

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Marilee Ann Hanson
First Middle Last

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

National Provider Identifier Number [REDACTED]

Medical Board Name NEBRASKA BOARD OF MEDICINE AND SURGERY

Member Board License Number CP072

Date License Issued 3/1/2023
mm/dd/yyyy

Date of Expiration 10/1/2024
mm/dd/yyyy

Member Board Signature Tara L Anderson

Name Tara L Anderson
Date 3/1/2023



**Interstate
Medical Licensure
Compact**

A faster pathway to medical licensure

PHYSICIAN'S CORE DATA SHEET

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

Full Legal Name Marilee Mildred Ann Hanson

Other names used (maiden, birth) Marilee Mildred Ann Hanson

Residential address [REDACTED] MINNESOTA [REDACTED]

Office address 6308 Knoll Drive Edina MINNESOTA 55436 06227c4a-fd25-ec11-b6e5-000d3a36bae2

Where do you wish to receive mail. Residential

Physician's cellular or alternative telephone number (952) 913 - 8800

Physician's office or practice telephone number of public record (612) 870 - 1334

Date of Birth [REDACTED] 1961 Gender: Female

Applicants personal email address mshfront@gmail.com

Email address delegated by applicant to receive correspondence mshfront@gmail.com

Social Security Number: [REDACTED]

Physician's National Provider Identifier Number [REDACTED]



Attribute Verification

Prepared for: IMLCC
Date of Report: 11/10/2022

Practitioner Information:

Name: Marilee Ann Hanson
Alternate Name(s): None Reported
DOB: 10/29/1961
NPI: [REDACTED]
Graduation Year: 1991
School: Stanford University School of Medicine
Stanford, California, United States

Graduate Medical Education:

✓ Meets IMLCC

American Medical Association

Current and/or historical ACGME-accredited graduate medical training programs

Program Name/Sponsoring Institution: University of California (San Francisco) School of Medicine
State: California
Specialty: OBSTETRICS & GYNECOLOGY
Attendance Dates: 06/1991 – 06/1995
Training Status: COMPLETED

Board Actions/Federal Sanctions:

✓ Meets IMLCC

No Actions Reported

USMLE® Exam Attempts:

✗ Needs SPL Review

None Reported

ABMS® Certification History:

✓ Meets IMLCC

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Status: Active
Expiration Date: 12/31/2022

Disclaimer: The licensure and disciplinary information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation of State Medical Boards provides this primary source information as a Credentials Verification Organization (CVO) in accordance with standards set by NCQA and the Joint Commission. Any questions regarding the above data should be directed to the reporting board or reporting agency.



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? Yes

Medical School Stanford University School of Medicine Date of Degree Issued 6/16/1991 Medical Degree Received: M.D.

Have you passed each component or step of the USMLE, or the 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)? Yes

Which licensing exam did you pass? NBME

Have you successfully completed graduate medical education approved by the ACGME or the AOA? Yes

Residency Program University of California, San Francisco Completion Date 7/1/1995

What is the specialty of the program Obstetrics and Gynecology

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)? (Board eligibility does not qualify) Yes

Name of Specialty Board Certification American Board of Obstetrics and Gynecology

Lifetime No If not lifetime, Expiration Date 12/31/2023

Have you ever been convicted, received adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction? No

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? No

Have you ever had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration? No

Are you under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction? No



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

I, Marilee Ann Hanson (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 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 potential prosecution under appropriate federal and state laws.

I hereby apply to MINNESOTA BOARD OF MEDICAL PRACTICE (state) 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 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 an investigation made by the SPL.

I also hereby apply to the Compact Member States' medical boards ("Member Boards") I have designated in this Application. Additionally, I further authorize the SPL to process and release 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 LOQ, revocation, or other disciplinary sanctions of my license(s) or permit(s) to practice medicine, in one or more Compact Member States.

Applicant Signature

Marilee Hanson, M.D.

Type Applicant's Name

Marilee Hanson, M.D.

Applicant's NPI

[REDACTED]

Date

11/10/2022

Letter of Qualification

Date: 2/15/2023

Name: Marilee Ann Hanson

Address: 6308 Knoll Drive

CityStZip: Edina, MINNESOTA, 55436

Dear Dr.: Marilee Ann Hanson

RE: Your application for IMLC Letter of Qualification

The MINNESOTA BOARD OF MEDICAL PRACTICE ("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.

Authorized Signature from SPL

Elizabeth A. Huntley

Type Name Elizabeth A. Huntley

Title of Authorized SPL Executive Director

Date 2/15/2023

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
IMLCC Application Fee	\$700.00
MARYLAND BOARD OF PHYSICIANS	\$790.00
COLORADO MEDICAL BOARD	\$415.00
NEBRASKA BOARD OF MEDICINE AND SURGERY	\$350.00

TOTAL \$2,255.00

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 *Marilee A. Hanson, M.D.*

Type Name Marilee A. Hanson, M.D.

Date 2/24/2023

Anderson, Tara

From: Anderson, Tara
Sent: Monday, February 27, 2023 3:48 PM
To: mshfront@gmail.com
Subject: Nebraska Physician License Request via IMLC

Hello Dr. Hanson,
Thank you for applying through the IMLCC for Nebraska licensure.

The State of Nebraska has a statutory requirement outside of the IMLCC processing that requires proof of lawful status in the United States. Would you be so kind as to provide a photo copy of one of the following documentation:

- a) A U.S. Passport (unexpired or expired);
- b) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal; (**Birth Certificates issued by a Hospital will not be accepted**).
- c) An American Indian Card (I-872);
- d) A Certificate of Naturalization (N-550 or N-570);
- e) A Certificate of Citizenship (N-560 or N-561);
- f) Certification of Report of Birth (DS-1350);
- g) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- h) Certification of Birth Abroad (FS-545 or DS-1350);
- i) A United States Citizen Identification Card (I-197 or I-179);
- j) A Northern Mariana Card (I-873);
- k) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
- l) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
- m) A document showing an Alien Registration Number ("A#") with Visa Status; or
- n) A Form I-94 (Arrival-Departure Record) with Visa Status

You can email or fax in the documentation to me directly.
If you have further questions or concerns, please do not hesitate to contact me directly.

Thank you!
Tara

Tara Anderson | *Administrative Technician*
PUBLIC HEALTH - OFFICE OF MEDICAL & SPECIALIZED HEALTH

Nebraska Department of Health and Human Services

OFFICE: 402-471-2118 | FAX: 402-742-8355

DHHS.ne.gov | [Facebook](#) | [Twitter](#) | [LinkedIn](#)

STATE OF MINNESOTA
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF BIRTH

STATE FILE NUMBER 1961-MN-040675

FULL NAME MARILEE MILDRED ANN HANSON
DATE OF BIRTH OCTOBER 29, 1961
SEX FEMALE
PLACE OF BIRTH MINNEAPOLIS HENNEPIN MINNESOTA
PARENT MILDRED LUCILLE
NAME PRIOR TO FIRST MARRIAGE SCHAFER
PARENT WILLIAM BYRNE HANSON

ANY AMENDMENT MADE PRIOR TO 03/11/2001 FOR THIS RECORD IS NOT NOTED ON THIS CERTIFICATE.

THIS IS A TRUE AND CORRECT RECORD OF BIRTH REGISTERED IN THE MINNESOTA OFFICE OF VITAL RECORDS.

MR&C Certificate ID
13536419



27C-000190363

FILED: NOVEMBER 08, 1961

Molly Mulcahy Crawford
Molly Mulcahy Crawford
STATE REGISTRAR

ISSUED: OCTOBER 20, 2021

HENNEPIN COUNTY SERVICE CENTER-SD

THIS CERTIFICATE IS VALID ONLY WHEN PRINTED ON OFFICIAL WATERMARKED
SECURITY PAPER WITH A SECURITY THREAD AND STATE SEAL OF MINNESOTA

Mildred S. Hanson, M. D., P. A.
Marilee Hanson, M. D.
6308 Knoll Drive
Edina, MN 55436
Tel: 612-870-1334 Fax: 612-871-0864
mshfront@gmail.com

FACSIMILE COVER SHEET

DATE:

2/28/23

Number of Pages:

2

(Including Cover Sheet)

To:

Tara Anderson
Administrative Technician
Nebraska Dept of Health + Human Services

Fax Number:

→ 402-742-8355

Telephone:

402-471-2110

Re:

Marilee Hanson DOB: 10/29/1961
re Nebraska Medical License

From:

Proof of Lawful Status in the U.S.

Message:

Birth Certificate

Marilee Mildred Ann Hanson.

Please call with any questions

952-913-8800

M. Hanson MD

STAMP FAXED WITH DATE/TIME/INITIALS