivers License:**  
**Is license current?**

**Designated Address:** Premiere Ob Gyn, East (AKA Metro Ob Gyn)  
 17 West Exchange St. Suite 622 St. Paul, MN 55102  
**Phone:** (651) 227-9141  
**Email Address:** tcampbellmd@gmail.com  
**Web Site:** metro-obgyn.com

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
HealthEast Hospitals	St Paul	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 12/31/2019.



## 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: Thomas Frederick Campbell

New Search

## License: Physician and Surgeon - #25609

Print

Licensee Public Information				
<b>Licensure Designated Address:</b> Premiere Ob Gyn, East (AKA Metro Ob Gyn) 17 West Exchange St. Suite 622 St. Paul, MN 55102				
<b>Web Site:</b>	metro-obgyn.com	<b>Birth Year:</b>	1946	
<b>E-mail:</b>	tcampbellrmd@gmail.com	<b>Gender:</b>	Male	
License Information				
<b>License Number:</b>	25609	<b>License Type:</b>	Physician and Surgeon	
<b>Expiration Date:</b>	12-31-2018	<b>Grant Date:</b>	08-08-1980	
<b>License Status:</b>	Active			
<b>Disciplinary Action:</b>	No			
<b>Corrective Action:</b>	No			
<b>Disciplinary Actions by Other States (Reported to the Board since July 1, 2013):</b> No				
Education				
<b>Medical School:</b>	UNIVERSITY OF MINNESOTA MEDICAL SCHOOL MINNEAPOLIS USA	<b>Degree:</b>	M.D.	
<b>Location:</b>	Minneapolis, MN USA	<b>Date:</b>	Unknown	
Practice Locations (Self-Reported Information)				
<b>Primary Location:</b> Premiere Ob Gyn, East (AKA Metro Ob Gyn) 17 West Exchange St. Suite 622 St. Paul, MN 55102 <b>Phone:</b> 651-227-9141		<b>Secondary Location:</b> Whole Woman's Health of the Twin Cities 825 S. 8th St. Suite 1018 Minneapolis, MN 55404 <b>Phone:</b> 612-332-2311		
Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)				
<b>Program</b>	<b>Specialty</b>	<b>Start Date</b>	<b>End Date</b>	<b>Completed</b>
St Paul Ramsey Medical Center	Obstetrics & Gynecology	06/24/1979	06/30/1983	Y
St Paul Ramsey Medical Center	OB/GYN	06/24/1979	06/30/1983	Y
Area of Specialty (Certified by American Board of Medical Specialties or American Osteopathic Specialty Boards; Refer to the Note at the End of this Page)				
<b>Source</b>	<b>Board</b>	<b>Certification / Sub-Certification</b>		
ABMS	Obstetrics and Gynecology	Obstetrics & Gynecology		
Criminal Convictions (Self-Reported Information)				
<b>Type</b>	<b>Crime Description</b>	<b>Conviction Date</b>	<b>Court of Jurisdiction</b>	<b>Sentence/Comment</b>

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

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## Disclaimer

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