

Catherine McKegney

1032 #2  
1100

Minnesota State Board of Medical Examiners

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

PAGE 1

MAR 23 1982

Application for:  
 NATIONAL BOARD ENDORSEMENT OF MEDICAL EXAMINERS  
 NATIONAL BOARD OF OSTEOPATHIC EXAMINERS  
 L.M.C.C.

Name Catherine McKegney Application No. 199  
Preliminary Education \_\_\_\_\_ Date 6-5-82  
Medical Education U of Vermont, Burlington, VT License Number 26,986  
School of Graduation U of Vermont, Burlington, VT 1981 Issued 7-1-82  
Diploma Bachelor of Medicine \_\_\_\_\_ Fee Paid 3-23-82  
Diploma Doctor of Medicine U of Vermont, M.D. 5-16-81 Receipt No. 1032-2  
Internship U of Minnesota Affil. Hosp. Mpls, MN 6-24-81 to 6-30-82  
National Board Certificate No. \_\_\_\_\_ Date \_\_\_\_\_ Average \_\_\_\_\_

CREDENTIALS

BORN: New Haven, CT. -54.  
MEDICAL SCHOOL: U of Vermont, Burlington, VT. M.D. issued 5-16-81.  
INTERNSHIP: U of Minnesota Affil. Hosp. Mpls, MN 6-24-81 to 6-30-82.  
NATIONAL BOARD CERT: #247022 issued 7-1-82 Avg. 82.2.  
INFORMATION RELEASE FORM,  
HOSPITAL STAFF PRIVILEGE FORM,  
MALPRACTICE HISTORY REPORT FORM.

PERSONNEL OF BOARD

HAROLD B. BROMAN JR., M.D. Pres.  
CHESTER A. ANDERSON, M.D. Vice-Pres.  
SAM S. GRAIS Sec'y.  
DOROTHY M. BERNSTEIN, M.D.  
WILLIAM J. DONKERS, D.O.  
WILLIAM JACOTT, M.D.  
GEORGE B. MARTIN JR., M.D.  
LOREN E. NELSON, M.D.  
THERESA OLSON  
RICHARD B. TOMPKINS, M.D.  
MARCIA YUGEND

Location



MINNESOTA COUNTY  
MAR 23 1982

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

Memorandum

Minnesota State Board of Medical Examiners

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

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

Minneapolis, Minnesota 3 March 1982  
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.)

1. Name Catherine Pierce McKeagney  
2. Addresses \_\_\_\_\_ Zip \_\_\_\_\_

3. Place of Birth New Haven, Connecticut Date of Birth 1954

4. Name of Father \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_

5. Citizenship: Naturalization US  
(If foreign born) Name, place, date and number. Citizenship papers may 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 Guilford High School Guilford Ct. 9/4/68 - 6/12/70 Zip 06437  
Name, location, dates of attendance.

Burlington High School Burlington, Vt. 9/1/70 - 6/10/72 Zip 05401  
Name, location, dates of attendance.

College Brown University Providence R.I. 9/1/72 - 6/12/74 Zip 02912  
Name, location, dates of attendance.

Academic Degree of Sc.B. From Brown University (Date) 6/16/77  
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 Vermont Zip 05405 Medical Dept. from 8 22 77 to 5 16 81  
Name and location of institution Mo. Day Yr. to Mo. Day Yr.

Burlington, Vt. Zip \_\_\_\_\_ Medical Dept. from \_\_\_\_\_ to \_\_\_\_\_  
Mo. Day Yr. to Mo. Day Yr.

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

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

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

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

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

Diploma Doctor of Medicine from University of Vermont Burlington, Vt. Date Issued 5/16/81  
Name and location of institution

9. INTERNSHIP: Name of Hospital University of Minnesota - Fairview / St. Mary's Hospital  
Address 6-240 Phillips-Wangensteen Bldg. 516 Delaware St. Minneapolis Zip 55455  
Dates: From July 1 1981 To present, due to finish June 30 1982

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

INSTRUCTIONS:

Read enclosed instruction sheet carefully.

PAGE III

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 returnable. (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 none Date of Release \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_ Particulars \_\_\_\_\_

12. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:

State none License No. \_\_\_\_\_ Date \_\_\_\_\_ How Obtained \_\_\_\_\_  
Exam. Recip. Nat. Ed.

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 \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

b. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

c. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

d. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

e. Place \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

References: \_\_\_\_\_ Two names and addresses \_\_\_\_\_ Zip \_\_\_\_\_

13. Is it your purpose to discontinue practice at your present location and to become a permanent resident of the State of Minnesota Answer not currently intended

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

Catherine Theresa McKegney 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.

Catherine Theresa McKegney  
Applicant

Sworn to before me this 4<sup>th</sup> day of March, 1982

My Commission expires \_\_\_\_\_



(SEAL.)  
Judith Pedersen  
Notary Public

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.

9/1/77 to 6/18/78  
9/7/78 to 12/20/78  
1/3/80 to 4/30/81  
M.D. May 16, 1981  
Date  
3/10/82  
Date  
David M. Tornoy, M.D. Associate Dean for Student & Curriculum Affairs  
University of Vermont College of Medicine, Burlington, VT

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

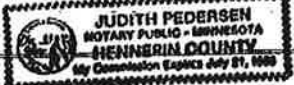
I, Joseph E. Connolly, M.D., Secretary of the Unit Director, Smiley's Point Clinic University of Mn. Medical Society, certify that

Catherine Pierce McKegney 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. Catherine Pierce McKegney 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. Catherine Pierce McKegney.

(Seal of Society)  
March 19, 1982 Date  
2200 Riverside Avenue, Npls., MN 55454 Address  
(Secretary must execute following affidavit)

\*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of Hennepin ss.  
State of Minnesota  
In Npls., Hennepin Minnesota on the 19th day of March  
City County State  
A.D., 1982 before me personally appeared Joseph E. Connolly, M.D. Name of Secretary  
of 2200 Riverside Ave. Npls., 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.



Judith Pedersen  
Notary Public  
5625 Fremont Ave. So. Npls., Mn.  
Address

MD-00022-01

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

Application for license to practice medicine  
Catherine P. McKeague  
Addendum to line # 7

6/10/74 → 9/7/74 Employed by Champlain Shakespeare Festival  
University of Vermont  
Burlington, VT. 05401

9/8/74 → 10/6/74 unemployed

10/7/74 → 1/10/75 Employed by U.S. Army Natick Laboratories  
Natick, Mass. 03423

1/11/75 → 6/15/75 unemployed

6/16/75 → 8/1/75 Employed by U.S. Geological Survey  
San Francisco Bay Project  
Menlo Park, Calif. 94025

8/2/75 → 9/15/75 unemployed

Catherine Pierce McKeague

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

(Use Back button to return to summary page)

User Name: Catherine McKegney Start Date: 11/10/2017 7:47:36 PM  
 Service Name: License Renewal - PY Complete Date: 11/10/2017 8:09:43 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/10/2017 7:47:45 PM	• Please read notice and then answer.
1	Information	11/10/2017 7:47:49 PM	
2	Verify Information	11/10/2017 7:54:20 PM	
3	Privileges & Continuing Medical Education	11/10/2017 7:55:32 PM	
4	Practice Questions	11/10/2017 7:56:19 PM	
5	Profiling - Practice Addresses	11/10/2017 7:58:08 PM	PracticeAddress
5	Profiling - Post Graduate Training	11/10/2017 7:58:19 PM	Bypass Case
5	Profiling - Post Graduate Training	11/10/2017 7:58:19 PM	
5	Profiling - ABMS/AOA	11/10/2017 7:58:29 PM	
5	Profiling - ABMS/AOA	11/10/2017 7:58:29 PM	
5	Profiling - Criminal Convictions	11/10/2017 7:58:36 PM	
6	Review	11/10/2017 7:59:40 PM	
7	Prescription Monitoring Program Registration	11/10/2017 8:02:55 PM	
7	Prescription Monitoring Program Registration	11/10/2017 8:02:56 PM	PMP Submitted Successfully: 11/10/2017 8:02:56 PM
7	Prescription Monitoring Program Registration	11/10/2017 8:03:03 PM	
9	Payment	11/10/2017 8:07:25 PM	

1

**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 26986  
**Name:** Catherine Pierce McKegney

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

**Designated Address:** Planned Parenthood of MN, ND, SD  
 671 Vandalia St  
 St Paul, MN 55114  
**Phone:** (651) 698-2406  
**Email Address:** Catherinemckegney@alumni.uvm.edu  
**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 12/31/2018.

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

(Use Back button to return to summary page)

User Name: Catherine McKegney Start Date: 11/22/2016 4:58:33 PM  
 Service Name: License Renewal - PY Complete Date: 11/22/2016 5:21:32 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/22/2016 4:58:44 PM	
2	Verify Information	11/22/2016 4:59:02 PM	
3	Privileges & Continuing Medical Education	11/22/2016 4:59:23 PM	
4	Practice Questions	11/22/2016 5:00:27 PM	
5	Profiling - Practice Addresses	11/22/2016 5:00:46 PM	PracticeAddress
5	Profiling - Post Graduate Training	11/22/2016 5:00:54 PM	Bypass Case
5	Profiling - Post Graduate Training	11/22/2016 5:00:54 PM	
5	Profiling - ABMS/AOA	11/22/2016 5:01:13 PM	
5	Profiling - ABMS/AOA	11/22/2016 5:01:13 PM	
5	Profiling - Criminal Convictions	11/22/2016 5:01:23 PM	
2	Verify Information	11/22/2016 5:02:25 PM	
3	Privileges & Continuing Medical Education	11/22/2016 5:02:29 PM	
4	Practice Questions	11/22/2016 5:02:36 PM	
5	Profiling - Practice Addresses	11/22/2016 5:02:51 PM	PracticeAddress
5	Profiling - Post Graduate Training	11/22/2016 5:02:54 PM	Bypass Case
5	Profiling - Post Graduate Training	11/22/2016 5:02:54 PM	
5	Profiling - ABMS/AOA	11/22/2016 5:02:58 PM	
5	Profiling - ABMS/AOA	11/22/2016 5:02:58 PM	
5	Profiling - Criminal Convictions	11/22/2016 5:03:01 PM	
6	Review	11/22/2016 5:03:44 PM	

1 2

**Verification Page**

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**Application for License Renewal**

**License Number:** PY 26986  
**Name:** Catherine Pierce McKegney

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

**Designated Address:** Fairview Geriatric Services  
 3400 W. 66th St., #290  
 Edina, MN 55435  
**Phone:** (952) 914-1733  
**Email Address:** cmckegn1@fairview.org  
**Web Site:**

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Fairview Southdale Hospital	Edina	MN	courtesy
Planned Parenthood MNSD	St. Paul	MN	contract physician

**Continuing Education**

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 12/31/2018.

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

(Use Back button to return to summary page)

User Name: Catherine McKegney Start Date: 11/4/2015 3:48:48 PM  
 Service Name: License Renewal - PY Complete Date: 11/4/2015 4:28:13 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/4/2015 3:48:57 PM	
2	Verify Information	11/4/2015 3:49:33 PM	
3	Privileges & Continuing Medical Education	11/4/2015 3:54:04 PM	
4	Practice Questions	11/4/2015 3:54:57 PM	
5	Profiling - Practice Addresses	11/4/2015 3:55:13 PM	
5	Profiling - Post Graduate Training	11/4/2015 3:55:20 PM	
5	Profiling - Post Graduate Training	11/4/2015 3:55:20 PM	
5	Profiling - ABMS/AOA	11/4/2015 3:55:56 PM	
5	Profiling - ABMS/AOA	11/4/2015 3:55:56 PM	
5	Profiling - Criminal Convictions	11/4/2015 3:56:09 PM	
6	Review	11/4/2015 3:56:53 PM	
8	Questionnaire	11/4/2015 4:01:46 PM	

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**Application for License Renewal**

**License Number:** PY 26986  
**Name:** Catherine Pierce McKegney

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

**Designated Address:** Fairview Geriatric Services  
 3400 W. 66th St., #290  
 Edina, MN 55435  
**Phone:** (952) 914-1736  
**Email Address:** cmckegn1@fairview.org  
**Web Site:**

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Fairview Southdale Hospital	Edina	MN	courtesy
Planned Parenthood MNSD	St. Paul	MN	contract physician

**Continuing Education**

The residency or fellowship program were converted into number of years:

Years	Description
0	Residency Program
0	Fellowship Program

**Required Hours:** 75

**Category 1 Course Hours:** 0

**Category 1 Equivalent Course Hours:** 0

**Total Reported Hours:** 0

You are certified by an ABMS, AOABPE, RCPSC, CFPC specialty board during your three-year cycle or are currently participating in MOC, OCC, or the RCPSC equivalent.



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

(Use Back button to return to summary page)

User Name: Catherine McKegney Start Date: 11/24/2014 9:00:31 PM  
 Service Name: License Renewal - PY Complete Date: 11/24/2014 9:43:28 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/24/2014 9:00:54 PM	
2	Verify Information	11/24/2014 9:07:30 PM	
3	Privileges & Continuing Medical Education	11/24/2014 9:07:58 PM	
4	Practice Questions	11/24/2014 9:09:07 PM	
5	Profiling - Practice Addresses	11/24/2014 9:09:26 PM	
5	Profiling - Post Graduate Training	11/24/2014 9:09:36 PM	
5	Profiling - Post Graduate Training	11/24/2014 9:09:36 PM	
5	Profiling - ABMS/AOA	11/24/2014 9:09:55 PM	
5	Profiling - Criminal Convictions	11/24/2014 9:10:01 PM	
6	Review	11/24/2014 9:10:34 PM	
8	Questionnaire	11/24/2014 9:16:38 PM	
8	Questionnaire	11/24/2014 9:17:56 PM	

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**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Fairview Southdale Hospital	Edina	MN	courtesy
Fairview University Medical Center	Minneapolis	MN	courtesy
Planned Parenthood MNND	St. Paul	MN	contract physician

**Continuing Education**

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 12/31/2015.

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

(Use Back button to return to summary page)

User Name: Catherine McKegney Start Date: 11/15/2013 2:32:15 PM  
 Service Name: License Renewal - PY Complete Date: 11/15/2013 2:44:31 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	11/15/2013 2:32:25 PM	
2	Verify Information	11/15/2013 2:33:06 PM	
3	Privileges & Continuing Medical Education	11/15/2013 2:33:35 PM	
4	Practice Questions	11/15/2013 2:34:33 PM	
5	Profiling - Practice Addresses	11/15/2013 2:34:49 PM	
5	Profiling - Post Graduate Training	11/15/2013 2:34:57 PM	
5	Profiling - Post Graduate Training	11/15/2013 2:34:57 PM	
5	Profiling - ABMS/AOA	11/15/2013 2:35:41 PM	
5	Profiling - ABMS/AOA	11/15/2013 2:35:41 PM	
5	Profiling - Criminal Convictions	11/15/2013 2:35:54 PM	
6	Review	11/15/2013 2:37:19 PM	
7	Prescription Monitoring Program Registration	11/15/2013 2:37:40 PM	

**Verification Page**

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**Application for License Renewal**

**License Number:** PY 26986  
**Name:** Catherine Pierce McKegney

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

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 3400 W. 66th St., #290  
 Edina, MN 55435  
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**Web Site:**

**Private Address:**

**Hospital Staff Privileges**

Facility	City	State	Type of Privilege
Fairview Southdale Hospital	Edina	MN	courtesy
Fairview University Medical Center	Minneapolis	MN	courtesy
Planned Parenthood MNSD	St. Paul	MN	contract physician
Fairview Northland		MN	courtesy
Fairview Ridges Hospital	Burnsville	MN	courtesy

**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 12/31/2015.



## 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: Catherine Pierce McKegney

[New Search](#)

License: Physician and Surgeon - #26986

[Print](#)

Licensee Public Information				
<b>Licensee Designated Address:</b> Planned Parenthood of MN, ND, SD 671 Vandalia St St. Paul, MN 55114				
<b>Web Site:</b>			<b>Birth Year:</b> 1954	
<b>E-mail:</b> Catherinemckegney@alumni.uvm.edu			<b>Gender:</b> Female	
License Information				
<b>License Number:</b>	26986	<b>License Type:</b>	Physician and Surgeon	
<b>Expiration Date:</b>	12-31-2018	<b>Grant Date:</b>	07-01-1982	
<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 VERMONT, COLLEGE OF MEDICINE, BURLINGTON USA	<b>Degree:</b>	M.D.	
<b>Location:</b>	Burlington, VT USA	<b>Date:</b>	Unknown	
Practice Locations (Self-Reported Information)				
<b>Primary Location:</b> Planned Parenthood MNSD 671 Vandalia St St. Paul, MN 55114			<b>Secondary Location:</b> N/A	
<b>Phone:</b>	651-698-2406	<b>Phone:</b>	Unknown	
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>
University of Minnesota, Fairview/St. Mary's Unit	Family Medicine	07/01/1981	06/30/1985	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	Family Medicine	Family Medicine		
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>

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Direct questions and comments about these results to Minnesota Board of Medical Practice.  
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