

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS
MINNESOTA STATE BANK BUILDING, 2ND FL.
203 SOUTH FIRST STREET
ST. PAUL, MINNESOTA 55101

Mark Tanz
Minnesota State Board of Medical Examiners

~~203 SOUTH FIRST STREET, ST. PAUL, MINN.~~

THE SHEET IS FOR OFFICE RECORD. PLEASE DO NOT WRITE ON IT.

NATIONAL BOARD ENDORSEMENT

Name	MARK LEON TANZ	Application No.	248
Preliminary Education	Univ. of Chicago, Chicago, ILL.	Date	August 8, 1975
Medical Education	U. of Autnomada. Guadalajara, Mex. & Chic. Med License	Number	22,265.9
School of Graduation	Chicago Medical School, ILL.	Issued	August 8, 1975
Diploma	Bachelor of Medicine	Fee Paid	\$100.00
Diploma Doctor of Medicine	June 13, 1974	Receipt No.	436 June 2, 1975.
Internship	U of MN Ob & Gyn July 1, 1974 to June 30, 1975		
National Board Certificate No.	148080	Date	July 1, 1975
		Average	78.9

MINNESOTA STATE BOARD OF EXAMINERS IN THE BASIC SCIENCES
EXAMINATION REPORT

Date of Examination	Certificate No.	Dated
Anatomy	Hygiene	
Bacteriology	Pathology	
Chemistry	Physiology	
Memo.		

PERSONNEL OF BOARD

LOREN E. NELSON, M.D.	Pres.
RUSSELL O. SATHIER, M.D.	Vice-Pres.
BROOK F. PEARSON, M.D.	Sec'y.
James C. Cain, M.D.	
Dale Dodson, D.O.	
Suzanne E. Flinsch	
Howard L. Horns, M.D.	
John P. Knedler, M.D.	
Father David McPherson	
Frederick S. Schnell, M.D.	



Location

Memorandum *NOTARIZED COPY

*degree DOCTOR OF MEDICINE U of Health Sciences the Chicago Medical School MARK LEON TANZ 6-13-74.
*letter U of MN Dept of OB & GYN 1st 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 issued nat. cert.
A-423989 April 2, 1957 at Chicago, ILL.
*N.B.M.E. grades & cert. attached to page 4.

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS
MINNESOTA STATE DATA BUILDING SUITE 203
200 SOUTH ROBERT STREET
ST. PAUL, MINNESOTA 55107

MINNESOTA STATE BOARD OF MEDICAL EXAMINERS

44 HOWARD MEDICAL ARTS BLDG., ST. PAUL, 2, MINN.

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH ENDORSEMENT BY NATIONAL BOARD

Minneapolis, August 25, 1974

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 Mark Leon Tanz

2. Addresses ...

Parents or nearest relative,

Same.

Intended address

3. Place of Birth...

Date of Birth...

1/48

None

4. Nationality: Descent of Father...

Name of Father...

Nationality: Descent of Mother...

Name of Mother...

5. Citizenship: Naturalization
(If foreign born)

...Date, place, date when received, ...

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 University of Chicago High School, Chicago, 1961-1965

Name, location, dates of attendance.

College University of Chicago, Chicago, 1965-1969

Name, location, dates of attendance.

Academic Degree of BA From Univ. of Chicago (Date) 8/29/69

(Name of School)

Academic Degree of ... From ... (Date) ...

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

Universidad Autonoma de Guadalajara, Mexico

(Name of institution, location and attendance)

Medical Dept. from 8-10-69 to 6-27-72

Mo. Day Yr. Mo. Day Yr.

Chicago Medical School

Medical Dept. from 7-31-72 to 6-13-74

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.

Medical Dept. from ... to ...

Mo. Day Yr. Mo. Day Yr.

Diploma Bachelor of Medicine from

(Name and location of institution)

Diploma Doctor of Medicine from Chicago Medical School

(Name and location of institution)

(Date issued)

6/13/74

(Date issued)

9. INTERNSHIP: Name of Hospital XXXXXXXXXXXXXXXXXXXX

Address

Dates: From ... To ...

10. POST-GRADUATE WORK: (Places and dates) University of Minnesota Hospitals

Gynecology and Gynecology Residency, 7/1/74, to 7/1/75

11. MINNESOTA STATE CERTIFICATE OF REGISTRATION IN THE BASIC SCIENCES:

Number

Date of Issue

By Examination

By Reciprocity

By National Board X

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.

PAGE 10

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 5707, 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... None Date of Release...
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)

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 Minnesota? Answer... Yes

15. What type of work do you propose to follow? Specialty Practice in OB-Gyna

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

28. AFFIDAVIT OF APPLICANT:

STATE OF Minnesota
County of Hennepin ss.

Mark L. Tane M.D.
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 12th day of Sept 1924 (Applicant)

My Commission expires HAZEL M. EASTMAN
Notary Public, Hennepin County, Minn.
17, Commission expires Dec. 31, 1928.
(SEAL) Hazel M. Eastman
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.
University of Chicago High School-Diploma 6/28/65 1961-1965
University of Chicago-BA 8/29/69 1965-1969
Universidad Antonia de Guadalupe 1969-1972
Chicago Medical School-MD 6/13/74 1972-1974
(SEAL) *John H. Westerman*
Registrar (President, Secretary or Dean)

10/1/74 UHS/THE CHICAGO MEDICAL SCHOOL, 2020 W. Ogden Ave., Chicago, IL 60612
(Date) (Name of School and Address)

(PLEASE SEND TO MEDICAL SOCIETY FOR FOLLOWING CERTIFICATION)

28. RECOMMENDATION OF SECRETARY OF LOCAL, COUNTY, STATE MEDICAL SOCIETY:
John H. Westerman, Director, University of Minnesota Hospitals Secretary of the
I, *John H. Westerman* Medical Society, certify that

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. *John H. Westerman* 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. *John H. Westerman*

(Seal of Society)

May 23, 1975

(Date)

422 Union St., S.E., Minneapolis, Minn. 55455

(Address) (Secretary must execute following affidavit)

*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of *Hennepin* } ss.
State of *Minnesota*

In *Minneapolis, Hennepin* Minnesota, on the *23* day of *May*

A. D., 19*75*, before me personally appeared *John H. Westerman, Director*

of *University of Minnesota Hospitals*

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.

(Seal of Notary Public)

MONICA F. FRITZEN
Notary Public, Hennepin County, Minn.
My Commission Expires Feb. 7, 1979.

Monica F. Fritzen
(Notary Public)
University of Minnesota Hospitals
(Address)

(PLEASE SEND TO NATIONAL BOARD FOR FOLLOWING CERTIFICATION.)

29. CERTIFICATE OF SECRETARY OF NATIONAL BOARD ISSUING ORIGINAL CERTIFICATE:
NOTE—This endorsement should not be executed unless the applicant has affixed the affidavit on Page 8.)

I, *John H. Westerman* Secretary of the National Board of Medical

Examiners, certify that *John H. Westerman* was granted Certificate

No. *1* on the *23* day of *May* based on *Written Examination*

and that said certificate has never been revoked.

School of Graduation *University of Minnesota Hospitals* Degree *M.B., M.D.* Date *May 23, 1975*

I further certify that the aforesaid

in his written examination before this Board, obtained a general average of *100* per cent in the following subjects:

Subject	Per cent	Subject	Per cent

Acting on behalf of the National Board of Medical Examiners, I hereby certify to the reputability of Dr. *John H. Westerman* based on the records of this Board, and recommend him to the Minnesota State Board of Medical Examiners as a fit and proper person to receive a license to practice Medicine and Surgery.

(Seal of the National Board)

(Secretary, National Board of Medical Examiners)

(Date)

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

(Address)

NATIONAL BOARD OF MEDICAL EXAMINERS

3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE

UNITED STATES OF AMERICA

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.

ENDORSEMENT
OF
CERTIFICATION

Attest: JOHN S. MILLIS
Chairman of the Board

SEAL

ROBERT A. CHASE
President of the Board

Philadelphia, Pa.

Cert. # 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 6/13/1974, 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:

	Standard* Score	Scale Score
PART I passed 8/14/1972		
Anatomy, incl. histology and embryology	425	76
Physiology	475	79
Biochemistry	365	72
Pathology	410	75
Microbiology, incl. immunology	385	73
Pharmacology and Materia Medica	330	70
Behavioral Sciences	---	---
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	390	75
PART II passed 9/26/1973		
Internal medicine and the medical specialties	440	79
Surgery and the surgical specialties	425	78
Obstetrics and Gynecology	485	82
Public Health and Preventive Medicine	530	84
Pediatrics	425	78
Psychiatry	555	85
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**	475	81
PART III passed 3/5/1975		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75) AVERAGE	465	80.8
GENERAL AVERAGE (Parts I, II, and III)		78.9
		(Scale Score)

*Examinations taken 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.

Ann K. Heverling
Secretary for Certification

SEAL

Max. 21, 1975
Date



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
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

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.

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

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 01/31/2018.

**Online Service History Detail**

(Use Back button to return to summary page)

User 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	Verify 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	
8	Questionnaire	12/10/2015 7:46:26 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
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 01/31/2018.



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
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

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

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.

**User Admin** Search and maintain all registered users**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	
			<ul style="list-style-type: none">• Designated phone must be entered• Enter a valid Email Address or leave it blank• Email Address cannot have spaces
2	Verify Information	12/9/2013 4:19:02 PM	<ul style="list-style-type: none">• 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	
6	Review	12/9/2013 4:25:21 PM	
7	Prescription Monitoring Program Registration	12/9/2013 4:25:37 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
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.



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: Mark Leon Tanz

New Search

License: Physician and Surgeon - #22265

Print

Licensee Public Information

Licensure Designated Address: 4817 East Lake Harriet Pkwy
Minneapolis, MN 55419

Web Site: **Birth Year:** 1948
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
Corrective Action: No
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
Minneapolis, 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	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 3/30/2018 11:38:59 AM

Disclaimer

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

Primary Source Verification

The license information in this web page has been designed and implemented to meet primary source verification requirements of the Joint Commission accredited hospitals and the