Interstate
Medical Licensure
Compact
A faster pathway to medical licensure

MEDICAL LICENSE ISSUANCE INFORMATION

Physician's Name Kylie Glen Fowler

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

National Provider Identifier Number

Medical Board Name **NEBRASKA BOARD OF MEDICINE AND SURGERY**

Member Board License Number **CP1852**

Date License Issued **11/17/2025**
mm/dd/yyyy

Date of Expiration **10/1/2026**
mm/dd/yyyy

Member Board Signature

Name **Tara L Anderson**
Date **11/17/2025**

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 **Kylie Glen Fowler** ,

Other names used (maiden, birth) **Boggess**

Residential address **Minneapolis , MINNESOTA 55406**

Office address **Saint Paul , MINNESOTA 55114**

Where do you wish to receive mail. **Residential**

Physician's cellular or alternative telephone number

Physician's office or practice telephone number of public record

Date of Birth **8/26/1985** Gender: **Female**

Applicants personal email address

Email address delegated by applicant to receive correspondence

Social Security Number:

Physician's National Provider Identifier Number

Interstate Medical Licensure Compact
A faster pathway to medical licensure

Application for Expedited Licensure

Please carefully review the Application documents before applying.
If you have questions, please call your State of Principle License

I have read and understood the Qualifications to practice medicine in the Compact states. I attest that I am qualified and understand that pursuant to the IMLCC's rules, all fees are non-refundable. **Yes**

I understand that inaccurate or missing information may be grounds for rejection of my application. **Yes**

I have reviewed the criteria to select a State of Principal License (SPL) and confirm eligibility to designate a Compact state as my SPL. **Yes**

I have a full and unrestricted license in a Compact State **Yes**

SPL **MINNESOTA BOARD OF MEDICAL PRACTICE** License **63593** Expiration **8/31/2025**

AND at least one of the below must APPLY (Please select all that apply)

a. Your primary residence is in the SPL (State of Principal License) **Yes**
b. At least 25% of your practice of medicine occurs in the SPL **Yes**
c. Your employer is located in the SPL **Yes**
d. You use the SPL as your state of residence for U.S. federal income tax purposes **Yes**

Please provide SPL-Qualifying Information:

Residence Street address
Residence City State Zip **Minneapolis, MINNESOTA 55406**
County **Hennepin**

Please describe your practice and location in the SPL selected **Gynecologist at Planned Parenthood North Central States**

You or your employer may be asked for additional documentation about your Employment.
Name of Employer **Planned Parenthood North Central States**
Employer Contact Phone
Employer Street address
Employer City State Zip **Saint Paul, MINNESOTA 55114**

Your Tax ID (SSN, EIN on your most recent return) **XXX-XX-XXXX**

Please be prepared to provide documentation to the designated SPL for further verification. If you have any question, please contact your SPL.

Attribute Verification

Prepared for: IMLCC
Date of Report: 05/11/2025

Practitioner Information:

Name:	**Kylie Glen Fowler**
Alternate Name(s):	Kylie Glen Boggess
DOB:	08/26/1985
NPI:	
Graduation Year:	2012
School:	University of Washington School of Medicine Seattle, Washington, 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 New Mexico School of Medicine Program
State:	New Mexico
Specialty:	Obstetrics & Gynecology
Attendance Dates:	06/2012 - 06/2016
Training Status:	COMPLETED

Board Actions/Federal Sanctions: ✔ Meets IMLCC

No Actions Reported

USMLE® Exam Attempts: ✔ Meets IMLCC

USMLE® Step	Meets Requirement
Step 1	Yes
Step 2 CK	Yes
Step 2 CS	Yes
Step 3	Yes

ABMS® Certification History: ✔ Meets IMLCC

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Active
Expiration Date:	12/31/2025

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Active
Expiration Date:	12/31/2025

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Expired
Expiration Date:	12/31/2019

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Expired
Expiration Date:	12/31/2020

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Expired
Expiration Date:	12/31/2021

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

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Expired
Expiration Date:	12/31/2023

Certifying Board:	American Board of Obstetrics and Gynecology
Certificate:	Obstetrics and Gynecology
Status:	Expired
Expiration Date:	12/31/2024

Interstate
Medical Licensure
Compact
A faster pathway to medical licensure

EDUCATION AND BACKGROUND

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 University of Washington School of Medicine Date of Degree Issued **6/8/2012** 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? **USMLE**

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

Residency Program University of New Mexico Completion Date **6/30/2016**

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 **12/31/2025**

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**

Interstate Medical Licensure Compact
A faster pathway to medical licensure

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

I, **Kylie Glen Fowler** , (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

Type Applicant's Name **Kylie Fowler**
Applicant's NPI **1326314030**
Date **5/11/2025**

Interstate Medical Licensure Compact
A faster pathway to medical licensure

Letter of Qualification

Kylie Glen Fowler

[redacted] SSN and PII

Dear Dr. Kylie Glen Fowler

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 below.

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

Typed Name **Elizabeth A. Huntley**
Title of Authorized SPL **Executive Director**
Date **5/29/2025**

Interstate Medical Licensure Compact
A faster pathway to medical licensure

Application for Selection of States

I attest that I am qualified and eligible to select licenses via the Compact. Yes

I understand pursuant to IMLC rules, all fees are non refundable. Yes

NPI

Email

Full Legal Name **Kylie Glen Fowler**

Applicant SPL MINNESOTA BOARD OF MEDICAL PRACTICE

SPL License Number **63593**

SPL License Number Expiration Date **8/31/2026**

PHYSICIAN'S CORE DATA SHEET

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

Personal Email Address

Residential address **Minneapolis, MINNESOTA 55406**
Office address **Saint Paul, MINNESOTA 55114**

Where do you wish to receive mail? **Residential**

Physician's cellular or alternative telephone number

Physician's office or practice telephone number of public record

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

The following products have been purchased.

MEMBER BOARD(S)	COST OF LICENSE
NEBRASKA BOARD OF MEDICINE AND SURGERY	$350.00
IMLCC Handling Fee	$100.00
Total	**$450.00**

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.

I agree to be responsible for complying with all laws and regulations pertaining to holding each license and the practice of medicine in those jurisdictions.

Interstate
Medical Licensure
Compact
A faster pathway to medical licensure

Applicant's Signature

Applicant's Name **Kylie Fowler**

Date **10/30/2025**

Anderson, Tara

From: Anderson, Tara
Sent: Tuesday, November 4, 2025 3:01 PM
To: [redacted] SSN and PII
Cc: 'kylie.fowler@childrensmn.org'
Subject: Nebraska Physician License Request via IMLC

Good Afternoon, Dr. Fowler,

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 | *Health Licensing*
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

Redaction Date: 3/10/2026 9:30:26 AM

Redaction Log

Total Number of Redactions in Document: 3

Redaction Reasons by Page

Page	Reason	Description	Occurrences
8	SSN and PII	Neb. Rev. Stat. § 84-712.05(20) SSN, credit card, or debit card numbers; financial account number	1
11	SSN and PII	Neb. Rev. Stat. § 84-712.05(20) SSN, credit card, or debit card numbers; financial account number	1
12			1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		12(1)
SSN and PII	Neb. Rev. Stat. § 84-712.05(20) SSN, credit card, or debit card numbers; financial account number	8(1) 11(1)