

December 4, 2020

VIA E-MAIL ONLY

[REDACTED]@outlook.com

Re: Request for data

Dear [REDACTED]:

This is in response to your request, received on November 28, 2020, for data relating to the expired Minnesota medical license of Craig Stephen Cropp, M.D., license number 24268. Enclosed are copies of Dr. Cropp's Minnesota medical license application and professional profile. Non-public information has been redacted pursuant to Minn. Stat. §§ 13.41, Subd. 2. No renewal information is on file, as it is beyond the required retention date.

Regarding your request for "lawsuits, resumes, drug licenses, criminal documents, temporary licenses complaints, out of state documents and disciplines," please note that complaint data is not public and is classified as private or confidential, pursuant to Minn. Stat. §§ 13.41, Subd. 2(a) and 4. Disciplinary action, if any, is included in the professional profile, enclosed. Other requested data would be classified as complaint data and would not be accessible.

If you have any questions, please feel free to contact me at the number or e-mail listed below.

Sincerely,



Ruth M. Martinez
Executive Director
(612) 548-2150
ruth.martinez@state.mn.us

Enclosures

ok
few

JUN 30 1978
PAGE 1
MINN. STATE BOARD OF
MEDICAL EXAMINERS

Minnesota State Board of Medical Examiners

Suit 717 Delaware Street Southeast
200 Suite 352
Minneapolis, Minnesota 55414

Craig S. Cropp

NATIONAL BOARD ENDORSEMENT

Name Craig Stephen Cropp Application No. 143
Preliminary Education Grinnell College, Grinnell, Iowa Date 8/11/78
Medical Education St. Louis University, St. Louis, MO License Number 24268
School of Graduation St. Louis University, 5/16/77 Issued 8-11-78
Diploma Bachelor of Medicine _____ Fee Paid June 30, 1978
Diploma Doctor of Medicine St. Louis University Receipt No. 9458
Internship University of Minnesota Hospital, Mpls., MN 7/1/77 to 6/30/78
National Board Certificate No. 185656 Date 7/1/78 Average 79.3

CREDENTIALS

BORN: MANHATTAN, KS 51
MEDICAL SCHOOL: ST. LOUIS UNIVERSITY, ST. LOUIS, MO 5/16/77
INTERNSHIP CERT: UNIVERSITY OF MINNESOTA HOSPITAL, MPLS., MN 7/1/77 to 6/30/78
NATIONAL BOARD CERT # 185656 ISSUED 7/1/78 AVG 79.3
INFORMATION RELEASE FORM
MALPRACTICE HISTORY REPORT FORM
HOSPITAL STAFF PRIVILEGE FORM

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

PERSONNEL OF BOARD

FATHER DAVID MC PHER _____ Pres.
ALFRED DALY, M.D. _____ Vice-Pres.
DOROTHY M. BERNSTEIN, M.D. _____ Sec'y.
JAMES C. CAIN, M.D. _____
DALE DODSON, D.O. _____
SUZANNE FLINSCH _____
WILLIAM L. HEDRICK, M.D. _____
WILLIAM JACOTT, M.D. _____
LOREN S. NELSON, M.D. _____
RUSSELL O. SATHER, M.D. _____
CAROL WOLD _____

Location

Memorandum



Craig S. Cropp
SANDRA DIANE PESS
ANOKA COUNTY
NOTARY PUBLIC-MINNESOTA
MY COMMISSION EXPIRES DEC. 22, 1984

Minnesota State Board of Medical Examiners

Suite 203, Minnesota State Bank Building
200 South Robert St., St. Paul, Minn. 55107

APPLICATION FOR LICENSE TO PRACTICE MEDICINE THROUGH
ENDORSEMENT BY NATIONAL BOARD

MINNEAPOLIS, MN. JUNE 1978
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.)

- Name CRAIG STEPHEN CROPP
- Addresses 3601 ARKANSAS LAWRENCE, KS Zip 66044
1000 FRANKLIN AVE. W. Home address of parents or nearest relative
MINNEAPOLIS, MN Zip 55405 1000 FRANKLIN AVE. W.
MINNEAPOLIS, MN Zip 55405 Your intended address
- Place of Birth MANHATTAN, KS Date of Birth 3-20-51
- Name of Father ROY K. CROPP
Maiden Name of Mother CRAMER
- Citizenship: Naturalization _____ Name, place, date and number. Citizenship papers must be submitted.
(If foreign born)
- Identification: Height 170 lbs Weight 5' 4" Color of Hair BROWN
Color of Eyes BLUE 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 LAWRENCE HIGH SCHOOL SEPT 1966 to MAY 1968 Zip _____
LAWRENCE, KANSAS Zip 66044
College GRINNELL COLLEGE Zip _____
GRINNELL, IOWA SEPT 1968 to MAY 1973 Zip 50112
Academic Degree of B.S. diploma From LAWRENCE HIGH SCHOOL (Date) MAY 1968
Academic Degree of A.B. From GRINNELL COLLEGE (Date) MAY 1973

8. MEDICAL EDUCATION (Courses must have been at a Medical College recognized by this Board.)
ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE
ST. LOUIS, MO Zip 63103 Medical Dept. from 9-4-73 to 5-27-77
Name and location of Institution Mo. Day Yr. to Mo. Day Yr.

- Zip _____ Medical Dept. from _____ to _____
Zip _____ Medical Dept. from _____ to _____
Zip _____ Medical Dept. from _____ to _____
Zip _____ Medical Dept. from _____ to _____
Zip _____ Medical Dept. from _____ to _____

Diploma Bachelor of Medicine from _____ Name and location of Institution Date issued

Diploma Doctor of Medicine from ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE MAY 1977
Name and location of Institution Date issued

9. INTERNSHIP: Name of Hospital UNIVERSITY OF MINNESOTA HOSPITALS
Address MINNEAPOLIS, MN Zip 55455
Dates: From 7-1-77 To 6-30-78

10. POST-GRADUATE WORK: (Places and dates) NONE 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 first day in the months of Jan., Apr., July or Oct. 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. 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 NONE From _____ To _____
References _____ Zip _____
Two names and addresses _____

b. Place _____ From _____ To _____
References _____ Zip _____
Two names and addresses _____

c. Place _____ From _____ To _____
References _____ Zip _____
Two names and addresses _____

d. Place _____ From _____ To _____
References _____ Zip _____
Two names and addresses _____

e. Place _____ From _____ To _____
References _____ Zip _____
Two names and addresses _____

13. Is it your purpose to discontinue practice at your present location and to become a permanent resident of the State of _____ Answer _____

14. Are you presently in good physical and mental health? If not, give particulars: _____

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: _____

16. Are you a member of any medical society? If so, give particulars: _____

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: _____

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: _____

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: _____

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: _____

21. AFFIDAVIT OF APPLICANT:

STATE OF Minnesota ss.
County of Hennepin

Craig T. Crapp 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.

Sworn to before me this 18 day of June

My Commission expires 6/30/80 Craig T. Crapp (SEAL)
Notary Public

Please have photo attached on page 1, the application blank filled out and notarized before having sections 21 through 24 completed.

(PLEASE SEND TO MEDICAL SCHOOL FOR FOLLOWING CERTIFICATION)

22. OFFICIAL CERTIFICATE OF MEDICAL EDUCATION: Beginning with first year of medical school, state periods c...y, giving dates of diplomas or certificates received.

Sept. 4, 1973--May 2, 1974
Sept. 3, 1974--May 2, 1975
July 7, 1975--June 19, 1976

(SEAL)

June 27, 1978

July 15, 1976--May 7, 1977
M.D. May 14, 1977

Date
J. A. Masuyon, Ph.D.
Assistant to the Dean and Registrar
President, Secretary or Dean

Saint Louis Univ. School of Medicine, St. Louis
Name of School and Address
MO

(PLEASE SEND TO MEDICAL SOCIETY FOR FOLLOWING CERTIFICATION)

23. RECOMMENDATION OF SECRETARY OF LOCAL COUNTY, STATE MEDICAL SOCIETY:

1. KONALD A. PERRY, M.D.

Secretary of the

HEAD, DEPT OF OB-GYN, UNIV OF MINN

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. CRAIG C. ROPP 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. CROPP

(Seal of Society)

6/30/78
Date

Donna A. Perry, M.D.
Secretary of Medical Society

Box 395, Univ of Minn Hosp
Address

(Secretary must execute following affidavit)

MPLE, MINN. STY 13

*AFFIDAVIT OF SECRETARY OF MEDICAL SOCIETY

County of Henrieville

State of Minnesota

In Henrieville County

State

ss.

30th

day of June

A.D., 1978 before me personally appeared KONALD A. PERRY

of Head Dept of OB-GYN, Univ of Minn 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 and

deed.

Sandra Diane Pehek
Notary Public, State of Minnesota
420 Delux
Address

(PLEASE SEND TO NATIONAL BOARD FOR FOLLOWING CERTIFICATION)

24. 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 3.

I, _____ Secretary of the National Board of Medical

Examiners, certify that _____ was granted Certificate

No. _____ on the _____ day of _____ based on _____

Written Examination

and that said certificate has never been revoked.

School of Graduation _____ Degree M.B. M.D. _____ Date _____

I further certify that the aforesaid _____

in his written examination before this Board, obtained a general average of _____ per cent

in the following subjects:

Subject	Per cent	Subject	Per cent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Acting on behalf of the National Board of Medical Examiners, I recommend

Dr. _____ to the Minnesota State Board of Medical Examiners
to receive a license to practice Medicine and Surgery and further certify that the photograph attached to
this application is a recent one and a likeness of the candidate.

(Seal of the National Board)

Secretary, National Board of Medical Examiners

Date

Address

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

NATIONAL BOARD OF MEDICAL EXAMINERS • 3930 CHESTNUT STREET, PHILADELPHIA, PENNA 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS OF THE UNITED STATES OF AMERICA	
CRAIG STEPHEN CROPP, 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. HILLIS Chairman of the Board	SEAL
Philadelphia, Pa. 07/01/78	EDITH J. LEVIT Secretary of the Board Cert. # 185656

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, in a graduate of ST LOUIS UNIV SCH OF MED, whose birth date is [REDACTED] 1951, 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 06/75		
Anatomy, incl. histology and embryology	565	85
Physiology	600	87
Biochemistry	445	77
Pathology	470	79
Microbiology, incl. immunology	540	83
Pharmacology and Materia Medica	545	84
Behavioral Sciences	540	83
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**	530	92
Part II passed 09/76		
Internal medicine and the medical specialties	360	75
Surgery and the surgical specialties	350	75
Obstetrics and Gynecology	580	86
Public Health and Preventive Medicine	390	77
Pediatrics	385	76
Psychiatry	545	84
(Minimum Passing Grade 290/76) TOTAL GRADE/AVERAGE**	415	78
PART III passed 01/78		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75)	AVERAGE 385	77.9
GENERAL AVERAGE (Parts I, II, and III)		79.3 (Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1988 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Henrich
Secretary for Certification
06/23/78
Date

SEAL



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: Craig Stephen Cropp

New Search

License: Physician and Surgeon - #24268

Print

Licensee Public Information

Licensure Designated Address: John Hopkins Hosp
600 N Wolfe St Houck 249
Baltimore, MD 21205

Web Site: **Birth Year:** 1951
E-mail: **Gender:** Male

License Information

License Number: 24268 **License Type:** Physician and Surgeon
Expiration Date: 12/31/1987 **Grant Date:** 08/11/1978
License Status: Cancelled Inactive
Disciplinary Action: No
Corrective Action: No
Disciplinary Actions by Other States (Reported to the Board since July 1, 2013): No
Public - Other: No

Education

Medical School: ST. LOUIS UNIVERSITY SCHOOL OF MEDICINE, S.F.
LOUIS, MO USA **Degree:** M.D.
Location: St Louis, MO USA **Date:** Unknown

Practice Locations (Self-Reported Information)

Primary Location: N/A **Secondary Location:** N/A
Phone: N/A **Phone:** N/A

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

Program	Specialty	Start Date	End Date	Completed
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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
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Criminal Convictions (Self-Reported Information)

Type	Crime Description	Conviction Date	Court of Jurisdiction	Sentence/Comment
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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

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Disclaimer

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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 National Committee for Quality Assurance (NCQA) certified managed care organizations, and it can be used as the primary source verification.

Note on 'Area of Specialty'

Specialty board certification information was obtained directly from American Board of Medical Specialties (ABMS), www.abms.org, or American Board of Osteopathic Medical

Specialties (AOA), www.aoa-net.org, as a written direct verification, quarterly update, or from the official ABMS or AOA primary source verification website. Minnesota's Physician Profile contains specialty certifications only from ABMS and AOA, because they are universally recognized and easily verifiable. Other organizations certify and endorse specialization with their own standards and procedures. You may wish to ask your physician about such certifications if he or she does not list one of the specialties from the ABMS or AOA.

Maintenance of Certification (MOC)

MOC is an ABMS program of lifelong learning and requires physicians to self-assess their competency. Further information can be found at www.abms.org. The American Osteopathic Association also has a continuous lifelong process "Osteopathic Continuous Certification" or OCC. Further information is available at www.osteopathic.org.

Criminal Conviction

Minnesota Statute 214.072 (a)(1) requires the Board to post licensee's "conviction of a felony or gross misdemeanor occurring on or after July 1, 2013, in any state or jurisdiction."

IMLC (Interstate Medical Licensure Compact)

License Types with the designation (IMLC) denote that this Minnesota Physician & Surgeon License was issued through the IMLC process. Please refer to <https://imlcc.org> for more information about the Interstate Medical Licensure Compact.