

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

496 289 LOWRY MEDICAL ARTS BLDG., ST. PAUL 2, MINN.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT BY NATIONAL BOARD

Minneapolis, Minn. Aug 3, 1971
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, National Board Certificate and basic science certificate.)

1. Name FREDERICK HARVEY KRAVITZ
2. Addresses _____

3. Place of Birth BROOKLYN, N.Y. Date of Birth 1941 Race Caucasian
4. Nationality Descent of Father RUSSIA Name of Father _____
Nationality Descent of Mother AMERICAN Maiden name of Mother _____
5. Citizenship: Naturalization _____
(If foreign born) (Name, place, date and number. Citizenship papers must be submitted.)
6. Identification: Height _____ 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)
High School ABRAHAM LINCOLN, BROOKLYN, N.Y. 1956 -> 1959
Name, location, dates of attendance.
College CITY COLLEGE OF N.Y., NEW YORK CITY - 1959 -> 1964
Name, location, dates of attendance.

Academic Degree of B.S. From City College of N.Y. (Date) June, 1964
(Name of School)
Academic Degree of _____ From _____ (Date) _____

8. MEDICAL EDUCATION (Courses must have been at a Medical College recognized by this Board)
DOWNSTATE MEDICAL CENTER Medical Dept. from 9/12/64 to 6/8/68
(Name of institution, location and attendance) Mo. Day Yr. Mo. Day Yr.
BROOKLYN, New York 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 _____ (Name and location of institution) (Date issued)
Diploma Doctor of Medicine from DOWNSTATE MEDICAL CENTER June 8, 1968
(Name and location of institution) (Date issued)

9. INTERNSHIP: Name of Hospital Hennepin County General Hospital
Address 5th St. So. and Portland Ave, Minneapolis, Minn.
Dates: From June 24, 1968 To June 24, 1969

10. POST-GRADUATE WORK: (Places and dates) PRESENTLY I AM A RESIDENT
IN OB-GYN AT THE UNIVERSITY OF MINNESOTA HOSPITAL.

11. MINNESOTA STATE CERTIFICATE OF REGISTRATION IN THE BASIC SCIENCES:
Number _____ Date of Issue _____
By Examination _____ By Reciprocity _____ By National Board _____

INSTRUCTIONS:
Application must be accompanied by: (a) medical diploma; (b) fee \$100.00; (c) a recent unmounted, notarized photograph of applicant; (d) Minn. basic science certificate; (e) a photostatic copy of army or navy discharge papers if in service at any time

SIGN NAME LEGIBLY THIS IS A PERMANENT RECORD—DO NOT CRUSH, STAPLE OR MUTILATE

Give accounting of all time from beginning of high school, if spent in school, practice, or otherwise. Name must coincide with medical diploma, Nat. Bd. certificate and basic science certificate. Fee is not returnable. (See Section 6107, Minn. Laws of 1927.) Application must be on file in Secretary's office on the first day in the months of Jan., Apr., June and Oct. Applications of Diplomates of the National Board of Medical Examiners are considered by this Board at meetings held following the above mentioned dates. The filing of this application does not grant any special privileges to open an office or to conduct any method of treating the sick or afflicted in the State of Minnesota. No temporary permits to practice are permitted by law.

12. **MILITARY SERVICE:** Date of Entry..... Date of Release.....
 NONE Branch of Service..... Rank..... Particulars.....

13. **STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:**

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)
 NONE 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)

14. Is it your purpose to abandon practice at your present location and to become a permanent resident of the State of..... Answer.....

15. What type of work do you propose to follow? OB - GYN

16. Are you a member of any medical society; if so, give particulars: Junior member of (a) A.C.O.G. and (b) American Fertility Society.

17. Do you now, or have you ever, personally used narcotics or taken treatment for alcoholic or drug habit? NO

18. Have you ever been charged with violation of any Federal, State or Local Statute? NO

19. Are you now, or have you ever been, an itinerant or advertising doctor? NO

20. Are you now, or have you ever been, directly or indirectly associated with an advertising doctor or medical office? NO

21. Have you ever been denied a license by, or the privilege of taking an examination before any State Medical Examining Board? NO

22. 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, explain NO

23. Has any State Medical Examining Board revoked or suspended a license issued to you? NO

24. Have you ever practiced any other branch of the healing arts; if so, explain NO

25. Are you related to any members of the medical profession? NO

Names	Addresses	Relationship	Licensed in Minnesota?

26. **AFFIDAVIT OF APPLICANT:**

STATE OF Minnesota } ss.
 County of Dodge

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.

Frederick Henry Kraft
 (Applicant)

Sworn to, before me this 7 day of Sept, 1921

My Commission expires

JAMES E. COX
 Notary Public, Hennepin County, Minn.
 My Commission Expires Nov. 1, 1923.

(SEAL)
James E. Cox
 Notary Public.

Please have application blank filled out and notarized before having sections 27, 28, and 29 completed. (PLEASE SEND TO MEDICAL SCHOOL FOR FOLLOWING CERTIFICATION)

27. OFFICIAL CERTIFICATE OF PRELIMINARY AND MEDICAL EDUCATION: Beginning with high school, with statement of periods of study, giving dates of diplomas or certificates received. Abraham Lincoln H.S. 1956-59 Diploma

College of the City of N. Y. 1959-64 Diploma

State Univ. of N. Y. Downstate Medical Center 1964-68 Diploma

(SEAL) State University of New York Downstate Medical Center, Brooklyn, N.Y. REGISTRAR

Sept. 10, 1971 (Date)

New York Downstate Medical Center, Brooklyn, N.Y. (Name of School and Address)

28. RECOMMENDATION OF A PERSON WHO HAS KNOWN THE APPLICANT FOR AT LEAST ONE YEAR. I, John J. Sclarra, Professor and Chairman, Department of Obstetrics and Gynecology, University of Minnesota Hospitals

Frederick H. Kravitz

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. Frederick H. Kravitz is engaged in the reputable practice of medicine in the State of Minnesota and, so far as I am informed, he has not been an itinerant or advertising doctor. 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. Frederick H. Kravitz

April 25, 1972 (Date)

Box 395, Mayo Bldg., University Hospitals, Mpls. 55455 (Address)

*AFFIDAVIT

County of Hennepin State of Minnesota ss. In Minneapolis, Hennepin, Minnesota on the 26th day of April A. D. 1972 before me personally appeared John J. Sclarra, M.D.

of University of Minnesota Hospitals to me known and known by me to be the party executing the forgoing instrument, and he acknowledged said instrument, by him executed, to be his free act and deed.

(Seal of Notary Public) Notary Public, Hennepin County, Minn. University of Minnesota Hospitals (Address)

(PLEASE SEND TO NATIONAL BOARD FOR FOLLOWING CERTIFICATION.) 29. CERTIFICATE OF ENDORSEMENT OF NATIONAL BOARD ISSUING ORIGINAL CERTIFICATE: NOTE—This endorsement should not be executed unless the applicant has affixed the affidavit on Page 6.)

I, Bryce Tomblaton, M.D., Associate Director, Secretary of the National Board of Medical Examiners, certify that Frederick Harvey Kravitz, M.D. was granted Certificate No. 28544 on the 1st day of July, 1969 based on written examination and that said certificate has never been revoked.

School of Graduation State U.N.Y. Downstate Medical Center College of Medicine; June 6, 1968 Degree M.B.-M.D. Date

I further certify that the aforesaid Frederick Harvey Kravitz, M.D. in his written examination before this Board, obtained a general average of 78.9 per cent in the following subjects:

Table with 4 columns: Subject, Per cent, Subject, Per cent. Rows include Anatomy (78), Biochemistry (79), Bacteriology (77), Medicine (80), Obstetrics (84), Pediatrics (81), Physiology (77), Pathology (76), Pharmacology (78), Surgery (77), Public Health & Prev. Med. (75), Psychiatry (83).

With reference to memorandum to all State Medical Examining Boards from Frederick T. Merchant, M.D. dated December 1, 1970, please note: "The National Board of Medical Examiners is to be regarded as an examining agency with no function in determining the moral character of its Diplomates or their fitness to practice other than that related to the completion of educational requirements and successful completion of its examinations in accordance with the rules and regulations established by the National Board of Medical Examiners."

(Seal of the National Board)

John P. Hubbard, M.D., President, National Board of Medical Examiners (Secretary, National Board of Medical Examiners) Associate Director

December 10, 1971 (Date)

3930 Chestnut St., Philadelphia, Pa. 19104 (Address)

(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: Fred Kravitz Start Date: 7/24/2017 4:52:27 PM
 Service Name: License Renewal - PY Complete Date: 7/24/2017 5:08:17 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	7/24/2017 4:54:05 PM	
2	Verify Information	7/24/2017 4:54:38 PM	
3	Privileges & Continuing Medical Education	7/24/2017 4:54:49 PM	
4	Practice Questions	7/24/2017 4:55:53 PM	
5	Profiling - Practice Addresses	7/24/2017 4:56:12 PM	PracticeAddress
5	Profiling - Post Graduate Training	7/24/2017 4:56:25 PM	Bypass Case
5	Profiling - Post Graduate Training	7/24/2017 4:56:25 PM	
5	Profiling - ABMS/AOA	7/24/2017 4:56:37 PM	
5	Profiling - ABMS/AOA	7/24/2017 4:56:37 PM	
5	Profiling - Criminal Convictions	7/24/2017 4:56:54 PM	
6	Review	7/24/2017 4:57:22 PM	
7	Prescription Monitoring Program Registration	7/24/2017 4:57:32 PM	
9	Payment	7/24/2017 5:04:19 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 20440
Name: Fred Harvey Kravitz

Drivers License:
Is license current?

Designated Address: 701 Park Ave S.
 Dept. OB-GYN
 P-5
 Minneapolis, MN 55415
Phone: (763) 494-4481
Email Address: zaidafred@gmail.com
Web Site: zaidafred@gmail.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
hcmc	mpls	MN	faculty

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 08/31/2019.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Fred Kravitz Start Date: 8/2/2016 11:24:55 AM
 Service Name: License Renewal - PY Complete Date: 8/2/2016 11:51:59 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	8/2/2016 11:25:11 AM	
2	Verify Information	8/2/2016 11:25:35 AM	
3	Privileges & Continuing Medical Education	8/2/2016 11:27:11 AM	
4	Practice Questions	8/2/2016 11:28:52 AM	
5	Profiling - Practice Addresses	8/2/2016 11:29:19 AM	PracticeAddress
5	Profiling - Practice Addresses	8/2/2016 11:29:31 AM	PracticeAddress
5	Profiling - Post Graduate Training	8/2/2016 11:29:43 AM	Bypass Case
5	Profiling - Post Graduate Training	8/2/2016 11:29:43 AM	
5	Profiling - ABMS/AOA	8/2/2016 11:29:57 AM	
5	Profiling - ABMS/AOA	8/2/2016 11:29:57 AM	
5	Profiling - Criminal Convictions	8/2/2016 11:30:10 AM	
6	Review	8/2/2016 11:31:15 AM	
7	Prescription Monitoring Program Registration	8/2/2016 11:32:56 AM	• Please select a Health Profession Type
7	Prescription Monitoring Program Registration	8/2/2016 11:34:49 AM	• Please select a Health Profession Type
6	Review	8/2/2016 11:36:26 AM	
7	Prescription Monitoring Program Registration	8/2/2016 11:36:35 AM	
9	Payment	8/2/2016 11:47:14 AM	

Verification Page

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Application for License Renewal

License Number: PY 20440
Name: Fred Harvey Kravitz

Drivers License:
Is license current?

Designated Address: 701 Park Ave S.
 Dept. OB-GYN
 P-5
 Minneapolis, MN 55415

Phone: (763) 494-4481
Email Address: zaidafred@gmail.com
Web Site: zaidafred@gmail.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
hcmc	mpls	MN	faculty

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: 82
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 82

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

(Use Back button to return to summary page)

User Name: Fred Kravitz Start Date: 7/27/2015 4:12:41 PM
 Service Name: License Renewal - PY Complete Date: 7/27/2015 4:25:46 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	7/27/2015 4:12:55 PM	
2	Verify Information	7/27/2015 4:13:57 PM	
3	Privileges & Continuing Medical Education	7/27/2015 4:14:20 PM	
4	Practice Questions	7/27/2015 4:20:46 PM	
5	Profiling - Practice Addresses	7/27/2015 4:21:03 PM	
5	Profiling - Post Graduate Training	7/27/2015 4:21:31 PM	
5	Profiling - Post Graduate Training	7/27/2015 4:21:31 PM	
5	Profiling - ABMS/AOA	7/27/2015 4:22:02 PM	
5	Profiling - ABMS/AOA	7/27/2015 4:22:02 PM	
5	Profiling - Criminal Convictions	7/27/2015 4:22:19 PM	
6	Review	7/27/2015 4:22:45 PM	
7	Prescription Monitoring Program Registration	7/27/2015 4:22:51 PM	
8	Questionnaire	7/27/2015 4:23:00 PM	

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 20440
Name: Fred Harvey Kravitz

Drivers License:
Is license current?

Designated Address: 701 Park Ave S.
 Dept. OB-GYN
 P-5
 Minneapolis, MN 55415

Phone: (763) 494-4481
Email Address: zaidafred@gmail.com
Web Site: zaidafred@gmail.com

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
hcmc	mpls	MN	faculty

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 08/31/2016.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Fred Kravitz Start Date: 7/26/2014 2:45:10 PM
 Service Name: License Renewal - PY Complete Date: 7/26/2014 3:00:55 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	7/26/2014 2:45:28 PM	
2	Verify Information	7/26/2014 2:45:54 PM	
3	Privileges & Continuing Medical Education	7/26/2014 2:46:05 PM	
4	Practice Questions	7/26/2014 2:47:37 PM	
5	Profiling - Practice Addresses	7/26/2014 2:47:57 PM	
5	Profiling - Post Graduate Training	7/26/2014 2:48:13 PM	
5	Profiling - Post Graduate Training	7/26/2014 2:48:13 PM	
5	Profiling - ABMS/AOA	7/26/2014 2:48:21 PM	
5	Profiling - Criminal Convictions	7/26/2014 2:48:34 PM	
6	Review	7/26/2014 2:49:07 PM	
8	Questionnaire	7/26/2014 2:54:39 PM	

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

Application for License Renewal

License Number: PY 20440
 Name: Fred Harvey Kravitz

Drivers License:
 Is license current?

Designated Address: 701 Park Ave S.
 Dept. OB-GYN
 P-5
 Minneapolis, MN 55415

Phone: (763) 494-4481
 Email Address: zaidafred@gmail.com
 Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
hcmc	mpls	MN	faculty

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 08/31/2016.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Fred Kravitz Start Date: 7/14/2013 7:19:56 PM
 Service Name: License Renewal - PY Complete Date: 7/14/2013 7:32:03 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	7/14/2013 7:20:05 PM	• Specify credit card type for payment
1	Information	7/14/2013 7:20:17 PM	
2	Verify Information	7/14/2013 7:21:48 PM	
3	Privileges & Continuing Medical Education	7/14/2013 7:23:51 PM	
4	Practice Questions	7/14/2013 7:25:29 PM	
5	Profiling - Practice Addresses	7/14/2013 7:27:18 PM	
5	Profiling - Post Graduate Training	7/14/2013 7:27:34 PM	
5	Profiling - Post Graduate Training	7/14/2013 7:27:35 PM	
5	Profiling - ABMS/AOA	7/14/2013 7:27:55 PM	
5	Profiling - ABMS/AOA	7/14/2013 7:27:55 PM	
5	Profiling - Criminal Convictions	7/14/2013 7:28:08 PM	
6	Review	7/14/2013 7:28:34 PM	
7	Prescription Monitoring Program Registration	7/14/2013 7:28:53 PM	

Verification Page

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Application for License Renewal

License Number: PY 20440
 Name: Fred Harvey Kravitz

Drivers License:
 Is license current?

Designated Address: 701 Park Ave S.
 Dept. OB-GYN
 P-5
 Minneapolis, MN 55415
 Phone: (763) 494-4481
 Email Address: zaidafred@gmail.com
 Web Site:

Private Address:

Hospital Staff Privileges

Facility	City	State	Type of Privilege
hcmc	mpls	MN	faculty

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: 81
 Category 1 Equivalent Course Hours: 0
 Total Reported Hours: 81

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.



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: Fred Harvey Kravitz

New Search

License: Physician and Surgeon - #20440

Print

Licensee Public Information					
Licensure Designated Address: 701 Park Ave S. Dept. OB-GYN Minneapolis, MN 55415					
Web Site: zaidafred@gmail.com			Birth Year: 1941		
E-mail: zaidafred@gmail.com			Gender: Male		
License Information					
License Number:	20440	License Type:	Physician and Surgeon		
Expiration Date:	08-31-2018	Grant Date:	08-04-1972		
License Status:	Active				
Disciplinary Action:	No				
Corrective Action:	Yes				
<input type="checkbox"/>	Public Action (2-25-98)	Action Basis: Discipline Type: Satisfied ; Citation: Link to Statutes			
<input type="checkbox"/>	Public Action (10-24-97)	Action Basis: Discipline Type: Conditions ; Citation: 147.091, 1(g) 147.091, 1(k) Link to Statutes			
Disciplinary Actions by Other States (Reported to the Board since July 1, 2013): No					
Education					
Medical School:	State U of NY, New York, USA		Degree:	M.D.	
Location:	New York, NY USA		Date:	Unknown	
Practice Locations (Self-Reported Information)					
Primary Location: HENNEPIN CTY MED CTR 701 PARK AVE S MINNEAPOLIS, MN 55415			Secondary Location: N/A		
Phone:	612-873-2750 ext: 54		Phone:	Unknown	
Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)					
Program	Specialty	Start Date	End Date	Completed	
u of minn	ob/gyn	07/00/1969	05/29/1973	Y	
university of minnesota	ob-gyn	07/01/1969	06/30/1973	Y	
University of Minnesota	OB/GYN	07/01/1969	06/30/1973	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 3/28/2018 9:17:06 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.

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE
COMPLAINT REVIEW COMMITTEE**

In the Matter of
the License of
Fred H. Kravitz, M.D.

Birth Date: 8/4/41
License Number: 20,440

**AGREEMENT FOR
CORRECTIVE ACTION**

This agreement is entered into by and between Fred H. Kravitz, M.D. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minn. Stat. § 214.103, subd. 6(a) (1996). Respondent and the Committee hereby agree as follows:

FACTS

1. This agreement is based upon the following facts:
 - a. On January 16, 1995, patient #1, a 27-year-old woman whose last menstrual period was on November 12, 1994, presented to Meadowbrook Women's Clinic, P.A., for a pregnancy termination.
 - b. On this date, an ultrasound was performed and was interpreted as showing a twin gestation which coincided with the patient's last menstrual period.
 - c. During the termination procedure, however, Respondent determined that patient #1 was much further along in her pregnancy than initially determined. Patient #1 was subsequently transferred to Hennepin County Medical Center where she delivered a 22-week-old, stillborn male infant.
 - d. In his response to the Board, Respondent indicated that although he performed a pelvic examination prior to performing the abortion, it was difficult to palpate any of the pelvic organs due to the patient's obesity. Patient #1's weight was documented as 182 pounds.

e. Even though Respondent could not determine the uterine size during the pelvic examination, he proceeded with the termination procedure without confirming the length of the uterine pregnancy by doing an ultrasound.

2. On September 12, 1997, Respondent met with the Committee to discuss the information set forth in paragraph 1, above.

3. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minn. Stat. § 147.091, subd. 1(g) and (k) (1996), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action.

CORRECTIVE ACTION

4. Within three months from the date of this agreement, Respondent shall write and submit to the Committee for approval a paper outlining the use of ultrasound to determine gestational age in an outpatient setting.

5. Upon Respondent's satisfactory completion of the corrective action referred to in paragraph 4, the Committee agrees to dismiss the complaint(s) resulting in the information referred to in paragraph 1. Respondent agrees that the Committee shall be the sole judge of satisfactory completion. Respondent understands and further agrees that if, after dismissal, the Committee receives additional complaints similar to the information in paragraph 1, the Committee may reopen the dismissed complaints.

6. If Respondent fails to complete the corrective action satisfactorily, or if the Committee receives additional complaints similar to the allegations described in paragraph 1, the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 147, 214 and 14. Failure to complete corrective action satisfactorily constitutes failure to cooperate under chapter 147. In any subsequent proceeding, the Committee may use as proof of the allegations of paragraphs 1 and 2 Respondent's agreements herein.

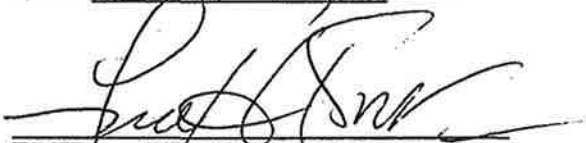
7. Respondent has been advised by Committee representatives that Respondent may choose to be represented by legal counsel in this matter and has chosen Barry G. Vermeer.

8. This agreement shall become effective upon execution by the Committee and shall remain in effect until the Committee dismisses the complaint, unless the Committee receives additional information that renders corrective action inappropriate. Upon receipt of such information, the Committee may, in its discretion, proceed according to Minnesota Statutes chapters 147, 214 and 14.

9. Respondent understands that this agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this agreement and any letter of dismissal are classified as public data.

10. Respondent hereby acknowledges having read and understood this agreement and having voluntarily entered into it. This agreement contains the entire agreement between the Committee and Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this agreement.

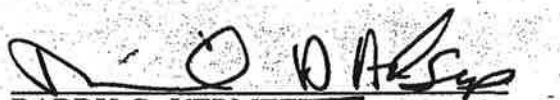
Date: Oct 9, 1997


FRED H. KRAVITZ, M.D.
Respondent

Date: 24 Oct 97, 1997

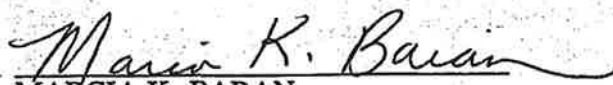

FOR THE COMMITTEE

Date: 10/13/97, 1997


BARRY G. VERMEER
Attorney at Law *David D. Alsay*

Opus Center, Suite 215E
9900 Bren Road East
Minnetonka, MN 55343-9666
(612) 966-9900

Date: 10/16, 1997


MARCIA K. BARAN
Assistant Attorney General

525 Park Street, Suite 500
St. Paul, MN 55103
(612) 297-1050

October 2, 1997

AFFIDAVIT OF SERVICE BY MAIL


RE: In the Matter of the License of Fred H. Kravitz, M.D.
License No. 20,440

STATE OF MINNESOTA)
) ss.
COUNTY OF RAMSEY)

JEFFREY S. NELSON, being first duly sworn, hereby deposes and says:

That at the City of Saint Paul on October 27, 1997, he served the attached Agreement for Corrective Action by depositing in the United States mail at said City of St. Paul, a true and correct copy thereof, properly enveloped, with first class postage prepaid, and addressed to:

DAVID D ALSOP ESQ
OPUS CENTER SUITE 215E
9900 BREN ROAD E
MINNETONKA MN 55343-9666



JEFFREY S. NELSON

Subscribed and Sworn to before me
October 27, 1997.


NOTARY PUBLIC





MINNESOTA BOARD OF MEDICAL PRACTICE

University Park Plaza 2829 University Avenue SE Suite 400 Minneapolis, MN 55414-3246

*Telephone (612) 617-2130 *Fax (612) 617-2166

MN Relay Service for Hearing Impaired (800) 627-3529

PUBLIC DOCUMENT

February 25, 1998

Fred H, Kravitz, M.D.
825 South 8th St. M50
Minneapolis, MN 55404-1244

**TRUE AND EXACT
COPY OF ORIGINAL**

RE: Agreement for Corrective Action, Dated 10/27/97

Dear Dr. Kravitz:

This is to notify you that, following review of information that you have satisfied the terms of your Agreement for Corrective Action, the Complaint Review Committee has decided to dismiss the case, as allowed by the terms of your Agreement. The above matter is now closed.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert A. Leach".

Robert A. Leach
Executive Director

cc: David Alsop
Attorney at Law
Opus Center, Suite 215E
9900 Bren Road East
Minnetonka, MN 55343-9666