

APPLICATION TO PRACTICE MEDICINE

MINNESOTA BOARD OF MEDICAL PRACTICE
 UNIVERSITY PARK PLAZA
 2829 UNIVERSITY AVENUE SE, SUITE 400
 MINNEAPOLIS, MINNESOTA 55414-3246
 (612) 617-2130

FOR BOARD USE ONLY



Hearing Impaired-Minnesota Relay Service
 Metro Area 297-5353
 Outside Metro Area 1-800-627-3529

APR 18 1998
 MIN BOARD OF MED PRACTICE
 (P)

APPLICATION #: 67575
 CHECK /RECEIPT #: _____
 AMT PAID: _____
 TEMP PERMIT #: 76.36
 BOARD ACTION: _____
 BOARD DATE: 7-11-98
 LICENSE #: 40822

DATE OF APPLICATION:

DAY	MONTH	YEAR
03	18	98

INSTRUCTIONS TO APPLICANT

1. Answer all questions completely and accurately or the application will be returned.
2. The name you enter must exactly match the name on your medical diploma, or documentation of formal name change must be submitted.
3. All addresses must include zip code, if requested on the application.
4. Account for all time from the beginning of high school, whether spent in school, practice, or otherwise. Dates must include Day, Month, and Year. Attach a separate sheet if necessary.
5. Enter all dates as DAY-MONTH-YEAR. For example, January 1, 1989 should be entered as 01-JAN-89.
6. The application fee is not refundable.
7. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.
8. Incomplete applications will be destroyed after six months of inactivity.

FOR BOARD USE ONLY

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5
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SOURCE CODE	AMOUNT
5200	168.00
5201	200.00
5203	60.00

TO: The Minnesota Board of Medical Practice:

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.

YOUR CURRENT NAME AND ADDRESS			
FULL LEGAL NAME:	LAST <u>Terrell</u>	FIRST <u>Carrie</u>	MIDDLE <u>Ann</u>
STREET ADDRESS:			
CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY: <u>USA</u>
HOME PHONE:	OTHER PHONE:	GENDER <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	MAIDEN NAME:
SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER:			

BASIS FOR APPLICATION (CHECK ONE)
<input type="checkbox"/> FEDERATION LICENSING EXAMINATION (FLEX)
<input type="checkbox"/> NATIONAL BOARD OF MEDICAL EXAMINERS EXAMINATION (NBME)
<input type="checkbox"/> NATIONAL BOARD OF OSTEOPATHIC EXAMINERS EXAMINATION (NBOE)
<input type="checkbox"/> LICENTIATE OF MEDICAL COUNCIL OF CANADA EXAMINATION (LMCC)
<input type="checkbox"/> STATE BOARD EXAMINATION (STATE)
<input checked="" type="checkbox"/> UNITED STATES MEDICAL LICENSING EXAM (USMLE)
<input type="checkbox"/> COMBINATION FLEX, NBME, USMLE

ECFMG CERTIFICATION (FOREIGN)	
NUMBER:	
DATE ISSUED:	
DRIVERS LICENSE	
STATE:	
NUMBER:	

67575

ADDRESS OF NEAREST RELATIVE		
NAME OF RELATIVE:		
STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	
ZIP CODE:	COUNTRY:	RELATIONSHIP:

YOUR INTENDED ADDRESS		
STREET ADDRESS:		
CITY:	STATE OR PROVINCE:	
ZIP CODE:	COUNTRY:	EFFECTIVE DATE:
PHONE:		

RECORD OF BIRTH			
BIRTHDATE (DD-MMM-YY) 68	CITY OF BIRTH:	COUNTY OF BIRTH:	STATE/PROVINCE OF BIRTH:
FULL NAME OF FATHER:		MOTHER'S MAIDEN NAME:	COUNTRY OF BIRTH:

IDENTIFYING CHARACTERISTICS				
HEIGHT (ft./in.):	WEIGHT (lbs):	COLOR HAIR:	COLOR EYES:	
IDENTIFYING MARKS:				

PRELIMINARY EDUCATION					
NAME OF HIGH SCHOOL:	CITY:	STATE OR PROVINCE:		FROM DATE: 1984	TO DATE: 1986
NAME OF COLLEGE:	CITY:	STATE OR PROVINCE:	DEGREE BA	FROM DATE: (DD-MMM-YY) 01.09.86	TO DATE: (DD-MMM-YY) 06.06.90
NAME OF COLLEGE:	CITY:	STATE OR PROVINCE:	DEGREE:	FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)

MEDICAL EDUCATION (MEDICAL COLLEGES MUST BE EC)					
INSTITUTION	CITY	STATE	ZIP CODE	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)
University of Minnesota	Minneapolis	MN	55455	01.09.93	01.06.95

ACCOUNTING OF TIME NOT NOTED ELSEWHERE ON THIS APPLICATION		
ACTIVITY (ATTACH SEPARATE SHEET, IF NECESSARY)	FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)
Inorganic chemist @ Pace Inc, Mpls MN	06/06/90	01.01.92

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BACHELOR OF:						
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	ZIP:	COUNTRY:	DATE DD-MMM-YY
<input checked="" type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY	University of MN	Minneapolis	MN	55455	USA	01.06.95

HOSPITALS AND CLINICAL MEDICAL TRAINING					
NAME OF HOSPITAL:			FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
University of Minnesota			01.07.95	current	
STREET ADDRESS:		CITY:	STATE OR PROVINCE:	COUNTRY:	ZIP CODE:
Box 395 425 Delaware St		Minneapolis	MN	USA	55455
TYPE OF TRAINING: (BE SPECIFIC)					
Obstetrics and Gynecology					
NAME OF HOSPITAL:			FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
STREET ADDRESS:			CITY:	STATE OR PROVINCE:	COUNTRY:
TYPE OF TRAINING: (BE SPECIFIC)			ZIP CODE:		
NAME OF HOSPITAL:			FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
STREET ADDRESS:			CITY:	STATE OR PROVINCE:	COUNTRY:
TYPE OF TRAINING: (BE SPECIFIC)			ZIP CODE:		

POST GRADUATE NON-CLINICAL MEDICAL EDUCATION/TRAINING				
FACILITY NAME:		FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
N/A				
STREET ADDRESS:		CITY:	STATE OR PROVINCE:	COUNTRY:
FACILITY NAME:		FROM DATE (DD-MMM-YY)	TO DATE (DD-MMM-YY)	
STREET ADDRESS:		CITY:	STATE OR PROVINCE:	COUNTRY:

MILITARY SERVICE				
BRANCH OF SERVICE:	ENTRY DATE (DD-MMM-YY)	RELEASE DATE (DD-MMM-YY)	RANK AT DISCHARGE:	TYPE OF DISCHARGE:
DUTY ASSIGNMENT:	LOCATION:			
N/A				

STATES/PROVINCES/COUNTRIES IN WHICH YOU ARE OR HAVE BEEN LICENSED			
STATE/PROVINCE/COUNTRY	LICENSE NUMBER	DATE ISSUED (DD-MMM-YY)	HOW OBTAINED (*)
N/A			

(*) NATIONAL BOARD OF MEDICAL EXAMINERS (NBME)
 STATE BOARD EXAM (STATE)
 NATIONAL BOARD OF OSTEOPATHIC EXAMINERS (NBOE)
 LICENTATE OF MEDICAL COUNCIL OF CANADA (LMCC)
 FLEX EXAMINATION (FLEX)
 UNITED STATES MEDICAL LICENSING EXAM (USMLE)
 COMBINATION FLEX, NBME, USMLE
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PRACTICE REFERENCES

STATE BELOW WHERE YOU HAVE PRACTICED OUTSIDE OF A TRAINING PROGRAM, AND PROVIDE TWO REFERENCES FROM EACH FACILITY

NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	
NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	
NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	
NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	
NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	
NAME OF FACILITY:		FROM DATE: (DD-MMM-YY)	TO DATE: (DD-MMM-YY)			
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY	ZIP CODE:	
NAME OF REFERENCE:	STREET ADDRESS:		CITY:	STATE/CNTRY:	ZIP CODE:	

PROPOSED PRACTICE PLANS IN MINNESOTA (IF ANY)

"Moonlighting" until completion of residency (6/99)
followed by practice in MN

MEMBERSHIP IN PROFESSIONAL SOCIETIES AND ORGANIZATIONS

NAME OF ORGANIZATION	FROM DATE	TO DATE
American College of Obstetrics and Gynecology	7/95	current

Are you currently* certified by a specialty board of the (check one):

- American Board of Medical Specialties
- American Osteopathic Association Bureau of Professional Education
- Royal College of Physicians and Surgeons of Canada
- College of Family Physicians of Canada
- None of the above

Specialty: _____

Expiration Date: _____

*If it has been more than 10 years since your initial licensing exam, the SPEX exam is required unless currently specialty board certified.

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CERTIFICATE OF ETHICAL AND MORAL CHARACTER

THIS CERTIFICATE MUST BE SIGNED BY TWO LICENSED PHYSICIANS WHO ARE PERSONALLY ACQUAINTED WITH THE APPLICANT.

I certify that the photograph attached is a recent one and likeness of Dr. Terrell
 and that s/he is a person of good ethical and moral character.


SBA Archer 3.18.98 32301 MN
 SIGNATURE DATE LICENSE NUMBER STATE OF ISSUE

SARAH ARCHER
 PRINT OR TYPE FULL NAME

OK



This is a true likeness.
Sandra R. Nanti
4/17/98



SANDRA R. NANTI
 NOTARY PUBLIC - MINNESOTA
 My Commission Expires Jan. 31, 2000

FIVE STAR

I certify that the photograph attached is a recent one and likeness of Dr. Terrell
 and that s/he is a person of good ethical and moral character.

Tracy Prosen 4-3-98 40331 MN
 SIGNATURE DATE LICENSE NUMBER STATE OF ISSUE

TRACY PROSEN
 PRINT OR TYPE FULL NAME

AFFIDAVIT OF APPLICANT:

STATE OF: Minnesota

COUNTY OF: Hennepin

I, Carrie Ann Terrell, swear that I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of Minnesota; that I am the person named in the diploma which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records including (but not limited to) transcripts, medical records, personnel files, and any information, favorable or otherwise, the Board may require for its evaluation of my professional, ethical, and physical qualifications for licensure in Minnesota.

I hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

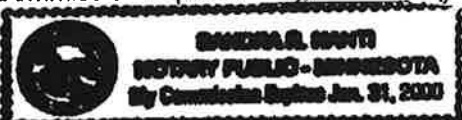
I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine in Minnesota. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved by the Board.

Sworn to before me this 17 day of April, 19 98

Sandra R. Santi
Signature of Notary Public

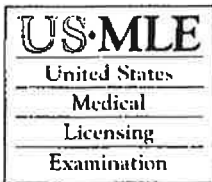
Carrie Ann Terrell
Signature Of Applicant

My Commission Expires: January 31, 2000



RIGHTS OF SUBJECTS OF DATA

This information is requested by the Minnesota Board of Medical Practice. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. The information is classified as private while your application is pending or if your application is denied, and as public if your license is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation by the Board into your qualifications. Under some circumstances, the information could become available to other agencies or persons authorized by law to have access. Attach a separate page for detailed explanations, when appropriate. Failure to answer all questions completely and accurately, and/or omission or falsification of material facts may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.



62575
United States Medical Licensing Examination™
Certified Transcript of Scores

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 04/16/1998

RECEIVED
 APR 20 1998
 MN BOARD OF
 MED PRACTICE

Minnesota Board of Medical Practice
 ATTN: Robert A Leach, JD, Exec Director
 University Park Plaza
 2829 University Ave SE, Suite 400
 MINNEAPOLIS, MN 554143246

Examinee: Terrell, Carrie Ann
 USMLE ID#: [redacted]
 DOB: [redacted] / 1968
 Alt Name(s):

STEP1 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
6 /1993	PASS	182	176	76	75	

STEP2 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
3 /1995	PASS	187	167	79	75	

STEP3 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below.

State Board	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	Passing	Score	Passing	
MINNESOTA	12 /1995	PASS	210	176	84	75	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

See reverse side for explanation of information reported above.

Authenticity of USMLE™ Transcripts

Original, certified transcripts of United States Medical Licensing Examination (USMLE) scores are printed on blue safety paper and are produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The embossed USMLE seal in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history, and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For recent administrations, the mean and standard deviation of scores on the three-digit scale for first-time examinees from medical schools in the United States are approximately 205 and 20, respectively, and most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each Step of USMLE is reviewed periodically, and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 6 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

NOTATION REGARDING FSMB BOARD ACTION DATA BANK

The *Board Action Data Bank* of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. armed forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the *Bank*, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the *Board Action Data Bank* are not disciplinary or otherwise

prejudicial in nature. Such actions are reported to assure records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Special circumstances in connection with the administration of an examination may result in one of the following annotations being listed next to the score for that examination:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. **No score is reported.**

Incomplete - The examinee sat for some but not all of the scheduled test books. **No score is reported.**

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9600.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

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

(Use Back button to return to summary page)

User Name: Carrie Terrell Start Date: 3/6/2018 10:25:39 AM
 Service Name: License Renewal - PY Complete Date: 3/6/2018 10:32:51 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	3/6/2018 10:25:45 AM	
2	Verify Information	3/6/2018 10:25:56 AM	
3	Privileges & Continuing Medical Education	3/6/2018 10:26:02 AM	
4	Practice Questions	3/6/2018 10:26:43 AM	
5	Profiling - Practice Addresses	3/6/2018 10:26:55 AM	PracticeAddress
5	Profiling - Post Graduate Training	3/6/2018 10:26:59 AM	Bypass Case
5	Profiling - Post Graduate Training	3/6/2018 10:26:59 AM	
5	Profiling - ABMS/AOA	3/6/2018 10:27:02 AM	
5	Profiling - ABMS/AOA	3/6/2018 10:27:02 AM	
5	Profiling - Criminal Convictions	3/6/2018 10:27:06 AM	
6	Review	3/6/2018 10:27:23 AM	
7	Prescription Monitoring Program Registration	3/6/2018 10:27:33 AM	
9	Payment	3/6/2018 10:30:01 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 40822
Name: Carrie Ann Terrell

Drivers License:
Is license current?

Designated Address: Riverside Prof Bldg
 606 24th Ave S #300
 Minneapolis, MN 55454
Phone: (612) 273-7111
Email Address: terre010@umn.edu
Web Site: umphysicians.umn.edu

Private Address: *(Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University of Minnesota Medical Center, Fairview	Minneapolis	MN	full

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 03/31/2020.

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

(Use Back button to return to summary page)

User Name: Carrie Terrell Start Date: 2/15/2017 4:23:51 PM
 Service Name: License Renewal - PY Complete Date: 2/15/2017 4:29:56 PM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/15/2017 4:23:56 PM	
2	Verify Information	2/15/2017 4:24:43 PM	
3	Privileges & Continuing Medical Education	2/15/2017 4:25:09 PM	
4	Practice Questions	2/15/2017 4:25:36 PM	
5	Profiling - Practice Addresses	2/15/2017 4:25:54 PM	PracticeAddress
5	Profiling - Post Graduate Training	2/15/2017 4:25:58 PM	Bypass Case
5	Profiling - Post Graduate Training	2/15/2017 4:25:58 PM	
5	Profiling - ABMS/AOA	2/15/2017 4:26:02 PM	
5	Profiling - ABMS/AOA	2/15/2017 4:26:02 PM	
5	Profiling - Criminal Convictions	2/15/2017 4:26:06 PM	
6	Review	2/15/2017 4:26:16 PM	
7	Prescription Monitoring Program Registration	2/15/2017 4:26:25 PM	
9	Payment	2/15/2017 4:29:03 PM	
1			

Verification Page

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Application for License Renewal

License Number: PY 40822
Name: Carrie Ann Terrell

Drivers License:
Is license current?

Designated Address: Riverside Prof Bldg
 606 24th Ave S #300
 Minneapolis, MN 55454
Phone: (612) 273-7111
Email Address: terre010@umn.edu
Web Site: umphysicians.umn.edu

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University of Minnesota Medical Center, Fairview	Minneapolis	MN	full

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: Carrle Terrell Start Date: 2/9/2016 7:29:58 AM
 Service Name: License Renewal - PY Complete Date: 2/9/2016 7:38:45 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	2/9/2016 7:30:05 AM	
2	Verify Information	2/9/2016 7:30:18 AM	
3	Privileges & Continuing Medical Education	2/9/2016 7:30:24 AM	
4	Practice Questions	2/9/2016 7:30:57 AM	
5	Profiling - Practice Addresses	2/9/2016 7:31:30 AM	
5	Profiling - Post Graduate Training	2/9/2016 7:31:52 AM	
5	Profiling - Post Graduate Training	2/9/2016 7:31:52 AM	
5	Profiling - ABMS/AOA	2/9/2016 7:32:00 AM	
5	Profiling - Criminal Convictions	2/9/2016 7:32:10 AM	
6	Review	2/9/2016 7:32:22 AM	
8	Questionnaire	2/9/2016 7:37:47 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

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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 40822
Name: Carrle Ann Terrell

Drivers License:
Is license current?

Designated Address: Riverside Prof Bldg
 606 24th Ave S #300
 Minneapolis, MN 55454
Phone: (612) 273-7111
Email Address: terre010@umn.edu
Web Site: umphysiclans.umn.edu

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University of Minnesota Medical Center, Fairview	Minneapolis	MN	full

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 03/31/2017.



User Admin Search and maintain all registered users

Online Service History Detail

(Use Back button to return to summary page)

User Name: Carrie Terrell Start Date: 3/10/2015 8:28:24 AM
 Service Name: License Renewal - PY Complete Date: 3/10/2015 8:45:11 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	3/10/2015 8:28:26 AM	• Specify credit card type for payment
1	Information	3/10/2015 8:28:31 AM	
2	Verify Information	3/10/2015 8:28:36 AM	
3	Privileges & Continuing Medical Education	3/10/2015 8:28:42 AM	
4	Practice Questions	3/10/2015 8:29:15 AM	
5	Profiling - Practice Addresses	3/10/2015 8:31:13 AM	
5	Profiling - Post Graduate Training	3/10/2015 8:31:16 AM	
5	Profiling - Post Graduate Training	3/10/2015 8:31:16 AM	
5	Profiling - ABMS/AOA	3/10/2015 8:31:19 AM	
5	Profiling - ABMS/AOA	3/10/2015 8:31:19 AM	
5	Profiling - Criminal Convictions	3/10/2015 8:31:22 AM	• Criminal Question
5	Profiling - Criminal Convictions	3/10/2015 8:31:25 AM	
6	Review	3/10/2015 8:31:34 AM	
8	Questionnaire	3/10/2015 8:43:36 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 40822
Name: Carrie Ann Terrell

Drivers License:
Is license current?

Designated Address: Riverside Prof Bldg
 606 24th Ave S #300
 Minneapolis, MN 55454
Phone: (612) 273-7111
Email Address: terre010@umn.edu
Web Site: umphysicians.umn.edu

Private Address: (Same as mailing address)

Hospital Staff Privileges

Facility	City	State	Type of Privilege
University of Minnesota Medical Center, Fairview	Minneapolis	MN	full

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 03/31/2017.

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

(Use Back button to return to summary page)

User Name: Carrie Terrell Start Date: 3/19/2014 8:08:00 AM
 Service Name: License Renewal - PY Complete Date: 3/19/2014 8:14:00 AM

Step #	Step Title	Step Submitted	Reported Errors
1	Information	3/19/2014 8:08:15 AM	
2	Verify Information	3/19/2014 8:08:23 AM	
3	Privileges & Continuing Medical Education	3/19/2014 8:11:33 AM	
4	Practice Questions	3/19/2014 8:12:20 AM	
5	Profiling - Practice Addresses	3/19/2014 8:12:32 AM	
5	Profiling - Post Graduate Training	3/19/2014 8:12:39 AM	
5	Profiling - Post Graduate Training	3/19/2014 8:12:39 AM	
5	Profiling - ABMS/AOA	3/19/2014 8:12:49 AM	
5	Profiling - Criminal Convictions	3/19/2014 8:12:55 AM	
6	Review	3/19/2014 8:13:07 AM	
7	Prescription Monitoring Program Registration	3/19/2014 8:13:13 AM	
1			

Verification Page

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Hospital Staff Privileges

Facility	City	State	Type of Privilege
University of Minnesota Medical Center, Fairview	Minneapolis	MN	full

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: 146
Category 1 Equivalent Course Hours: 0
Total Reported Hours: 146

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: Carrie Ann Terrell

[New Search](#)

License: Physician and Surgeon - #40822

[Print](#)

Licensee Public Information

Licensure Designated Address: Riverside Prof Bldg
606 24th Ave S #300
Minneapolis, MN 55454

Web Site: umphysicians.umn.edu

E-mail: terre010@umn.edu

Birth Year: 1968
Gender: Female

License Information

License Number: 40822 **License Type:** Physician and Surgeon

Expiration Date: 03-31-2019 **Grant Date:** 07-11-1998

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: UNIVERSITY OF MINNESOTA MEDICAL SCHOOL **Degree:** M.D.
MINNEAPOLIS USA

Location: Minneapolis, MN USA **Date:** 06/01/1995

Practice Locations (Self-Reported Information)

Primary Location: Women's Health Specialists
606 24TH AVE S #300
MINNEAPOLIS, MN 55455
Phone: 612-273-7111

Secondary Location: WWH TC
825 South 8th St
Suite 101B
Minneapolis, MN 55404
Phone: 612-767-4801

Post-Graduate Training (Self-Reported Information, Not Verified by Board of Medical Practice)

Program	Specialty	Start Date	End Date	Completed
University Of Minnesota	Obstetrics and Gynecology	06/00/1995	06/00/1999	Y
University of MN	ob-gyn	06/08/1995	06/08/1999	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
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Direct questions and comments about these results to Minnesota Board of Medical Practice.
Telephone: (612) 617-2130 e-mail: medical.board@state.mn.us

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Profile Retrieved on 3/28/2018 9:14:34 AM

Disclaimer

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