APPLICATION FOR RESIDENCY PERMIT

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MINNESOTA BOARD OF MEDICAL PRACTICE
2700 UNIVERSITY AVENUE WEST, SUITE 106
ST. PAUL, MINNESOTA 55114-1080
(612) 642-0538

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JAN 04 1996
MN BOARD OF MED PRACTICE

FOR BOARD USE ONLY

APPLICATION #: 62102
CHECK /RECEIPT #:
AMT PAID:
RESID. PERMIT #: 11829
APPROVE DATE: 5JAN96
PREV APP #:
PREV APP #:

SOURCE CODE	AMOUNT
5208	20.00

DATE OF APPLICATION:

DAY	MONTH	YEAR
30	11	95

INSTRUCTIONS TO APPLICANT

Minnesota Statute 147.0391 RESIDENCY PERMIT subd. 1 requires a person to have a residency permit while participating in an approved residency program or other Board approved graduate medical education program unless licensed by the Board. A separate residency permit is required for each residency program until applicant is licensed. The residency permit holder shall submit written notification to the Board within 30 days after termination of participation in a residency program.

The initial application fee is $20. For any subsequent change in residency program, a fee of $15 is due. The following must be completed by the student and the licensed hospital making available an approved hospital training program, and forwarded to the offices of this Board. Answer all questions completely and accurately or the application will be returned. Enter all dates as DAY-MONTH-YEAR. For example, January 1, 1993 should be entered as 01-JAN-93.

183-13

YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
	ALLEN	JODELL	KAY

STREET ADDRESS:

CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY:
	[redacted]		USA

HOME PHONE:	OTHER PHONE:	GENDER ☐ MALE ☒ FEMALE	MAIDEN NAME:

SOCIAL SECURITY OR ALIEN REGISTRATION NUMBER:

RECORD OF BIRTH

DATE OF BIRTH:	CITY OF BIRTH:	COUNTY OF BIRTH:	STATE/PROVINCE OF BIRTH:	COUNTRY OF BIRTH:
	St. Paul	Ramsey	MN	USA

MEDICAL DIPLOMAS

	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE	COUNTRY:	DATE DD-MMM-YY
BACHELOR OF: ☒ MEDICINE ☐ OSTEOPATHY					
DOCTOR OF: ☒ MEDICINE ☐ OSTEOPATHY	University of Colorado Health Sciences Center	Denver	CO	USA	05/05/95

RESIDENCY PERMIT HISTORY

HAVE YOU EVER HAD A RESIDENCY PERMIT IN MINNESOTA BEFORE? ☒ NO ☐ YES, give residency permit #

NOTE: The Residency Permit only allows an individual the privilege of functioning in the approved institution setting. The practice of medicine outside such a setting, i.e., insurance physicals, remuneration outside the residency program, etc. may be a violation of the Minnesota Medical Practice Act and may result in the implementation of formal legal action against the violator, or denial of permanent licensure or both.

I, Jodell K. Allen swear that I am the person described and identified; that I am the lawful holder of the degree of Doctor of Medicine, Doctor of Osteopathy, or their equivalent as represented on this application, that said diploma was procured during the regular course of instruction and examination without fraud or misrepresentation. 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 may constitute cause for denial, suspension or revocation of my residency permit or of any later license to practice medicine in Minnesota. I understand that I am subject to the reporting obligations of MN Statute 147.111.

Signature of Applicant JKAllen MD Date: 11/30/95

RIGHTS OF SUBJECTS OF DATA

Under Minnesota Statutes 13.41, subdivision 2 (1984), information you provide in this application, except for your name and address, is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate while you remain an applicant. When you are granted a residency permit, the information in your file related to your residency permit is classified as public under Minnesota Statutes 13.41, subdivision 4 (1984). The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for a residency permit. You are not legally required to provide this information, but you cannot be granted a residency permit without doing so.

RESIDENCY CERTIFICATION

NOTE: This section is to be completed by the residency program only following completion of the foregoing information by the student.

It is hereby certified that: Jodell Allen, MD

is currently engaged in a OB/GYN (specify specialty) specialty residency training program

for 3 1/2 years at St. Paul-Ramsey Med. Ctr. health facility

located at: 640 JACKSON St. St. Paul, MN 55101

commenced: 1/1/96 anticipated ending: 6/30/99

that said program meets the requirements of MN Statute 147.0391 as of the dates above; and that the statements certified on the reverse hereof by the student delineated above, are true and correct to the best knowledge and belief of this hospital. I understand that the residency program faculty is subject to the reporting obligations of MN Statute 147.111 with respect to this student, if s/he is granted a residency permit..

Director/Dean of Medical Education

Name Printed: Terrence Cronson

Name Signed: T. W. C

Date: 12/11/95

HEALTH FACILITY SEAL