



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: Jenna Renee Ingersoll

[New Search](#)

License: Physician and Surgeon - #67884

[Print](#)

Licensee Public Information

Licensure Designated Address: 7665 US HWY 2

Iron River, WI 54847

Web Site:

Birth Year: 1985

E-mail: jenna.r.ingersoll@gmail.com

Gender: Female

License Information

License Number: 67884

License Type: Physician and Surgeon (IMLC)

Expiration Date: 12/31/2021

Grant Date: 07/13/2020

License Status: Active

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: UNIVERSITY OF WISCONSIN, MEDICAL SCHOOL,
MADISON USA

Degree: M.D.

Location: Madison, WI USA

Date: 05/18/2014

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
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		

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 5/19/2021 1:17:44 PM

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 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.

**AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR APPLICATION FOR AN
IMLC LETTER OF QUALIFICATION AND MEDICAL LICENSES IN IMLC MEMBER STATES**

I, Jenna Renee Ingersoll (Type in full legal name) the undersigned, being duly sworn, hereby certify under oath that I am the person named in this Application for an IMLC Letter of Qualification and Medical Licenses in IMLC Member States ("Application"), that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my Application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the Interstate Medical Licensure Compact ("Compact") and the Application, and have answered all questions contained in the Application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to disciplinary action against one or more medical licenses or permits I hold, as well as my being prosecuted under appropriate federal and state laws.

I hereby apply to WISCONSIN as my State of Principal License ("SPL") for a Letter of Qualification ("LOQ") to be issued a medical license in one or more Compact Member States. To permit the SPL to process my application for an LOQ, I hereby authorize and request every person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the SPL any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the SPL or any of its agents or representatives to inspect and make, or receive, copies of such documents, records, and other information in connection with this Application. I also authorize the SPL to perform or obtain a criminal history background check with law enforcement on me as part of the determination of my eligibility to be licensed through the Compact.

I hereby release, discharge, and exonerate the SPL and the Interstate Medical Licensure Compact Commission ("Commission"), their agents or representatives, and any person, entity, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application, and further authorize the SPL to process my application for medical licensure by one or more Member Boards including, but not limited to, personally-identifiable information including my Social Security Number to be used for querying the National Practitioner Data Bank and in child support enforcement actions. I hereby release, discharge, and exonerate the SPL and the Commission, and their employees, agents, or representatives, of any, and all liability of every nature and kind arising out of any disclosure to the Member Boards.

I will immediately notify the SPL and the Commission in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a medical license being issued by one or more of the Member Boards.

I understand my failure to answer questions contained in this Application truthfully and completely may lead to denial of my application for a Letter of Qualification, and revocation, or other disciplinary sanction, of my license(s) or permit(s) to practice medicine in one or more Compact Member States.

DocuSigned by:
Applicant Signature Jenna Renee Ingersoll

4913447E6DD344B...

Type Applicant's Name Jenna Renee Ingersoll

Applicant's NPI 1275944563

DATE 8/30/2019 | 1:58 CDT

QUALIFICATIONS APPLICATION

If you do not complete the application process you will be sent an email with a link to log back in to complete the documents. Be sure to look in your SPAM and JUNK folders. To apply for a Letter of Qualification for licensure through the Interstate Medical Licensure Compact please answer the questions below.

IS THIS A RE-APPLICATION(earned an LOQ in the past and now is reapplying)? YES NO

1. Which IMLC Member State do you want to serve as your State of Principal License (SPL)?:
WISCONSIN

2. Do you hold a full and unrestricted medical license to engage issued by a medical licensing board in the SPL (SPL Board) WISCONSIN MEDICAL EXAMINING BOARD? Yes No

3. What is the license number issued to you by the SPL board? 68702-20

4. Which of the following apply to you(at least one must apply)?

a. Your primary residence is in the SPL WISCONSIN: Yes No

If yes, provide the following:

Residence Street address [Redacted]

Residence City State Zip [Redacted] City St Zip

b. At least 25% of your practice of medicine occurs in the SPL WISCONSIN Yes No

If yes, describe your current practice Broad-spectrum rural family medicine in an FQHC called NorthLakes and hospital work at MMC in Ashland

c. Your employer is located in the SPL WISCONSIN: Yes No

If Yes, Employer name NorthLakes Community Clinic

Employer street address 7665 US Hwy 2

Employer City State Zip Iron River, WI, 54847 City St Zip

d. You have designated the SPL WISCONSIN as your state of residence for U.S. federal income tax purposes: Yes No

If yes, give Tax ID # (SS#, EIN) [Redacted] (must be most recent return)

5. Are you a graduate of a medical school accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent? [REDACTED]

6. Have you passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three (3) attempts, or any of their predecessor examinations accepted by your SPL medical board as an equivalent examination for licensure purposes(if in question contact your SPL)? [REDACTED]

7. Have you successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association? [REDACTED]

8. Do you hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS)? [REDACTED]

(Please note that answering any of the following questions with a "YES" will result in your application being denied per eligibility Rule 5.4. If eligibility is in question please contact the state board directly for information regarding application through the traditional method.)

9. Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? [REDACTED]

10. Have you ever held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding any action related to non-payment of fees related to a license? [REDACTED]

11. Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? [REDACTED]

12. Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? [REDACTED]

Physician's Signature: Jenna Renee Ingersoll
DocuSigned by:
4913447E6DD344B...
Type Name: Jenna Renee Ingersoll
Date: 8/30/2019 | 1:58 CDT

PHYSICIAN'S CORE DATA SHEET

(Must be the physician's accurate information to avoid delay or rejection)

Full Legal Name Jenna, Renee, Ingersoll
(Exactly as on DL or Passport) First Middle Last Suffix(Sr., Jr.)

Other names used(maiden, birth) _____
First Middle Last

Mailing address [REDACTED] [REDACTED] [REDACTED]
Mailing address City State(XX) Zip

Office address 7665 US HWY 2, Iron River, WI, 54847
Office address City State(XX) Zip

Date of Birth [REDACTED] 1985 Gender: Male Female
(mm/dd/yyyy)

Physician's office or practice telephone number of public record 715-372-5001
(###-###-####)

Physician's cellular or alternative telephone number [REDACTED]
(###-###-####)

Email address delegated by applicant to receive correspondence jenna.r.ingersoll@gmail.com

Social Security Number: [REDACTED]
(###-##-####)

Physician's National Provider Identifier Number 1275944563

Medical Degree Received: M.D. D.O.

(Medical school must be accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation, or be listed in the International Medical Education Directory or its equivalent.)

Medical School University of Wisconsin - School of Medicine and Public Health

Date of Degree Issued 05/18/2014 Name of School (no abbreviations or acronyms)
(mm/dd/yyyy)

Physicians must have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association. (NOTE: One-year transitional residencies do not meet this requirement)

Residency Program Family Medicine Residency of Idaho Completion Date 06/30/2017
Full Program Name (no abbreviations or acronyms) (mm/dd/yyyy)

What is the specialty of the program Family Medicine

Qualifying Licensing exam taken: USMLE COMLEX Other _____
Must specify by name

Number of attempts taken to pass the USMLE:
Step 1: 1 Step 2 CS: 1 Step 2 CK: 2 Step 3: 1

Number of attempts taken to pass the COMLEX:
Step 1: _____ Step 2 PE: _____ Step 2 CE: _____ Step 3: _____

Number of attempts taken to pass other licensing exam:
Step 1: _____ Step 2: _____ Step 3: _____

Specialty Board Certification must be by an ABMS or AOABOS board.

Specialty Board Certification: American Board of Family Medicine
Full Specialty Board Name (i.e. American Board of Pediatrics)(no abbreviations or acronyms)

Expiration of Specialty Board Certification:

Lifetime:
Time limited: Expiration date of time limited _____
(mm/dd/yyyy)

Physicians must possess a full and unrestricted medical license issued by an IMLC Member Board.

License # 68702-20 Date of Original Licensure 01/24/2018 (not renewal)
(mm/dd/yyyy)

Expiration Date 10/31/2019 Status of License: Current: Not Current:
(mm/dd/yyyy)

Thank you for applying through the Interstate Medical Licensure Compact.

*The state will contact you to give instructions on obtaining your fingerprints for a criminal background check. **YOU HAVE 60 DAYS TO COMPLY WITH REQUESTS FROM THE STATE** to avoid automatic withdraw. Background checks may take some time, so please be patient. If you have any concerns contact your SPL. SPL contact numbers can be found at www.IMLCC.org. You will receive an email regarding the status of your qualification. Be sure to check your spam folder and set your email to accept messages from the @docusign.net and @docusign.com domains.*

FOR USE OF STATE OF PRINCIPAL LICENSE

I have conducted the verification process of this physician's application.

State Authorized Signature Melinda Boyle Prior
DocuSigned by: 3D678EF0971Z4ED...

Type Name Melinda Boyle-Prior

Title Program and Policy Analyst

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign.

CORE DATA CORRECTION SHEET

To process corrections please use the below freeform text boxes. The corrections will be passed to the Member Boards selected to issue licenses. If you use this sheet there is no need to send any correction emails.

Core Data to be changed	Incorrect data	Correction
		2 Attempts
USMLE Step 2 CK	2 Attempts	1 Attempt
USMLE Step 2 CS	1 Attempt	2 Attempts
Member Board Expiration	10/31/2019	10/31/2021

Letter of Qualification

IS THIS A RE-APPLICATION? YES NO

Date 10/31/2019
mm/dd/yyyy

Name: Jenna Renee Ingersoll

Address: 1001 Chapple Ave

CityStZip Ashland WI 54806

Dear Dr. Ingersoll:

RE: Your application for IMLC Letter of Qualification

The WISCONSIN MEDICAL EXAMINING BOARD ("Board"), on behalf of the State of Principal Licensure ("SPL") you selected, has received and reviewed your application for a Letter of Qualification ("LOQ") for licensure through the Interstate Medical Licensure Compact ("IMLC").

Based upon the information you submitted with your application, data in the Board's files regarding your licensure by the Board, verifications of your credentials, and the results of the check of national databases, the Board has determined that you are ELIGIBLE to be licensed through the IMLC. Therefore, this notice will serve as your LOQ for licensure in IMLC Member States through the IMLC, and will remain in effect for 365 days from date of issuance, set out above.

An email has been sent to you with instructions regarding how to select the IMLC Member State(s) where you wish to be licensed. After you make your selection(s) and make payment for each license, your information will be forwarded to the selected board(s) ("Member Boards") for issuance of a medical license in by each.

All medical licenses issued by Member Boards through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions including, but not limited to, each Member Board's continuing medical education requirements. It is also your obligation to keep your SPL, the Member Boards which have licensed you, and the IMLC Commission informed of any changes in your contact information or qualifications and eligibility for licensure through the IMLC.

DocuSigned by:
Authorized Signature from SPL Melinda Boyle-Prior
3D676EF097174ED
Type Name Melinda Boyle-Prior

Title of Authorized SPL Program and Policy Analyst

DATE 10/31/2019 | 3:28 CDT

PAYMENT FOR LICENSES


Below are the selected states in which you have indicated you wish to be licensed to practice medicine. Please sign as a payment agreement.

MEMBER BOARD(S)	COST OF LICENSE
ALABAMA MEDICAL LICENSURE COMMISSION	\$75.00
IOWA BOARD OF MEDICINE	\$450.00
KANSAS BOARD OF HEALING ARTS	\$300.00
MICHIGAN BOARD OF MEDICINE	\$361.00
MINNESOTA BOARD OF MEDICAL PRACTICE	\$392.00

TOTAL \$ 1578

The selected state medical board(s) will be notified of your selection and issue the license(s).

Please note: All medical licenses issued through the IMLC are full and unrestricted licenses. You will be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.

Physician's Signature 
Type Name Jenna R Ingersoll

DATE 7/10/2020 | 1:29 CDT

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Jenna Renee Ingersoll
First Name Middle Name Last Name

Please fill in your respective Member Board's information for the qualified Physician named above.

National Provider Identifier Number 1275944563

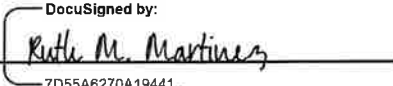
Medical Board Name Minnesota Board of Medical Practice

Member Board License Number 67884

Date License Issued 07/13/2020
mm/dd/yyyy

Date of Expiration 12/31/2020
mm/dd/yyyy

Warning: The signature tab will default to your Board's name. Please change it to your name in Adopt and Sign

Member Board Signature 
Type Name Ruth M. Martinez

DATE 7/13/2020 | 9:08 CDT