



APPLICATION FOR RESIDENCY PERMIT

MINNESOTA BOARD OF MEDICAL PRACTICE

UNIVERSITY PARK PLAZA

2829 UNIVERSITY AVENUE SE, SUITE 500

MINNEAPOLIS, MINNESOTA 55414-3246

612-617-2130 or www.bmp.state.mn.us

Hearing Impaired-Minnesota Relay Service

Metro Area 297-5353

Outside Metro Area 1-800-627-3529



DATE OF APPLICATION:

MONTH	DAY	YEAR
5	15	2018

FOR BOARD USE ONLY

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 the 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.

APPLICATION #:	122384
DEPLINE #	030-7
PERMIT #:	29706
APPROVAL DATE:	7/30/18
PREV APP DATE:	
PREV APP DATE:	

SOURCE CODE	AMOUNT
5208	20

YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME:	LAST <i>Case</i>	FIRST <i>Allison</i>	MIDDLE <i>Anne</i>
[REDACTED ADDRESS]			
GENDER		OTHER NAMES:	
<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE			
COUNTY OF BIRTH:		[REDACTED]	
OR		ALIEN REGISTRATION NUMBER:	

MEDICAL DIPLOMAS

BACHELOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	COUNTRY:	DATE COMPLETED (MO/DAY/YEAR)
<input checked="" type="checkbox"/> MEDICINE					1 / 1
<input type="checkbox"/> OSTEOPATHY					
DOCTOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	COUNTRY:	DATE COMPLETED (MO/DAY/YEAR)
<input checked="" type="checkbox"/> MEDICINE	<i>Michigan State University College of Human Medicine</i>	<i>East Lansing</i>	<i>MI</i>	<i>USA</i>	<i>5/16/15</i>
<input type="checkbox"/> OSTEOPATHY					

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, ALISON CASE swear that I am the person described and identified. 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: [Signature] Date: 5/15/18

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 in Minnesota, only following completion of the foregoing information by the student.

It is hereby certified that: Alison Case
(Please Print)
Is currently engaged in a Family (Resident) Medicine specialty residency
(specify specialty)
training program for 0 yrs / 1 mo years/months at: Whole Woman's Health health
facility located at: 825 S. 8th St #1018, Minneapolis, MN
(Full Address)
55404
commenced: 10 / 21 / 18 anticipated ending: 11 / 3 / 18
(MO/DAY/YEAR) (MO/DAY/YEAR)

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 facility. I understand that the residency program faculty is subject to the reporting obligations of MN Statute 147.111 with respect to this student, if she/he is granted a residency permit.

Director/Dean
of
Medical Education

Name Printed: Carrie Ann Terrell, MD, FACOG
Name Signed: [Signature]
Date: 7/24/18

HEALTH
FACILITY
SEAL



MINNESOTA BOARD OF MEDICAL PRACTICE

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MN Relay Service for Hearing Impaired (800) 627-3529



ADDENDUM TO APPLICATION

1. BUSINESS ADDRESS

Effective August 1, 2012, Minn. Stat. §214.073 requires licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public and you are required to submit it for application purposes. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice.

Facility name _____

Street Address _____

City _____ State _____ Zip _____

I certify that I am not currently in workforce related to my practice, and I don't have a business address related to my practice.

2. MILITARY STATUS

Are you or your spouse returning from active military duty (discharged less than 6 months ago) or still in active military duty?

No Yes. If discharged, please provide discharge date: _____

3. CRIMINAL CONVICTIONS

Effective July 1, 2013, Minn. Stat. §214.072 requires the Board to collect and post on its website the names and business address of each regulated individual who has been convicted of a felony or gross misdemeanor occurring on or after July 1, 2013 in any state or jurisdiction. This information shall be posted for new licensees issued a license on or after July 1, 2013 and for current licensees upon license renewal occurring on or after July 1, 2013. This information is public and you are required to submit it for application purposes. You must notify the Board if a previously reported conviction has been expunged and provide written documentation of expungement.

If you have more than one item to report please attach additional sheets.

Conviction Date (mm/dd/yyyy): _____

Conviction Type (Check one): Felony Gross misdemeanor

Crime Description: _____

City: _____ State: _____ County: _____ Country: _____

Sentence: _____

Applicant name ALLISON CASE Date 5/15/18



WHOLE WOMAN'S HEALTH OF THE TWIN CITIES

Changing the World, One Woman at a Time

July 11, 2018

To Whom It May Concern:

Whole Woman's Health of the Twin Cities has agreed to accept out of state residents seeking elective training in reproductive health care under the direction of Dr. Carrie Terrell as Medical Director. As part of their registration for this training, we understand that they need to apply and be approved for a Minnesota Residency Permit. We have completed the Residency Certification section of the *Minnesota Application for Residency Permit* as the host institution. However, we do not have a Health Facility Seal to provide with that document. Please accept this letter in lieu of a seal.

Regards,

Susan

Susan Schumacher, MPH
Clinic Manager
sschumacher@wholewomanshealth.com
Whole Woman's Health of the Twin Cities
825 S. 8th Street, Suite 1018
Minneapolis, MN 55404
612-767-4801