MERIESAN STATE BEACH OF MERIES LEMINERS State Board of Medical Braminers 20 SUNTHIS SIBLIOF THE SHEET IS FOR OFFICE RECORD. PLEASE DO NOT WRITE ON IT. SI, PAUL, MINKESOTA 55101 -Application No....248 Name MARK LEON TANZ Monte August 8, 1975 Preliminary Education ... Univ. of Chicago, Chicago, LLL Medical Education II..of..Autnomade.Guadalajara,Mex.&Chic.HedLicense Number ... 22, 265...G...

School of Graduation .....Chicago Medical School, ...ILL....... Issued ......August..8, .1975..... Fee Paid \$100,00 Diploma Bachelor of Medicine..... Receipt No. 436 June 2, 1975. Diploma Doctor of Medicine June 13, 1974 Internship ... U of NN Ob & Gyn July 1, 1974 to June 30, 1975 National Board Certificate No.....148080.......Date...July..ly...1975...... Average......78.2.

#### MINNESOTA STATE POARD OF EXAMINERS IN THE BASIC SCIENCES · · · -EXAMINATION REPORT - - -

Anatomy Hygieno ... Pathology ... Chemistry ...

# PERSONNEL OF BOARD

LOREN E. NELSON, M.D. -RUSSELL O. SATHER, H.D. Vice-Pres. BROR F. PEARSON, M.D. Sec'y. James C. Cain, M.D. Dale Dedson, D.O. Suzanne B. Plinsch ....liguard, L. Horns, M.D.... ...John P. Knoedler, M.D. Pather David McPhee ...Frederick S. Schnell, M.D.



\*NOTARIZED COPY Memorandum \*degree DOCTOR OF MEDICINE U of Health Sciences the Chicago Hedical School MARK LEON TANZ 6-13-74.
\*letter U of MN Dept of OB 6 GYN let yr in Postgrad Ed Program July 1, 1974 to June 30, 1975,
MARK L. TANZ, M.D. orig. Form N-585 from USDEPT. OF JUSTICE Imm. & Nat. Service MARK LEON TANZ 19846d nat. cert.

A-423989 April 2, 1957 at Chicago, Ill. \*N.B.H.E. grades & cert. attached to page 4.

KOI, KI	SHESDIA 5510) EN	FOR LICENSE TO PRACTICE MEDICINE THROUGH MIN. 511	LYNNING LE COIS
		Minneapolis, August 25, 197	4
and	the Minnesota State Board I hereby make application for submit the following statement and practice.	of Medical Examiners: or a license to practice medicine and surgery in the State of Ment concerning my age, moral character, preliminary and modical	nnesol l educ
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	Name Mark Leon Tan		
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	Present mountain	Same. Intended address	
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# NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA

ENDORSEMENT

OF CERTIFICATION

Mark Leon Tanz M. D. having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: John S. Millis Chairman of the Board

SEAL

Philadelphia, Pa.

ROBERT A. CHASE President of the Board

Ceri. # 148080 July 1, 1975

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of University of Health Sciences Chicago Medical School on 6/13/1074, whose birth date is 1/13/1948, following successful completion of all examinations required for Certification by the National Board of Medical Examiners. The grades obtained are as follows:

the second of th	Stan	dard*	Scale	
PART I passed 6/14/1972	So	ore	Score	
Anatomy, incl. histology and embryold	9y	25	76	
Physiology		75	79	
Blochemistry		365	72	
Pathology		110	75	
Microbiology, incl. immunology		85		00 4400
Pharmacology and Materia Medica		30	70	
Rehavioral Sciences				*0
(Minimum Passing Grade 380/75) TOTAL		90	75	
Transaction of the second	( CAMBINIST )	-		
PART II passed 9 / 26/ 1973				
Internal medicine and the medical spe	cialties	140	79	2011
Surgery and the surgical specialties		25	_78	
Obstetrics and Gynecology		195	82	
Public Health and Proventive Medicine		30	84	
-Padiatrics			- 78	
Psychiatry		65	85	100
(Minimum Passing Grade 290/75) TOTAL	CRADE AWERAGEA	75	.81	
(MINIMUM PASSING OFFICE ESON 151	- AMSTRATIONS	-		
PART III passed 3/5/1975	(4)4: 1/24(42)(40/06 <del>43</del> )(200/060)(3)		원 8 및	5 50 1
A Congral Test of Clinical Competence	*************		Kan a G	
(Minimum Passing Grade 290/75)		165	80.8	
Billianin Fossalid Orage 250/15/		_	19	
GENERAL AVERAGE (Parts I, II, and III	1	78.9	3 3335	
orneme titrione frates 11 111 one 11		/Casla	Scorel	

(Scale Score) \*Examinations caken since June 1971 are reported with both Standard and Scale Score Equivalents.

\*\*Since 1966 National Board criteria for certification are based upon candidate's Total passing grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

SEAL

# Minnesota Board of Medical





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#### **Online Service History Detail**

(Use Back button to return to summary page)

User Name:	Mark Tanz	Start Date:	12/20/2017 5:33:54 PM
Service Name:	License Renewal - PY	Complete Date:	12/20/2017 5:52:11 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/20/2017 5:36:12 PM	
2	Verify Information	12/20/2017 5:37:38 PM	
3	Privileges & Continuing Medical Education	12/20/2017 5:40:56 PM	
4	Practice Questions	12/20/2017 5:42:52 PM	
5	Profiling - Practice Addresses	12/20/2017 5:43:22 PM	PracticeAddress
5	Profiling - Post Graduate Training	12/20/2017 5;43:38 PM	Bypass Case
5	Profiling - Post Graduate Training	12/20/2017 5:43:38 PM	
5	Profiling - ABMS/AOA	12/20/2017 5:43:54 PM	
5	Profiling - ABMS/AOA	12/20/2017 5:43:54 PM	
5	Profiling - Criminal Convictions	12/20/2017 5:44:11 PM	
6	Review	12/20/2017 5:44:50 PM	
7	Prescription Monitoring Program Registration	12/20/2017 5:45:03 PM	
9	Payment	12/20/2017 5:48:45 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 22265

Name:

Mark Leon Tanz

**Drivers License:** Is license current?

Designated Address:

4817 East Lake Harriet Pkwy

Minneapolis, MN 55419

Email Address: Web Site:

Private Address:

(Same as mailing address)

### **Hospital Staff Privileges**

Facility	City	State	Type of Privilege
hennepin county medical center	minneapolis	MN	Active

## Continuing Education

The residency or fellowship program were converted into number of

years.	
Years	Description
0	Residency Program
0	Fellowship Program

Required Hours: 75

Category 1 Course Hours: 78.

Category 1 Equivalent Course Hours: 0

**Total Reported Hours: 78** 

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.





Home Online Services

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#### **Online Service History Detail**

(Use Back button to return to summary page)

User Name:	Mark Tanz	Start Date:	12/12/2016 10:36:59 AM
Service Name:	License Renewal - PY	Complete Date:	12/12/2016 11:01:00 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	12/12/2016 10:37:18 AM	
2	Verify Information	12/12/2016 10:38:22 AM	
3	Privileges & Continuing Medical Education	12/12/2016 10:38:39 AM	
4	Practice Questions	12/12/2016 10:40:16 AM	
5	Profiling - Practice Addresses	12/12/2016 10:40:45 AM	PracticeAddress
5	Profiling - Post Graduate Training	12/12/2016 10:40:57 AM	Bypass Case
5	Profiling - Post Graduate Training	12/12/2016 10:40:57 AM	
5	Profiling - ABMS/AOA	12/12/2016 10:41:14 AM	
5	Profiling - ABMS/AOA	12/12/2016 10:41:14 AM	
5	Profiling - Criminal Convictions	12/12/2016 10:41:21 AM	
6	Review	12/12/2016 10:43:15 AM	
7	Prescription Monitoring Program Registration	12/12/2016 10:46:31 AM	Please select a Health Profession Type Please enter a valid DEA number
7	Prescription Monitoring Program Registration	12/12/2016 10:47:26 AM	
7	Prescription Monitoring Program Registration	12/12/2016 10:47:27 AM	PMP Submitted Successfully: 12/12/2016 10:47:27 AM
7	Prescription Monitoring Program Registration	12/12/2016 10:47:34 AM	
9	Payment	12/12/2016 10:57:30 AM	
		1	

#### **Verification Page**

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The information you have submitted in the previous steps is provided below.

If any information is incomplete or incorrect, return to the appropriate step to make additions or corrections by clicking the Previous button located at the end of this section. Note: Do not use the Back button on your browser.

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

## **Application for License Renewal**

License Number:

PY 22265

Name:

Mark Leon Tanz

Drivers License: Is license current?

Designated Address:

4817 East Lake Harriet Pkwy

Minneapolis, MN 55419

Email Address: Web Site:

Private Address:

(Same as mailing address)

#### **Hospital Staff Privileges**

Facility	City	State	Type of Privilege
hennepin county medical center	minneapolis	MN	Active

### **Continuing Education**

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 01/31/2018.





Home Online Services

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

## **Online Service History Detail**

(Use Back button to return to summary page)

Jser Name:	Mark Tanz	Start Date:	12/10/2015 7:31:18 PM
Service Name:	License Renewal - PY	Complete Date:	12/11/2015 10:01:20 AM

Step #	Step Title	Step Submitted Reported Errors
1	Information	12/10/2015 7:32:13 PM
2	Verlfy Information	12/10/2015 7:35:03 PM
3	Privileges & Continuing Medical Education	12/10/2015 7:35:31 PM
4	Practice Questions	12/10/2015 7:37:12 PM
5	Profiling - Practice Addresses	12/10/2015 7:37:44 PM
5	Profiling - Post Graduate Training	12/10/2015 7:37:57 PM
5	Profiling - Post Graduate Training	12/10/2015 7:37:57 PM
5	Profiling - ABMS/AOA	12/10/2015 7:38:20 PM
5	Profiling - ABMS/AOA	12/10/2015 7:38:20 PM
5	Profiling - Criminal Convictions	12/10/2015 7:38:45 PM
6	Review	12/10/2015 7:39:47 PM
В	Ouestionnaire	12/10/2015 7:46:26 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: Name:

PY 22265 Mark Leon Tanz

**Drivers License:** Is license current?

Designated Address:

4817 East Lake Harrlet Pkwy Minneapolis, MN 55419

Phone:

Email Aggress: Web Site:

**Private Address:** 

(Same as mailing address)

#### **Hospital Staff Privileges**

Facility	City	State	Type of Privilege	
hennepin county medical center	minneapolis	MN	Active	

#### **Continuing Education**

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 01/31/2018.





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## **Online Service History Detail**

(Use Back button to return to summary page)

User Name:	Mark Tanz	Start Date:	1/1/2015 2:03:21 PM
Service Name:	License Renewal - PY	Complete Date:	1/1/2015 2:26:35 PM

Step #	Step Title	Step Submitted Reported Errors	
1	Information	1/1/2015 2:04:06 PM	
2	Verify Information	1/1/2015 2:06:41 PM	
3	Privileges & Continuing Medical Education	1/1/2015 2:16:19 PM	
4	Practice Questions	1/1/2015 2:17:34 PM	
5	Profiling - Practice Addresses	1/1/2015 2:17:51 PM	
5	Profiling - Post Graduate Training	1/1/2015 2:17:59 PM	
5	Profiling - Post Graduate Training	1/1/2015 2:17:59 PM	
5	Profiling - ABMS/AOA	1/1/2015 2:18:05 PM	
5	Profiling - Criminal Convictions	1/1/2015 2:18:20 PM	
6	Review	1/1/2015 2:18:55 PM	
8	Questionnaire	1/1/2015 2:23:48 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 22265

Name:

Mark Leon Tanz

**Drivers License:** Is license current?

Designated Address:

4817 East Lake Harriet Pkwy

Minneapolis, MN 55419

Email Address: Web Site:

Private Address:

(Same as mailing address)

## **Hospital Staff Privileges**

Facility	City	State	Type of Privilege	
hennepin county medical center	minneapolis	MN	Active	

#### **Continuing Education**

The residency or fellowship program were converted into number of

Ì	Years	Description			
Ì	0	Residency Program			
	0	Fellowship Program			

Required Hours: 75

Category 1 Course Hours: 82.

Category 1 Equivalent Course Hours: 0

Total Reported Hours: 82

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.





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#### Online Service History Detail

(Use Back button to return to summary page)

User Name:	Mark Tanz	Start Date:	12/9/2013 4:15:43 PM
Service Name:	License Renewal - PY	Complete Date:	12/9/2013 5:10:07 PM

Step#	Step Title	Step Submitted	Reported Errors
1	Information	12/9/2013 4:16:09 PM	
			Designated phone must be entered
			• Enter a valld Email Address or leave it blank
			Email Address cannot have spaces
2	Verify Information	12/9/2013 4:19:02 PM	Private Address Line 1
_	,	,-,	Private City
			Private State
			Designated Zip Code
2	Verify Information	12/9/2013 4:20:02 PM	
3	Privileges & Continuing Medical Education	12/9/2013 4:20:58 PM	
4	Practice Questions	12/9/2013 4:22:21 PM	
5	Profiling - Practice Addresses	12/9/2013 4:22:48 PM	
5	Profiling - Post Graduate Training	12/9/2013 4:22:59 PM	
5	Profiling - Post Graduate Training	12/9/2013 4:22:59 PM	
5	Profiling - ABMS/AOA	12/9/2013 4:23:25 PM	
5	Profiling - Criminal Convictions	12/9/2013 4:24:35 PM	
5	Review	12/9/2013 4:25:21 PM	
7	Prescription Monitoring Program Registration	12/9/2013 4:25:37 PM	
		1	

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 22265

Name:

Mark Leon Tanz

Drivers License: Is license current?

Designated Address:

4817 East Lake Harriet Pkwy

Minneapolis, MN 55419

Phone: Email Address: Web Site:

**Private Address:** 

(Same as mailing address)

#### **Hospital Staff Privileges**

Facility	City	State	Type of Privilege
hennepin county medical center	minneapolis	MN	Active

## **Continuing Education**

You are not required to report Continuing Medical Education hours this renewal period. You will be required to report CE hours the next renewal period ending 01/31/2015.

Minnesota Health Licensing Boards

# Minnesota Board of Medical Practice





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#### **Professional Profile**

#### **Profile Details**

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Professional Profile: Mark Leon Tanz

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License: Physician and Surgeon - #22265

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Licensee Public Information

Licensure Designated Address: 4817 East Lake Harriet Pkwy

Minneapolis, MN 55419

1948

Web Site:

Birth Year:

\_\_ . .

E-mail:

Gender:

Male

License Information

License Number:

22265

License Type:

Physician and Surgeon

Expiration Date:

01-31-2019

Grant Date:

08-08-1975

License Status:

Active

Disciplinary Action:

No No

Corrective Action:

Disciplinary Actions by Other States (Reported to the Board since July 1, 2013): No

Education

Medical School:

CHICAGO MEDICAL SCHOOL, ROSALIND FRANKLIN U OF MEDICINE & SCIENCE, NORTH CHICAGO, IL, USA

Degree: M.D.

Location:

Chicago, IL USA

Date:

Unknown

Practice Locations (Self-Reported Information)

Primary Location: Hennepin County Medical Center

Secondary Location: N/A

7th st. and Park Drive

Minneapolls, MN 55415

Phone: 612-873-2750

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 hospitals

obstetrics and gynecology

06/24/1974

06/00/1978

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 ABMS

**Board**Obstetrics and Gynecology

Certification / Sub-Certification

Obstetrics & Gynecology

Criminal Convictions (Self-Reported Information)

Type Crime Description

Conviction Date

Court of Jurisdiction

Sentence/Comment

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Direct questions and comments about these results to Minnesota Board of Medical Practice.
Telephone: (612) 617-2130 e-mall: medical.board@state.mn,us

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