

Application - Physician

Name	Julie Amaon
Credential	Physician

Fee Details

DR - Original License Fee	\$173.00
DR - Peer Fee Application	\$100.00
	\$273.00

Physician - Welcome

Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- **Physician by Original**

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
 - International medical graduates must also supply the following:
 - Upload the International Graduates Questionnaire
 - Submit certification from the Educational Commission for Foreign Medical Graduates (ECFMG).
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- **Physician by Endorsement**

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for the last 1 year. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

Application - Applicant Information

Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

No

2. What is your Date of Birth?

██████████

EMAIL NOTICE:

Email is our primary form of communication for any and all information related to your application(s) and/or license(s). To ensure you are receiving our communications, please check the following:

- Your email address is up to date
- Add no-reply@www.colorado.gov and dpo-no-reply@state.co.us to your email client "safe senders" list.

Application - Military

Application | Military

5. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

6.

- If yes to the above, what branch of the military are you currently serving in?

7.

- If yes to the above, what is the Duty Station you are located at?

8. Are you a Veteran of the U.S. Military?

No

9.

- If yes to the above, what was the date of your discharge from the U.S. Military?

10. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

Physician - School and Method

Physician Application | Education/School Information

11. Enter the name of the approved, medical college or university from which you graduated:

American University of Antigua

12. Enter the address of the college or university (Street, City, State and Zip):

Jabberwock Rd, Osburn, Antigua and Barbuda

13. How many years did you attend this college or university?:

4

14. Enter the date you graduated:

06/01/2017

15. Enter your title:

Medical Doctor

16. Is the above medical college or university based in a foreign country (non-United States)?

Yes

17.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
 - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
 - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note* if not approved by the board, you may not be eligible for licensure): OR
 - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association; AND
 - You have at least 1 year post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

Yes

18. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Endorsement

If you are issued a Colorado professional license AND IF you have or obtain an active personal DEA registration, you will be required to register for the Colorado Prescription Drug Monitoring Program at dpo.colorado.gov/PDMP. Select "Prescriber/Dispenser New Registration" to create an account. Please note, you will not be able to register with the Colorado PDMP until you are issued a Colorado professional license and a personal DEA registration.

Physician - Endorsement Information

Physician Application | Endorsement Information



30. To apply by Endorsement you must have completed an internship or post graduate training approved by the Board:

- Medical school graduates must complete 1 year of internship or post graduate training

If you have not completed the appropriate amount of post graduate training, you cannot apply.

Can you attest that you have done one of the above options depending on your medical school location?

Yes

31. Have you practiced as a physician in another state or jurisdiction for the last 1 year?

Yes

32. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 1 year. This history should include: Internships, post-graduate training, residency, fellowship training programs as well as any non-medical employment.

I have been working for JTP Professional Service Corporation for the last year using my MT, MN, and WY medical licenses providing telehealth to patients in those three states.

33. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

34.

- If you said "yes" to the question above you must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement(s)
Julie Amaon	Minnesota	Medical license	66319	Active	09/12/2019	10/31/2025	No	
Julie Amaon	Montana	Medical license	MED-PHYS-LIC-91086	Active	11/09/2020	03/31/2026	No	
Julie Amaon	Wyoming	Medical license	14206A	Active	01/28/2022	06/30/2025	No	

35.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. *Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).



36.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.



The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: www.npdb.hrsa.gov.

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).



37. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

38. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

39. Do you have a DEA number?

Yes

40.

- If you answered Yes to the previous question, provide your DEA number.



Application - Screening MEDICAL Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:

41.

- An arrest, discipline, sanction or warning?

No

42.

- Loss or suspension of any license?

No

43.

- Termination or suspension from school or employment?

No

44.

- Endangering the safety of others?

No

45.



- A breach of fiduciary obligations?

No

46.

- A violation of workplace or academic conduct rules?

No

47.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.



48.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.



49.

- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.



For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.



50. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

51. Enter the date(s) of the event(s)/offense(s):

52. Enter the location(s)/court(s):

53. Provide the current status/outcome of the event(s)/offense(s):

54. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Application - Screening Inquiry Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had any inquiry, investigation or administrative/judicial proceeding by:

55.

- A Licensing Authority other than a Colorado State Board or Program?

56.

- A Government Agency?

No

57.

- A Court?

No

58.

- An Employer?

No

59.

- An Educational Institution?

No

60.

- A Professional Organization?

No

61.

- In connection with an employment disciplinary or termination procedure?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)

- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

62. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

[Redacted]

63. Enter the date(s) of the event(s)/offense(s):

[Redacted]

64. Enter the location(s)/court(s):

[Redacted]

65. Provide the current status/outcome of the event(s)/offense(s):

[Redacted]

66. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

[Redacted]

Application - Screening Medical Healthcare Questions

Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

Have you ever had the below occur:

67.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

68.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

No

69.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

70. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

[Redacted]

71. Enter the date(s) of the event(s)/offense(s):

72. Enter the location(s)/court(s):

73. Provide the current status/outcome of the event(s)/offense(s):

74. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

Physician - Attestation

Physician Application | Attestation

75. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

01/22/2025

Healthcare Profile - Physician Introduction

Healthcare Professions Profile | Introduction

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

Healthcare Profile - Location of Practice

Healthcare Professions Profile | Location of Practice

76. Are you currently practicing in the healthcare profession associated with this profile?

Yes

Healthcare Profile - Location of Practice if Yes (WF)

Healthcare Professions Profile | Location of Practice

77. Practice Locations:

Address	City	State	Zip Code	Phone Number
2038 Ford Parkway, #444	Saint Paul	Minnesota	55116	3202004185

Healthcare Profile - Medical Education and Training

Healthcare Professions Profile | Education and Training

78. School or Education Level:
Other

79. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*
2017

Healthcare Profile - Other Licenses

Healthcare Professions Profile | Other Licenses

80. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?
Yes

Healthcare Profile - Other Licenses if Yes

Healthcare Professions Profile | Other Licenses

81. Other Licenses:

State	License Status	Year Originally Issued
Minnesota	Active	2019
Montana	Active	2020
Wyoming	Active	2022

Healthcare Profile - Board Certifications

Healthcare Professions Profile | Board Certifications

82. Do you hold any current Board Certifications?
Yes

Healthcare Profile - Medical Board Certifications if Yes

Healthcare Professions Profile | Board Certifications

83. Board Certifications:

Certification
Family Medicine

Healthcare Profile - Practice Specialties

Healthcare Professions Profile | Practice Specialties

84. Do you have a practice specialty in which you are appropriately trained and actively practicing?
Yes

Healthcare Profile - Medical Practice Specialties if Yes

Healthcare Professions Profile | Practice Specialties

85. Practice Specialties:

Specialty
Family Medicine

Healthcare Profile - Colorado Hospital Affiliations

Healthcare Professions Profile | Colorado Hospital Affiliations

86. Do you have a current affiliation or clinical privileges with any Colorado Hospital?
No

Healthcare Profile - Other Facility and Out of State Hospital Affiliations

Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations

88. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?
No

Healthcare Profile - Business Ownership

Healthcare Professions Profile | Business Ownership

90. Do you have a current business ownership interest in any healthcare-related business?
No

Healthcare Profile - Employer

Healthcare Professions Profile | Employer

92. Do you have an employer in the profession in which you are licensed or are applying for a license?
Yes

Healthcare Profile - Employer if Yes

Healthcare Professions Profile | Employer

93. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
JTP Professional Service Corporation	2038 Ford Parkway, #444	Saint Paul	Minnesota	55116	(320) 200-4185

Healthcare Profile - Employment Contracts

Healthcare Professions Profile | Employment Contracts

94. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?
No

Healthcare Profile - Disciplinary Actions

Healthcare Professions Profile | Disciplinary Actions

96. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?
No

Healthcare Profile - Restrictions and Suspensions

Healthcare Professions Profile | Restrictions and Suspensions

98. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

Healthcare Profile - Healthcare Facility Actions

Healthcare Professions Profile | Healthcare Facility Actions

100. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

Healthcare Profile - Termination of Employment

Healthcare Professions Profile | Termination of Employment

102. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

Healthcare Profile - DEA Registration

Healthcare Professions Profile | DEA Registration

104. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

Healthcare Profile - Convictions

Healthcare Professions Profile | Convictions

107. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

Healthcare Profile - Malpractice Claims

Healthcare Professions Profile | Malpractice Claims

109. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

No

Healthcare Profile - Malpractice Carrier Refusal

Healthcare Professions Profile | Malpractice Carrier Refusal

111. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

Healthcare Profile - Optional Narrative

Healthcare Professions Profile | Optional Narrative

113. Optional Narrative:

Healthcare Profile - Attestation

Healthcare Professions Profile | Attestation

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

114. Submission Date:

01/22/2025

Review

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.


BOARD OF MEDICAL PRACTICE

PROFILE

NAME	Julie Michelle Amaon	BIRTH YEAR	[REDACTED]	GENDER	Female
DESIGNATED ADDRESS	[REDACTED]	EMAIL	[REDACTED]		


CREDENTIALS

Active	TYPE	Physician and Surgeon	NUMBER	66319
	ISSUE DATE	09/12/2019	EXPIRE DATE	10/31/2025


PERMITS

Cancelled Permit	TYPE	Residency Permit	NUMBER	28256
	EFFECTIVE DATE	06/13/2017	EXPIRE DATE	09/11/2019
	PROGRAM	UMN Medical Center Family Medicine		


PUBLIC ACTIONS

No items to display


EDUCATION

SCHOOL	DEGREE	LOCATION	ISSUE DATE
AMERICAN UNIVERSITY OF ANTIGUA, ST. JOHN'S, ANTIGUA	Doctor of Medicine	New York, NY USA	03/31/2017


PRACTICE LOCATION

LOCATION	[REDACTED]	PHONE	(320) 200-4185
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POST-GRADUATE TRAINING (SELF-REPORTED)

PROGRAM	SPECIALTY	START DATE	END DATE	STATUS
University of Minnesota Medical Center	Family Medicine	07/01/2017	07/06/2020	Training Completed


AREA OF SPECIALTY

SOURCE	BOARD	CERTIFICATION/SUB-CERTIFICATION
ABMS	Family Medicine	Family Medicine

This information is valid as of: Tuesday, January 14, 2025 11:37:27 AM.

Direct questions and comments about these results to Minnesota Board of Medical Practice.

Telephone: (612) 617-2130 e-mail: medical.board@state.mn.us

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) mandates the licensees to report the "conviction of a felony or gross misdemeanor occurring on or after July 1, 2013, in any state or jurisdiction." and mandates the Board obligate to post these information online.

State of Montana
Business Standards Division
Professional and Occupational Licensing Bureau
Board of Medical Examiners

Click [here](#) for a disclaimer

Download as PDF

Print Page

License Information

Licensing Board/Program: Board of Medical Examiners
License Type: Physician License

License Number: MED-PHYS-LIC-91086

License Status: Active

License Expiration Date: 03/31/2026

License Issued Date: 11/09/2020

License Holder

Business Name: JTP PROFESSIONAL SERVICES CORPORATION

Name: Julie Michelle Amaon

City, State Zip: SAINT PAUL, MN 55116

Public Documents

Our records show no public documentation for this licensee.

Discipline

Our records show no adverse information concerning this licensee.

CREDENTIAL STATUS HISTORY SUMMARY**Name:** Julie Michelle Amaon**Date:** 3/10/2026**License:** Physician DR.0075047**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 03/13/2025**License expiration date:** 04/30/2027

This is to certify that a good faith search of our records revealed the following information:

Status	Reason	Date Changed	User
Active	CURRENT	03/13/2025	Automated
Pending	QUALITY ASSURANCE	03/13/2025	Automated
Pending Program Area Review	PENDING PROGRAM AREA REVIEW	01/23/2025	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	01/23/2025	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

