

Minnesota Health Licensing Boards

Biennial Reports

July 1, 2008
To
June 30, 2010



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Cost of Report Preparation by Board

Board	Cost
Board of Barber Examiners	\$500
Board of Behavioral Health and Therapy	\$575
Board of Chiropractic Examiners	\$500
Board of Cosmetologist Examiners	\$500
Board of Dentistry	\$500
Board of Dietetics and Nutrition Practice	\$175
Board of Marriage and Family Therapy	\$450
Board of Medical Practice	\$2,200
Board of Nursing	\$2,608
Board of Examiners for Nursing Home Administrators	\$425
Board of Optometry	\$175
Board of Pharmacy	\$300
Board of Physical Therapy	\$960
Board of Podiatric Medicine	\$300
Board of Psychology	\$900
Board of Social Work	\$750
Board of Veterinary Medicine	\$420
Health Professionals Services Program	\$400
Administrative Services Unit	\$5,000

Thank you to Maggie Meyers, for invaluable assistance in design, layout and text.

Who are we?

The Health and Health-Related Licensing Boards of Minnesota.

Each Board—comprised of governor appointed members —oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community outside of state government in addition to their role on these boards, put in extra hours to offer public and professional expertise to Minnesota state government.

In collaboration with each Board’s staff, these individuals are entrusted with the protection of public health and safety through licensing of health-related professionals, and through administration of complaints regarding health-related practitioners.

The Boards are:

- Minnesota Board of Barber Examiners
- Minnesota Board of Behavioral Health and Therapy
- Minnesota Board of Chiropractic Examiners
- Minnesota Board of Cosmetologist Examiners
- Minnesota Board of Dentistry
- Minnesota Board of Dietetics and Nutrition Practice
- Minnesota Board of Marriage and Family Therapy
- Minnesota Board of Medical Practice
- Minnesota Board of Nursing
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Optometry
- Minnesota Board of Pharmacy
- Minnesota Board of Physical Therapy
- Minnesota Board of Podiatric Medicine
- Minnesota Board of Psychology
- Minnesota Board of Social Work
- Minnesota Board of Veterinary Medicine

Also included are the Emergency Medical Services Regulatory Board, the Health Professionals Services Program, and the Office of Complementary and Alternative Health Care.

Minnesota Health Licensing Boards Quick Fact Index

Number of Health and Health-Related Licensing Boards	17
Newest Health-Related Licensing Board in Minnesota	Board of Behavioral Health and Therapy
Total Number of Persons Licensed by Health-Related Boards 2010	252,724
Date the Board of Nursing was established	April 12, 1907
Number of Employees of all Health-Related Licensing Boards	160
Date that licensure established for traditional midwives	1999
Number of Licensed Barbers	3,071
Number of Licensed Cosmetologists	40,146
Number of Boards funded through license and other fees collected	15



MINNESOTA HEALTH-RELATED LICENSING BOARDS

Mission

The Health-Related Licensing Boards of Minnesota make it their mission, and were created by the Legislature, to protect the public's health and safety by providing reasonable assurance that the people who practice are competent, ethical practitioners with the necessary knowledge and skills to successfully fulfill their title and role.

The Boards achieve this mission by...

- Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained.
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Educating the public on health-related professions, practitioners, and standards.

HEALTH-RELATED LICENSING BOARDS SUMMARY

Number of Credentials Issued (All Boards)

- As of June 30, 2010, a total of 252,724 persons were licensed or registered by the Health-Related Licensing Boards.
- A total of 260,158 credentials were issued or renewed during the biennium ending June 30, 2010.

The Boards have successfully utilized online services to efficiently provide licensing and renewal services, as well as to provide many other advanced services through technological improvements.

Complaints Activity (All Boards)

The Health-Related Licensing Boards received a total of 6,650 complaints during the period July 1, 2008 through June 30, 2010.

A total of 6,584 complaints were closed during the same period.

(See Table 4 for age of complaints)

Receipts and Disbursements (All Boards)

Total receipts FY 2010: \$20,669,788.69

Total disbursements FY 2010: \$20,685,012.80

In addition to supporting the public protection functions provided by the Health-Related Licensing Boards, the Legislature has also designated programs that receive funds from the Health-Related Licensing Boards' fees, totaling \$24,481,882 for FY 2005-2011. This includes the following programs and their funding Board:

- Department of Health HIV/HBV/HCV Program (Dentistry, Medical Practice, Nursing)
- Office of Mental Health Practice (BBHT, MFT, Medical Practice, Nursing, Social Work, Psychology) (Office of Mental Health Practice Sunset Date: 6/30/2009)
- Volunteer Health Care Provider Program (Dentistry, Medical Practice, Nursing)
- Department of Human Services Community Scholarship Program (Nursing)
- Department of Health Loan Forgiveness Program (Medical Practice, Nursing)
- Department of Health Oral Health Pilot Project (Dentistry)
- Department of Health Rural Pharmacy Program (Pharmacy)
- Transfer to General Fund (all HLBs)
- Office of Enterprise Technology (OET) E-Licensing Initiative/Collection and Transfer to OET

HEALTH-RELATED LICENSING BOARDS SUMMARY

Cooperative Activities for the Biennium ending June 30, 2010

- Council of Health Boards

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee. M.S. §214.001, Subd. 4

During the biennium, legislative requests were made to the Council to review proposed legislation, and the Council sent the Legislature reports regarding the following:

Body Artists

Laboratory Technicians

Massage Therapists

Genetic Counselors

Review of Criminal Sexual Conduct as consideration in denial or revocation of professional license

Review of Minnesota Chapter 214 for process improvement

- Executive Directors Forum

The Executive Directors of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislation and technological improvements. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee and the Management Committee. To assure fiscal efficiency, boards review general objectives and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication.

- Administrative Services Unit

The Administrative Services Unit (ASU) is funded by all the independent boards and consists of 7.12 FTE staff members who perform shared administrative and business services for all the boards. ASU provides shared service to the Boards in the areas of finance, budgeting, accounting, purchasing, human resources, professional and technical contracts, information technology, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physician assistants, dentists, dental hygienists, and nurses serving in a voluntary capacity at a charitable organization). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards; the current ASU oversight Board is the Minnesota Board of Examiners for Nursing Home Administrators. ASU is managed through the Executive Directors Forum's Management Committee.

HEALTH-RELATED LICENSING BOARDS SUMMARY

- **Information Technology Workgroup**
Under the auspices of the Executive Director Forum, an Information Technology Work group has been in operation for several years, and this group is responsible for coordination of HLB technological projects and implementation of technological improvements.

- **Health Professionals Services Program (HPSP)**
Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall either conduct a health professionals service program under sections 214.31 to 214.37 or contract for a diversion program under section 214.28.

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in HPSP.

- **Voluntary Health Care Provider Program**
Effective July 1, 2002 Minnesota Statutes, section 214.40 required the Administrative Services Unit to create procedures to allow volunteer dentists, dental hygienists, physicians, physician assistants, and nurses to apply for medical professional liability insurance while volunteering at community charitable organizations.

Emerging Issues

During the 2008-2010 biennium, the health-related licensing boards faced a number of common emerging issues, which are described below.

- **Staffing/funding issues.** As a result of state practices and requirements regarding budgets and expenditures of the health-related licensing boards, as well as ongoing State budgetary issues and revenue shortfalls, a number of the boards are facing salary constraints and possible budget shortfalls that affect staffing levels and service delivery, including ability to investigate complaints and process contested cases for disciplinary action.
- **The Boards continue to make technology/communication improvements, refinements, and to expand and refine services through technology.** Providing easy and timely access to accurate public data remains an area to which the Boards are committed. The Boards continue to make their web sites increasingly interactive, including on-line renewals, license verifications, and disciplinary tracking. The Boards are seeking to increase electronic recordkeeping.
- **The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.**
- **Applicants and the general population are becoming increasingly diverse, including cultural and language diversity.** The licensing boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding working with clients and patients from diverse populations.
- **Some Boards report a shortage, or shrinking pool of licensed practitioners, aging pools of health practitioners, as well as possible increased workload due to aging population, which carries implications for ensuring public health care access.**
- **The possibility of additional newly established health regulatory boards exists, subject to legislative activity.**

CREDENTIALS ISSUED OR RENEWED

Table 1: Number of Credentials issued or renewed

Board	Total Number of persons licensed or registered as of June 30, 2010	Number and Type of Credentials Issued or Renewed during biennium ending June 30, 2010	Number of Credentials renewed online (# and percent) during biennium ending June 30, 2010
Barber	3,071	Not available	0
Behavioral Health and Therapy	3,012	5,112	Not available
Chiropractic	4,217	4,295	Form online: 3489 (87%) Fees online: 3355 (84%)
Cosmetology	40,146	40,146	33%*
Dentistry	16,417	16,298	11,148 (74%)
Dietetics / Nutrition	1,378	1,398	512 (38%)
Marriage / Family Therapy	1675	3,100	1689 (74%)
Medical Practice	25,946	49,494	41,697
Nursing	107,736	65,332	42,749 (89.8%)
Nursing Home Administrators	851	851 (44 new)	715 (90.5%)
Optometry	1023 (optometrist)	1029	477 (47%)
Pharmacy	22,806	43,355	Pharmacists 7564 (93%) Technicians 8618 (75%)
Physical Therapy	5,422	11,334	Physical Therapists 7,205 (92%) Physical Therapist Assistant 2,093 (82%)
Podiatric Medicine	262	262	2011 biennial renewals will be online
Psychology	3,450	3,540	Zero
Social Work	12,198	11,489	9,580 (72.5%)
Veterinary Medicine	3,114	3123 (276 new)	2,278 (80%)
TOTAL	252,724	260,158	139,680 (% ranges from 33% per Board to 90.5% per Board)

*Limited information available

RECEIPTS, DISBURSEMENTS AND MAJOR FEES

Table 2: Receipts and Disbursements Fiscal Year 2010

Board	Receipts FY 2010	Disbursements FY 2010
Barber	212,306	175,671
BBHT	751,272	939,478
Chiropractic	775,755	639,885.80
Cosmetology	1,371,947	691,000
Dentistry	1,414,181	1,320,187
Dietetics / Nutrition	71,185	88,612
MFT	272,389	278,433
Medical Practice	4,923,175	7,770,120
Nursing	5,663,406	3,287,000
BENHA	196,995	180,024
Optometry	119,134	104,044
Pharmacy	1,887,345	1,738,930
Podiatric	95,858	76,872
PT	441,835	747,775
Psychology	1,163,825	1,483,109
Social Work	984,915	994,778
Veterinary Medicine	324,265	169,094
TOTAL	20,669,788	20,685,012.80

**Table 3: Number of Complaints Received in Biennium
Ending June 30, 2010**

Board	Number of complaints received (opened) in biennium ending June 30, 2010
Barber	9
BBHT	165
Chiropractic	142
Office of Unlicensed Complementary and Alternative Health Care Practice	31
Cosmetology	162
Dentistry	501
Dietetics / Nutrition	4
MFT	68
Medical Practice	1,707
Nursing	2935
Nursing Home Administrators	78
Optometry	5
Pharmacy	190
PT	104
Podiatric	21
Psychology	261
Social Work	119
Veterinary Medicine	148
TOTAL	4,708

COMPLAINT ACTIVITY

Table 4: Number and Age of complaints open as of June 30, 2010

Board	Number of complaints closed in biennium ending June 30, 2010	Number of complaints open as of June 30, 2010 [Listed by < one year or > One year]
Barber	9	Unavailable
Behavioral Health and Therapy	207	TOTAL: 78 Open < 1 year = 67 Open > 1 year = 11
Chiropractic	416	TOTAL: 106 Open < 1 year = 83 Open > 1 year = 23
Cosmetology	88	44
Dentistry	611	TOTAL: 124 Open < 1 year = 101 Open > 1 year = 23
Dietetics / Nutrition	4	0
Marriage and Family Therapy	50	53
Medical Practice	1,529	Open < 1 year = 197 Open > 1 year = 128
Nursing	2,806	Open < 1 year = 514 Open > 1 year = 80
Board of Examiners for Nursing Home Administrators	78	TOTAL: 6 Open < 1 year = 6 Open > one year = 0
Optometry	13	TOTAL: 3 Open < 1 year = 1 Open > 1 year = 2
Pharmacy	149	Open < 1 year = 21 Open > 1 year = 25
Physical Therapy	79	Open < 1 year = 21 Open > 1 year = 4
Podiatric	21	Open < 1 year = 5 Open > 1 year = 3
Psychology	295	Open < 1 year = 57 Open > 1 year = 27
Social Work	106	Open < 1 year = 83 Open > 1 year = 0
Veterinary Medicine	113	Open < 1 year = 111 Open > 1 year = 2
Office of Unlicensed Complementary and Alternative Health Care Practice*	10	Open < 1 year = 3 Open > 1 year = 46

*The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

BOARD OF BARBER EXAMINERS

“The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board’s licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety.”

Board Members

Current Members

- Frances R. Plant, Fridley, MN, Barber Member
(Term: BBCE: 9/18/06-1/5/09; BBE: current appointment 7/1/09, term expires 1/7/2013)
- Douglas Klemenhausen, Farmington, MN, Barber Member
(Term: BBCE: 1/3/07—6/28/08; current appointment 7/1/09, term expires 1/3/2012)
- Jon C. Stone, Detroit Lakes, MN, Barber Member
(Term: BBE: 1/3/10, term expires 1/6/2014)
- Michael M. Vekich, St. Louis Park, MN, Public Member
(Term: BBE: 6/15/09, term expires 1/3/2011)

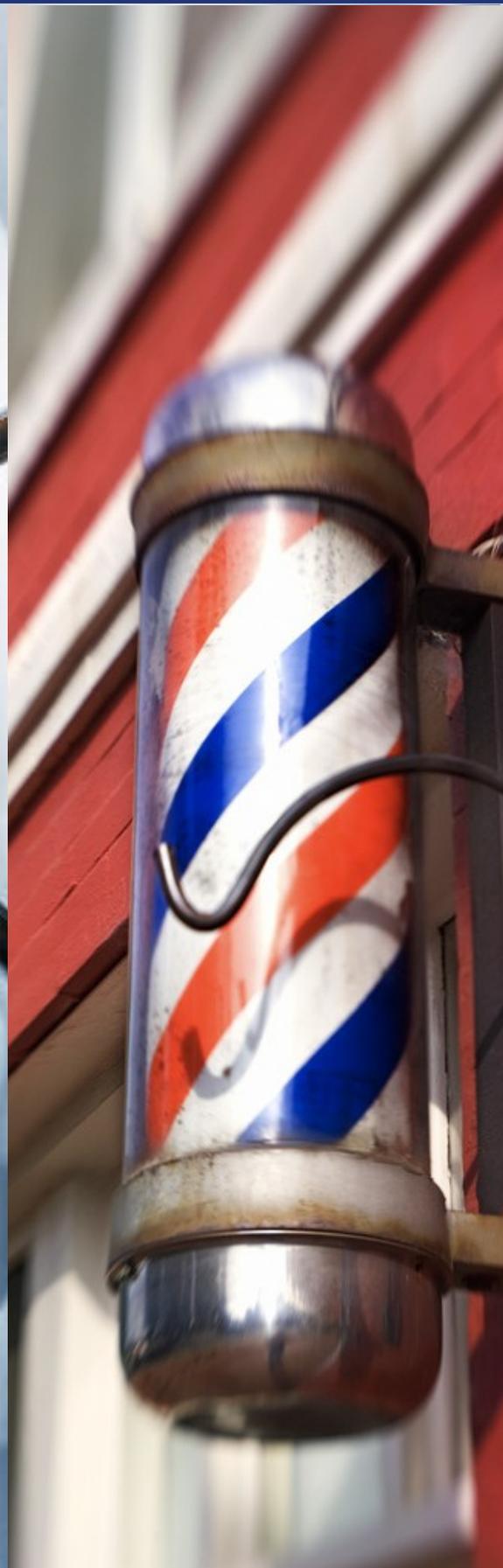
Former Members

- Theresa Iliff, Little Canda, MN

Board Staff

- Thora G. Fisko, *Executive Secretary*
Jason Lawson, *Law Compliance Representative (Inspector)*

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Letter from the Executive Secretary

The Board of Barber Examiners was initially established in 1927; it was re-established under Minnesota Statute Chapter 154 as of July 1, 2009 by the separation of the Board of Barber and Cosmetologist Examiners (created in 2004) into two distinct boards. The Board is a licensing agency, responsible for the licensing and regulation of individuals, establishments, and schools related to barbering.

The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through the regulation and licensing of barbers and barber shops. The board's licensing and inspection processes assure that barbers and barber shops meet or exceed the legislative and Board established criteria designed to protect public health and safety.

Creating an independent board and administrative office proved a difficult task with budget constraints and staffing issues there was a great deal of confusion and disarray in the initial months. Budget constraints resulted in the Inspector position being vacant and eventually staff layoffs. Matters were compounded by the resignation of the Executive Secretary in February leaving the office unstaffed until a new Executive Secretary could be hired. Many barbers have reported difficulty reaching staff, licenses they had paid for were not received, and general confusion and difficulty with processes during these initial months.

By the end of the biennium and initial fiscal year of operations the office of the Board of Barber Examiners has overcome many challenges. The board now successfully functions as an independent Board with a staff of two employees, one Executive Director and one Inspector. Procedures have been put in place to assure timely processing of license applications, inspections have begun, paper files have been moved from boxes to file cabinets, and processing the backlog of applications and unissued licenses completed. The current year barber shop license renewal process has been completed in a timely manner and the apprentice and registered barber license renewal process has begun.

Many important tasks remain to be done. It is a goal of the Board to continue to develop a regulatory agency that is both responsive and reliable in its role of protecting the public and supporting the licensees. To that end the development of a process for managing complaints and licensee discipline that assures that law and rule violations are identified and violators are held accountable is underway. The Board's complaint committee is meeting on a regular basis and with assistance from the Attorney General's Office policy and procedure for the management of complaints, investigation and licensee discipline are being developed.

The Board must also seek ways to streamline operations while managing cost. Since splitting from the combined board the Barber Board has been unable to provide on-line services for licensees and the public. The Board now has an independent website and work is underway to include on-line services such as license look up and on line license renewal. Efforts will continue to develop efficient and effective services to the public and barbers of Minnesota.

Respectfully,
Thora G. Fisko, Ed.S., Executive Secretary
Minnesota Board of Barber Examiners

June 30, 2010

Total licensed or registered as of June 30, 2010	Credentials Issued or Renewed	
3071	<u>Type</u>	<u>#</u>
	Barber Shop Licenses	835
	Barber School Licenses	5
	Student Barber Permits	114
	Apprentice Barber Licenses	145
	Registered (Master) Barber Licenses	1962
	Barber Instructor Licenses	10

Biennium ending June 30, 2010

Complaints Received and Opened by Category	Number
Unlicensed activity	4
Sanitation	2
Miscellaneous	3

The Minnesota Barber Board was created (re-created) July 1, 2009 upon the separation of the Minnesota Board of Barber and Cosmetology Examiners into two distinct Boards. The initial fiscal year for the Barber Board (fiscal 2010) as an independent board proved to be a difficult year due to budgetary constraints and staffing issues for the new board. The board was unable to maintain the original staffing levels of one Executive Secretary, two Administrative Office Support staff, and one vacant Inspector position due to budgetary constraints. These difficulties culminated in the office being unstaffed, with no board employees, for much of the months of February and March 2010 and only one part time staff (Executive Secretary) from March 22 to June 1, 2010. Much of the information regarding the Barber Board, particularly correspondence during the first half of the reported biennium is difficult to separate from the Cosmetology Board information. There is a general lack of information available for the period of initial transition to March when current staffing took effect.

At this time the Barber Board employs one full time Executive Secretary and one full time Inspector. It is anticipated that the functions of the board office will be accomplished.

The Minnesota Board of Barber Examiners and the Minnesota Board of Cosmetologist Examiners were separated from a Combined Board of Barber and Cosmetologist Examiners (created in 2004) into two separate Boards during the biennium effective July 1, 2009.

Legislative changes during the biennium, below. There were no proposed or adopted Rule changes proposed or adopted during the reporting period.

Session law 2009, Chapter 101, Article 2, Section 59.	Office of Enterprise Technology Licensing surcharge adding 10% surcharge to all new and renewal licensing fees.
Session law 2009, Chapter 78, Article 1 , Section 16	Budget Allocation
Session law 2009, Chapter 78, Article 6 , Section 9	Creation of the Board of Barber Examiners separate from the Board of Cosmetologist Examiners
Session Law 2010, Chapter 215, Article 8, Section 3 Section 4	Barber Board Officers Increases fees

The Minnesota Board of Barber Examiners regulates the profession of Barbering within the state of Minnesota. The Board is responsible for the certification, licensure, and discipline of barber students, apprentice barbers, registered (master) barbers, barber schools, barber instructors, and barber shops pursuant to Minnesota Statutes chapter 154 and Minnesota Rules chapter 2100. In addition the Board oversees the administration, enforcement, regulation and adoption of rules related to the barber profession. The Board meets regularly and administers no less than four examinations to applicants seeking licensure as apprentice and registered (master) barbers annually. No more than two times per year the Board administers an examination for licensure of instructors of barbering.

BOARD OF BEHAVIORAL HEALTH AND THERAPY

“The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing its licensees to ensure a standard of competent and ethical practice.”

Board Members

Current Members

- Barbara Carlson, LADC, New Ulm, MN, Professional Member
(Term: 6/28/2006—6/22/2010)
- Marlae Cox-Kolek, LADC, Mankato, MN, Professional Member
(Term: 3/16/2009—)
- Freddie Davis-English, Plymouth, MN, Public Member
(Term: 4/28/2005—3/16/2009)
- Douglas Frisk, New Brighton, MN, Public Member
(Term: 6/14/2004—7/28/2008)
- Judy Gordon, LADC, St. Paul, MN, Professional Member
(Term: 4/28/2005—3/16/2009)
- Yvonne Hudshamer, St. Paul, MN, Public Member
(Term: 6/22/2010—)
- Kristen Piper, LPC, St. Louis Park, MN, Professional Member
(Term: 6/28/2006—6/22/2010)
- Duane Reynolds, LADC, New Hope, MN, Professional Member
(Term: 6/14/2004—7/28/2008)
- Walter Roberts, Jr., LPC, North Mankato, MN, Professional Member
(Term: 6/14/2004—7/28/2008)
- Nicholas Ruiz, LPC, Inver Grove Heights, MN, Professional Member
(Term: 11/21/2003—7/28/2008)
- Robert Schmillen, LADC, Granite Falls, MN, Professional Member
(Term: 3/16/2009—)
- Judy Sherwood, LPC, St. Paul, MN, Professional Member
(Term: 8/4/2008—)
- Nona Wilson, LPC, St. Cloud, MN, Professional Member
(Term: 1/31/2006—3/16/2009)

Board Staff

Kari Rechtzigel, Executive Director

Minnesota Board of Behavioral Health and Therapy

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Letter from the Executive Director

The Board of Behavioral Health and Therapy (BBHT) was created in 2003 and it regulates professional counselors and alcohol and drug counselors in Minnesota. Professional counselors are master's level mental health counselors employed in a variety of settings who provide mental health counseling services to adults, families, and children in Minnesota. Alcohol and drug counselors provide counseling services to persons relative to the abuse of or the dependency on alcohol or other drugs.

Since its creation, the Board has struggled with complex regulatory requirements, budget issues, and a staffing level that is barely able to provide good customer service and quality protection to the public. Despite these challenges, the Board has successfully moved forward with legislation to improve licensure processes, has instituted office policies and procedures to keep administrative expenses at a minimum, and has developed regulatory processes that are efficient and cost effective. If revenue estimates are realized, both programs will be out of debt by 2015.

With the help of the Legislature, changes were made in 2004, 2005, 2007, and 2009 to set fees, streamline licensing requirements, create a clinical level of professional counselor licensure, and define LPCCs as mental health professionals. The first LPC licenses were issued in June 2004. Through the rulemaking process the board adopted 4 sets of rules related to license renewal, continuing education, supervision, and professional conduct. The rules were adopted by the summer of 2005 and expedited rules clarifying continuing education requirements were adopted in 2006. The Board plans to pursue legislation in 2011 that will improve the regulation and licensure process for LADCs.

In 2006 the Board participated in a task force ordered by the legislature to make recommendations on common licensing standards for mental health professionals. The task force report was issued on January 15, 2007, and the LPCC license was created that same year and is based on recommendations in that report. The first LPCC licenses were issued in March 2008. Since licensure was created LPCs and LPCCs have struggled for recognition, employment, and reimbursement despite the rigorous education and supervision standards they have to meet to obtain licensure. Unfortunately, legislation to make LPCCs mental health professionals failed in 2007 and 2008 preventing them from being Medical Assistance program providers. On May 15, 2009, Governor Pawlenty signed into law a bill making LPCCs mental health professionals. Effective January 1, 2010, the Minnesota Department of Human Services received federal approval for the Medicaid State Plan Amendment making LPCCs eligible for reimbursement for services provided to Medical Assistance and MinnesotaCare clients.

Similar to the other health licensing boards, the BBHT is funded through fees paid by applicants and licensees which are deposited in the Special Revenue Fund. The BBHT base budgets are small: a \$144,000 annual budget for the LPC program; and a \$250,000 annual budget for the LADC program. The majority of the budgets are used for staff salaries, office rent, equipment and supplies. In 2008, legislation was passed [Session Laws chapter 363, Art 18, section 5, subd. 1] requiring that \$3.219 million be transferred from the Special Revenue Fund to the General Fund to fund other programs. The BBHT share was \$90,000 even though the BBHT does not have a positive balance in the Special Revenue Fund. This loss of funds is crippling to a small board like BBHT which has worked so diligently to be fiscally responsible and to retire its debts. Legislation passed in 2010 resulted in several million more dollars being transferred from the Special Revenue Fund to the General Fund to fund other programs. The seizing of Special Revenue Fund resources to fund other programs reduces the ability of health licensing boards to protect the public, does not serve the licensees who pay the fees to regulate their professions, and may increase costs for consumers who receive services from licensed health professionals.

The goals of the Board in the next five years include retiring program debt, utilizing its website and online services to improve the efficiency of regulation and licensing processes, and maintaining an adequate staffing level of skilled personnel to provide high quality services to applicants, licensees, and the public.

CREDENTIALS

Year	Type of License	Number of persons licensed	New Licenses Issued	Credentials Renewed
7/1/2008-6/30/2010	Licensed Alcohol and Drug Counselor (LADC)	2142	504	2500
	Temporary Permit (Temp)	132	257	532
	Licensed Professional Counselor (LPC)	557	229	970
	Licensed Professional Clinical Counselor (LPCC)	170	57	63
	Total	3,001	1047	4,065
7/1/2006-6/30/2008	LADC	1757	403	Data not available
	Temp	296	356	Data not available
	LPC	539	272	Data not available
	LPCC	12	12	Data not available
	Total	2,604	1,043	
7/1/2004-6/30/2006	LADC	1464	142	Data not available
	Temp	203	149	Data not available
	LPC	373	360	Data not available
	Total	2,040	651	

As of July 1, 2005, the Board began regulating Licensed Alcohol and Drug Counselors when the program was transferred to the Board from the Department of Health (MDH). In addition to BBHT inheriting a program debt from MDH of \$1,044,000, MDH also transferred 263 open complaint files. Over the past five years, BBHT has reduced the number of open complaint files to only 62 (52 of which have been open for less than one year), reduced the LADC program debt to \$367,000, and is on target to retire the debt by 2013 or earlier. BBHT has accomplished this with only 2 full time equivalent employees for the LADC program while MDH had 3.33 full time equivalent employees assigned to the LADC program.

The Board has 3.0 full-time equivalent positions. In the past biennium the Board has on two occasions utilized temporary workers during staff member family leaves of absence. The full time staff members include an executive director, a licensing coordinator for the LPC/LPCC program and a licensing coordinator for the LADC program. Every staff member of the Board must have a broad base of knowledge and skills. While each staff member has a specialty (e.g. licensure expert for each program and executive director who must have overall knowledge and skills related to all regulatory and administrative duties of the Board), the needs of the Board, the professionals regulated by the Board, and the recipients of counseling services require that all employees have a basic knowledge of all Board operations in order to answer questions and provide information to applicants, licensees, and members of the public. Because of its small staff, the Board relies heavily on the detailed information on its website to assist applicants, licensees, and the public.

The staffing level and base budget have not changed in the last four years, but the number of regulatory duties has increased along with the number of applicants and licensees. The base budget that was reduced by approximately 42% in 2007 will need to be increased in the very near future to allow the Board to have an adequate number of staff members to regulate the LADC and LPC/LPCC professions.

In 2008, the Board established a Public Advisory Committee to assist the Board's Legislative Committee in rewriting regulations for LADCs in order to remove confusing, obsolete, repetitive, and unnecessary language. The Board has continued to work with the Advisory Committee and other interested persons to improve the regulations related to alcohol and drug counseling. The Board's Legislative Committee convened 16 times between March 2008 and February 2010 to develop a legislative proposal. The Board intends to move forward with legislation in the 2011 session to accomplish the goals set in 2008. The legislation, if passed, will make LADC regulation and licensing processes more efficient and cost effective.

In June 2009, the Board hired a consultant to construct a regulation and licensing database system to consolidate all previous BBHT databases into a single licensing and regulation database system. The single database will streamline regulation and licensing processes and enable the Board to issue and renew licenses and perform its other regulatory duties in a more efficient and cost effective manner. The project is scheduled to be finished by June 30, 2011. Online services will include, at a minimum, license renewals, license verifications, and data requests (mailing lists and reports).

One of the emerging issues of great concern to the Board relates to legislation passed in 2009. Minnesota Statutes section 16E.22 created a statewide electronic licensing system. The statute requires that the Board collect a ten percent surcharge of initial license and renewal fees for six years beginning July 1, 2009, and continuing through June 30, 2015. In FY 10, BBHT collected surcharge fees from its licensees in the amount of \$55,428 and transferred those funds to an electronic licensing account for use by the Office of Enterprise Technology (OET). The six year total of funds to OET will exceed \$330,000. It is unknown to the Board how OET is using the funds, and it is uncertain how this initiative will improve the critical functionality of the regulation database that the Board will already have in place. If BBHT is required to pay for the costs to connect to a statewide electronic licensing system without an increase in its base budget, it will have a significant impact on the Board's ability to regulate the professions it is charged with regulating. The Board cannot afford to pay any costs out of its operating budget to connect to the OET statewide system, and any fee increases to fund the connection will make LADC and LPC/LPCC licensure fees some of the highest in the country.

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed
2010	LADC	138	184
	LPC	27	23
	Total	165	207
2008	LADC	157	248
	LPC	21	8
	Total	178	256
2006	LADC	52	99
	LPC	8	7
	Total	60	106

Complaints Open as of June 30, 2010:

62 – LADC (52 open for less than 1 yr.; 10 open for more than 1 yr.)

16 – LPC (15 open for less than 1 yr.; 1 open for more than 1 yr.)

RECEIPTS AND DISBURSMENTS

Year	LPC Receipts	LADC Receipts	LPC Disbursements	LADC Disbursements	Total Bd. Receipts	Total Bd. Disb.
FY 2009 and FY 2010	\$460,042	\$947,156	\$313,156	\$626,322	\$1,407,208	\$939,478
FY 2007 and FY 2008	\$270,715	\$901,679	\$202,433	\$529,213	\$1,172,394	\$731,646
FY 2005 and FY 2006	\$149,966	\$719,030	\$528,060	\$600,883	\$868,996	\$1,128,943

FEE INFORMATION

LADC Fees	Amount
Application for licensure	\$295
Biennial Renewal Fee (Active)	\$295
Biennial Renewal Fee (Inactive)	\$150
Temp. Permit Application Fee	\$100
Temp. Permit Renewal Fee	\$150
Late Renewal Fee	25% of renewal fee
License Verification	\$25
Surcharge Fee (Lic. App. & Renewal)	\$99
Approved Supervisor App. Fee	\$30
Continuing Education Sponsor Fee	\$60
Duplicate Certificate Fee	\$25
Board Order Copy Fee	\$10
Renewal Fee After Expiration	Renewal fee, late fee, and \$100 for CE review
Penalty Fee (Practice w/o license after expiration or before re- newal)	Renewal fee for any part of first month, plus renewal fee for any part of any subsequent month up to 36 months
Penalty Fee (applicant practice w/o license)	Lic. app. fee for any part of first month, plus lic. app fee for any part of any subsequent month up to 36 months
Penalty Fee Related to Late CE Reporting or Insufficient CE	\$100 for late report; \$20 for each missing clock hour

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	\$150
LPC and LPCC Initial License Fee	\$250
LPC/LPCC Renewal Fee (Active)	\$250
LPC/LPCC Renewal Fee (Inactive)	\$125
LPC and LPCC Late Renewal Fee	\$100
Board Order Copy	\$10
License Verification	\$25
Duplicate Certificate Fee	\$25
Supervisor Application Fee	\$30
CE Course Sponsor Fee	\$60
Professional Firm Renewal Fee	\$25
Initial Registration Fee	\$50
Annual Registration Renewal Fee	\$25

BOARD OF CHIROPRACTIC EXAMINERS

“The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.”

Board Members

Matt Anderson, DC, Bloomington, MN, Professional Member
(Term: 5/21/2007—)

Robert Daschner, DC, Waseca, MN, Professional Member
(Term: 4/22/2008—)

Howard Fidler, DC, St. Louis Park, MN, Professional Member
(Term: 4/28/2004, reappt: 4/22/2008)

Teresa Marshall, DC, President / Professional Member
(Term: 1/11/2002, reappt: 3/31/2006, 1/19/2010)

Ralph Stouffer, Roseville, MN, Public Member
(term: 3/31/2006; reappt: 5/21/2007)

Kay Strobel, Red Wing, MN, Public Member
(Term: 10/4/2010—)

Richard Tollefson, DC, Coon Rapids, MN, Professional Member
(Term: 5/10/2005, reappt: 2/24/2009)

Board Staff

Larry Spicer, DC, Executive Director
Anne Braam, Office Manager
John Burbey, Office and Administrative Specialist
Lori Blanski, Office and Administrative Specialist
Micki King, Health Program Representative

Minnesota Board of Chiropractic Examiners
University Park Plaza Building
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Office e-mail: chiropractic.board@state.mn.us
Board Website: <http://www.chiroboard.state.mn.us>

Letter from the Executive Director

The Minnesota Board of Chiropractic Examiners (MBCE) was established by legislative act on 3-13-1919. Minnesota Statutes 148.01-148.108 and Minnesota Rules 2500 give the board authority to regulate, to license by examination and renewal, and to investigate complaints. The mission of the MBCE is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.

Licensing/Credentialing Services: The purpose of regulation through licensing is to set and enforce standards of competence and ethical practice, and to ensure that persons licensed as doctors of chiropractic meet educational, examination, and continuing education standards. Staff process applications, verify compliance with statutory requirements, provide assistance and information



To meet these functions, the MBCE operates under five key service strategies:

- maintain an integrated database of licensee information, registrations, discipline, and complaints
- publish information on the web, including licensure information, disciplinary orders, and rulemaking efforts
- conduct regular board meetings where citizens have input into the review of operations and rulemaking efforts
- respond to public requests for information on chiropractors, continuing education sponsors, and licensee's status
- manage funds soundly

The Board accomplishes its core public safety and regulatory mission of doctors of chiropractic by:

- Administering minimum educational and examination requirements for initial licensure as a doctor of chiropractic and administering requirements and processes for renewal of licensure
- Enforcing standards of ethical practice; and responding to inquiries, complaints and or reports regarding applicants, or licensees
- Investigating complaints of alleged violations of statutes, holding educational and disciplinary conferences, and taking legal action when appropriate against licensees who fail to meet minimum standards of practice or who may otherwise constitute a harm to the public as a result of improper/unethical practice
- Approving continuing education providers
- Providing information about licensure and standards of practice, through professional education outreach efforts, the Board's website, online license verification services, and telephone, mail or email inquiries

The Board provides core public safety services through the regulatory oversight of doctors of chiropractic, as noted in the strategies listed above, to ensure both high standards of chiropractic practice and excellent customer service. Services are provided to the general public, consumers of chiropractic services, applicants and licensees, students and faculty in chiropractic academic programs, other state and local agencies, state and national professional chiropractic associations and finally the national testing organization as well as the Federation of Chiropractic Licensing Boards.

Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed doctors of chiropractic. When a licensee is determined to have engaged in conduct which is a violation of the statutes or rules the Board is empowered to enforce, an appearance before Board Members may occur. Licensee's may enter into an agreement for corrective action with the Board's complaint panel, or may become subject to disciplinary action, with such final action determined by the full Board. Either of these two remedies is public once completed. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Online Services: the board maintains a very robust web site which includes: information on Board structure, meetings, and policies; licensing information, applications and renewal forms for nearly all licenses/registrations; information on continuing education programs and sponsors; access to specific statutes and rules directly impacting the profession; information on current emerging issues impacting the profession; information on access to the Health Professional Services Program, and links to many other related sites, and online license renewal. The Chiropractic Board was the first among the Health-Related Licensing Boards to provide online license renewal capability. The board renewed well in excess of 4000 licenses and registrations last fiscal year, and generally appreciates approximately a 90%+ online application renewal rate.

Key Activity Goals & Measures

The MBCE works to meet the MN Milestone of access to government information 24x7x365 through its self-service website. The MBCE works to protect the public from access to impaired practitioners by prompt investigation of complaints and resolution of disciplinary matters through educational conferences, corrective action agreements, board orders and/or contested case proceedings as deemed required based on the severity of the infractions reported. The MBCE collaborates with other licensing boards and state agencies to create an efficient state government.

Larry Spicer, DC, Executive Director
Minnesota Board of Chiropractic Examiners

CREDENTIALS

Year	Type of License	Persons Licensed	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/2009-6/30/2010	Doctor of Chiropractic (DC) License	2816	158	2715	2393	89%
	Acupuncture Registration	631	23	624	534	86%
	Animal Chiropractic Registration	20	0	20	n/a	n/a
	Independent Examiner Registration	51	7	48	40	84%
	Professional Firm Registration	665	68	614	522	85%
	Graduate Preceptor Registration	34	18	n/a	n/a	n/a
	Totals		4217	274	4021	3489
7/1/2008-6/30/2009	Doctor of Chiropractic (DC) License	2750	2665	115	2356	89%
	Acupuncture Registration	627	620	22	539	87%
	Animal Chiropractic Registration	12	12	0	n/a	n/a
	Independent Examiner Registration	49	49	3	40	82%
	Professional Firm Registration	623	589	68	545	93%
	Graduate Preceptor Registration	28	n/a	16	n/a	n/a
	Totals		4089	3935	224	3480

Year	Type of License	Persons Licensed	Credentials Renewed	New Licenses Issued	Credential Renewed Online	
7/1/07-6/30/08	Doctor of Chiropractic (DC) License	2719	2625	153	2269	87%
	Acupuncture Registration	608	597	33	532	90%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	53	51	2	44	87%
	Professional Firm Registration	577	534	64	467	88%
	Graduate Preceptor Registration	36	n/a	24	n/a	n/a
	Totals	3993	3807	276	3312	87%
7/1/06-6/30/07	Doctor of Chiropractic (DC) License	2613	2517	134	2144	86%
	Acupuncture Registration	600	591	19	486	83%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	55	54	1	46	86%
	Professional Firm Registration	538	494	70	432	88%
	Graduate Preceptor Registration	22	n/a	11	n/a	n/a
	Totals	3827	3656	235	3108	85%
7/1/05-6/30/06	Doctor of Chiropractic (DC) License	2560	2474	129	2055	83%
	Acupuncture Registration	600	589	20	489	83%
	Animal Chiropractic Registration	0	0	0	n/a	n/a
	Independent Examiner Registration	61	61	2	54	89%
	Professional Firm Registration	487	447	60	341	77%
	Graduate Preceptor Registration	19	n/a	9	n/a	n/a
	Totals	3727	3571	220	2939	83%

Year Complaints Opened	Received and Opened	Complaints Closed
7/1/09-6/30/10	142	Total Cases Closed: 200 Total Resulting in Board Actions: 21
7/1/08-6/30/09	272	Total Cases Closed: 216 Total Resulting in Board Actions: 12
7/1/07-6/30/08	169	Total Cases Closed: 172 Total Resulting in Board Actions: 13
7/1/06-6/30/07	176	Total Cases Closed: 164 Total Resulting in Board Actions: 11
7/1/05-6/30/06	185	Total Cases Closed: 170 Total Resulting in Board Actions: 13.

COMPLAINTS BY TYPE

Allegation	2006	2007	2008	2009	2010
Acupuncture violations	4	3	4	1	0
Address/phone change failure to notify Board	1	0	1	2	2
Advertising	51	22	51	86	24
Aiding or abetting unlicensed practice, & delegating	4	4	4	22	1
Application disclosure (DWI, conviction, etc.)	14	4	14	14	15
Billing dispute	3	2	3	13	7
Conviction of a crime of moral turpitude or felony	10	10	10	10	3
Disciplinary action in another state/jurisdiction	2	2	2	4	2
Exercising influence on a patient or client for financial gain	9	17	8	24	22
Failure to make a report or cooperate w/investigation	1	1	1	21	4
Fraud-deception in applying for a license	1	1	1	0	0
Graduate Preceptorship program violation	1	0	1	0	3
Gross or repeated mal practice	11	8	11	12	7
Habitual intemperance in alcohol or drugs	13	8	13	11	13
HPSP violation, noncompliance	3	1	3	2	1
Independent exams, false or misleading	0	3	0	8	5
Improper management of records (lost or release of)	5	11	6	13	6
Other, not chiropractic, i.e. taxes, child support, federal law	9	7	9	20	8
Petition for end of discipline	4	7	4	3	10
Practice outside scope	3	4	3	4	4
Practicing w/o a license, revoked, suspended, prior to licensure, etc.	8	7	8	12	11
Professional corporation registration violation	3	4	3	4	1
Poor recordkeeping-documentation of care	5	10	5	9	9
Splitting fees, runners, cappers	3	0	3	21	4
Unable to practice illness, incompetence, drugs, etc	7	9	7	9	6
Unethical practices, runners making direct contact-new law	0	0	0	30	5
Unprofessional conduct, unethical or deceptive practices	8	4	8	17	12
Unprofessional, sexual misconduct	5	8	5	9	11
Unprofessional, providing unnecessary services	1	6	1	5	2
Unprofessional, charging unconscionable fees	8	7	8	20	10
Unprofessional, threatening or dishonest fee collection	5	10	4	19	21
Unprofessional, fraud on patients or insurance	4	4	4	9	11
Unprofessional, waving deductible or co-pay	1	0	1	2	0
Violation of a Board Order	2	2	2	8	5

RECEIPTS

Year	Fee Type	Amount of Fee	Total \$ Received	Terms	
7/1/2009-6/30/2010 Most Recent Year	Professional Firm Renewal	\$25.00	\$22,515.00	annual	
	Exam / Applicant Fee	\$250.00	\$45,250.00	upon application	
	Exam Regrade	\$30.00	\$0	as needed	
	Graduate Preceptorship	\$100.00	\$3,200.00	upon request	
	Active DC License Renewal	\$200.00	\$510,000.00	annual	
	Renewal Penalty Fee	\$150.00	\$16,320.00	accrued monthly	
	Inactive DC License Renewal	\$150.00	\$23,250.00	annual	
	Inactive DC Reinstatement	\$100.00	\$500.00	upon request	
	Independent Examiner Registration	\$150.00	\$1,150.00	upon request	
	Independent Examiner Renewal	\$100.00	\$4,850.00	annual	
	Acupuncture Registration	\$100.00	\$2,750.00	upon request	
	Acupuncture Renewal (Active or Inactive)	\$25.00 or \$50.00	\$31,175.00	annual	
	Disciplinary Fee / Civil Penalty	up to \$10,000.00	\$26,775.94	as assessed	
	Printing of Board Orders	\$10.00	\$10.00	upon request	
	Continuing Education Sponsorship	\$100.00 or \$500.00	\$17,000.00	upon application	
	Certificate of Standing or License Verification	\$10.00	\$840.00	upon request	
	Printing of Lawbooks	\$10.00	\$0	upon request	
	Lists of Chiropractors (partial or complete)	\$10.00 or \$100.00	\$3,500.00	upon request	
	Printing of Miscellaneous Items	\$.25 / page	\$504.25	upon request	
	Prior Year Renewals	\$150.00 or \$200.00	\$6,825.00	upon request	
	Prior Year Penalty Fee	\$150.00	\$840.00	accrued monthly	
	Continuing Education Audit Penalty	\$900.00	\$58,500.00	as assessed	
	Subtotal Receipts	---	---	\$775,755.19	---
	OET E-Licensing Surcharge	---	---	\$(57,770.00)	---
TOTAL RECEIPTS	---	---	\$717,985.19	---	

DISBURSMENTS AND EXPENDITURES

Year	Category	Total Amount \$
7/1/2009-6/30/2010 Most Recent Year	Salaries, Benefits, & Per Diems	\$310,520.16
	Office Rental, Maintenance, Utilities	\$41,564.32
	Computer, Communications, Printing & Advertising	\$10,108.15
	Professional / Technical Services	\$28,443.90
	Supplies & Equipment	\$3,620.75
	Travel – In State & Out of State	\$6,520.52
	Other Operating Costs	\$8,970.33
	Legal Costs	\$192,301.40
	Health Professionals Service Program (HPSP)	\$13,606.55
	Unspecified Indirect Costs	\$24,229.72
	TOTAL	\$639,885.80

RECEIPTS AND DISBURSEMENTS

Year	Total \$ Received	Total Disbursements and Expenditures
7/1/2008-6/30/2009	\$699,661.43	\$627,415.60
7/1/2007-6/30/2008	\$678,458.43	\$614,312.11
7/1/2006-6/30/2007	\$689,992.04	\$614,868.86
7/1/2005-6/30/2006	\$628,784.20	\$519,478.61

BOARD OF COSMETOLOGIST EXAMINERS

Mission

The Board's core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.

Vision

The Board is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.

Board Member	Residence	Occupation	Reappointment
Laurie Boggess	Minnetonka	Cosmetologist Professional	July 1, 2009
Kurt Deile	Andover	Attorney Public	July 1, 2009
Mary Finnegan	Aitkin	Esthetician Professional	July 1, 2009
Robert Salmonson	Rice	Cosmetologist Professional	July 1, 2009

Board Staff

Gina Stauss Fast, Executive Director

Rebecca Gaspard, Compliance and Inspection Division Manager

Billi Jo Rygg, Licensing Division Manager

Diane Anderson, Inspector

James Dubois, Licensing Specialist

Claudia Ettesvold, Licensing Specialist

Christine Goanue, Licensing and

Complaint Specialist

Raeoun Jacobson, Inspector

Lene Kiser (Jensen), Compliance Specialist

Nancy Mayberry, Receptionist

Maggie Meyer, Student Worker

Sheila Peters, Licensing Specialist

Frank Weiland, Inspector

University Park Plaza Building

2829 University Avenue Southeast, Suite 710

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Board e-mail: bce.board@state.mn.us

Board website: <http://www.bceboard.state.mn.us>



Letter from the Executive Director

The Board of Cosmetologist Examiners' core mission is to constantly strive to serve and care for our licensees, applicants and the public by being committed to public protection, superior service, excellence, and continuous improvement. Minnesota Statutes 155A.20-155A.35 provides the legislative authority for the Board of Cosmetologist Examiners to regulate cosmetology practice in the State of Minnesota for the purpose of health and safety of the public.

To accomplish the Board's mission, the BCE office is being divided internally into four divisions. The divisions are as follows: 1) Licensing Division, 2) Inspection Division, 3) Compliance Division, and 4) Administrative Division. As the Board has continued to grow, it has been important to have staff specialize in their respective area in order to provide optimal, efficient, and excellent service.

The BCE has had a busy last few years, in particular since July of 2009 when it became its own Board by the legislative separation of the Board of Barber and Cosmetologist Examiners.

The most significant change for the Board in recent time is the alteration of the expiration dates of all licenses. This alteration will create a rolling renewal cycle to renew licenses throughout the year. Further, the application and renewal application process is designed to verify the credentials and experience required to obtain the license applied for and to process all licenses within 15 business days or less. In order to accommodate the licensing changes and continued growth of the profession, the BCE has had the ability to add more staff. The growth is great news as we want to be able to provide better services to our licensees, applicants and the public.

The Inspection and Compliance Division has also grown to include three full-time inspectors and two Compliance Specialists. Inspections have been redesigned to be an educational experience to ensure compliance with licensure, sanitation, and disinfection standards. The BCE has also distributed a "Scrub the Tubs" pedicure guide for licensees and the public in both English and Vietnamese. We continue to publish resources for both the public and licensees to promote salon safety.

The BCE also takes every advantage to maximize the use of technology to create more public awareness, protection, and streamlined service to our licensees and the public. All license applications and renewals are available online, with our most popular applications available as enterable applications. Further, the Board has an online license lookup site that is in real-time and can be accessed 24 hours a day to verify license holders. The BCE also displays final enforcement action orders online and will soon be placing inspection reports online as well. Lastly, the BCE offers licensees the ability to renew their license online, creating a location where they can renew their license 24 hours a day.

The Minnesota Board of Cosmetologist Examiners is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and succession operations.

The Board has five meetings set for 2011 and encourage the public and licensees to attend as these meetings are very informative and open to the public. I encourage all licensees and applicants to go online to www.bceboard.state.mn.us to get the most up to date information and check out the latest version of The Cut, the BCE newsletters.

Warm Wishes,
Gina Stauss Fast, JD, Executive Director
Minnesota Board of Cosmetologist Examiners

CREDENTIALS

Previous Years	Type of License	Number of persons licensed	Percent Renewed Online
7/1/2009-6/30/2010 Most Recent Year	Operator Licenses	18,100	
	Manager Licenses	15,840	
	Instructor Licenses	460	
	Salon Licenses	5,200	
	School Licenses	51	
	Other Licenses	500	
	Totals	46,741	33%
7/1/2008-6/30/2009 (Renewals only)	Operator	6,462	
	Manager	5,529	
	Instructor	177	
	Salon	2,013	
	School	9	
	Total	14,190	13%
7/1/2007-6/30/2008 (Renewals only)	Operator	5,197	
	Manager	5,230	
	Instructor	119	
	Salon	2,114	
	School	15	
	Total	12,675	

Major Board Functions

Licensing Division – Responsible for credentialing over 14 different license types to ensure each applicant has met the requisite education and competence required to practice cosmetology or to operate a cosmetology salon or school.

- Set cosmetology licensure requirements through the rules process.
- Review individual applicant/licensee documentation to determine if they have completed the appropriate requirements for the license type they are obtaining.
- Review and approve continuing education provider applications and programs.
- Review academic programs to determine if they meet requirements to prepare students for cosmetology careers.

Inspection Division – Responsible to inspect all licensed salons and schools in the state to ensure public safety is met and salons are demonstrating sanitation and disinfection practices that adhere to statutes and rules regulation as well as practice standards.

- Inspect all salons located in the state of Minnesota to ensure compliance with all state statutes and rules relating to delivery of cosmetology services to the public.
- Inspect all individuals working in salons in the state of Minnesota to ensure compliance with the state statutes and rules relating to cosmetology and proper licensure.
- Inspect all cosmetology schools located in the state of Minnesota to ensure compliance with all state statutes and rules relating the education of future cosmetologist.

Compliance Division – Responsible to investigate complaints and take action against cosmetologist, salons, or schools that violate laws and rules the Board is empowered to enforce.

- Accept complaints and reports from the public.
- Determining whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
- Refer inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
- Respond to complainants and agency reports by informing the complainants of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.

Administrative Division – Responsible to organize and manage the other three divisions to work in harmony to accomplish the goals, mission, and vision of the Board in order to protect the health and safety of the public.

- Provide information to the public and applicants concerning requirements for licensure including an online license look-up system.
- Improve the practice of cosmetology by providing information to licensees to prevent inappropriate practice.

Board Meetings

12 Board Meetings during Biennium. Each Board meeting is approximately 4 hours.

14 Complaint Meetings during Biennium. Each Complaint meeting is approximately 6 hours.

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
2010 Most Recent Year	Total	107	63	44
	Public Safety Related	79		
	Jurisdictional	95		
2009	Total	55	25	30
	Public Safety Related	39		
	Jurisdictional	47		
2008	Cosmetology and Barber Complaints Combined	54	15	19
2007	Cosmetology and Barber Complaints Combined	48	39	9
2006	Cosmetology and Barber Complaints Combined	36		

RECEIPTS AND DISBURSMENTS

Year	Receipts	Disbursements
FY 2010	\$1,376,099	\$691,000
FY 2009	\$1,284,558	\$561,000
FY 2008	\$1,244,450	\$524,000
FY 2007	\$1,190,030	\$569,000
FY 2006	\$1,242,459	\$409,645

FEE INFORMATION

Fee	Amount
Initial Operator	\$130
Operator Renewal	\$75
Initial Salon Manager	\$160
Manager Renewal	\$105
Initial Instructor	\$160
Instructor Renewal	\$105
Initial School Manager	\$160
School Manager Renewal	\$105
Salon License	\$230
Salon Renewal	\$150
School License	\$2,500
Salon Renewal	\$2,000
Certificate of Identification	\$20.00
Hair Braiding Registration	\$20.00

“The Mission of the Minnesota Board of Dentistry is to ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals.”

Board Members

- Neal Benjamin, DDS, Lino Lakes, MN, Dentist
(Term Exp: 2013)
- Kristin Heebner, JD, Minneapolis, MN, Public Member
(Term Exp: 2011)
- Nancy Kearn, DH Wyoming, MN, Dental Hygienist
(Term Exp: 2013)
- David A. Linde, DDS, Prior Lake, MN, Dentist
(Term Exp: 2012)
- Candace A. Mensing, DDS, Rochester, MN, Dentist
(Term Exp: 2014)
- Allen Rasmussen, International Falls, MN, Public Member
(Term Exp: 2012)
- Freeman Rosenblum, DDS, Burnsville, MN, Dentist
(Term Exp: 2011)
- Joan A. Sheppard, DDS, Bloomington, MN, Dentist
(Term Exp: 2011)
- Teri M. Youngdahl, DA, Elk River, MN, Licensed Dental Assistant
(Term Exp: 2014)

Board Staff

- Judith Bonnell, Complaint Analyst
- Deborah Endly, Compliance Officer
- Sheryl Herrick, Office Manager
- Amy Johnson, Licensing & Professional Development Analyst
- Kathy T Johnson, Legal Analyst
- Linda A Johnson, Administrative Assistant
- Paul Kukla, Dental Consultant
- Mary Liesch, Director of Complaints & Compliance
- Joyce Nelson, Licensing Administrator
- Marshall Shragg, Executive Director
- Cynthia Thompson, Administrative Assistant

Minnesota Board of Dentistry
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2829 University Avenue Southeast, Suite 450
Minneapolis, MN 55414-3246
Office telephone: 612-617-2250 Office Fax: 612-617-2260
Office e-mail: dental.board@state.mn.us
Board Website: <http://www.dentalboard.state.mn.us>



Letter from the Executive Director

The Board of Dentistry's mission is "to ensure that Minnesota citizens receive quality dental care from competent dental health care professionals." The Board accomplishes its mission through services that include: establishing the educational and examination and other qualification standards for **initial licensure** as dentists, dental hygienists, dental therapists, and dental assistants; determining requirements for **license renewal**, such as professional development (continuing education); accepting, investigating, and **resolving complaints** regarding licensed dental professionals; tracking **compliance** of those licensees who are under corrective or disciplinary action of the Board; registering **professional firms**; disseminating **public information**; and engaging in **policy initiatives** to ensure that related statutes and rules that protect the public through regulating dental professions remain relevant.

Major activities recently engaged in by the Board of Dentistry have included:

- operationalizing the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees
- maintaining a comprehensive web site that provides on-demand public information. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, address changes, and other interactive features
- contracting with Prometric to develop and administer both the Jurisprudence Exam and the State Dental Assisting Licensure Exam in secure testing facilities
- establishing program requirements for instruction of developing clinical examinations for Dental Therapists and Advanced Dental Therapists, the first such mid-level dental providers in the country
- ensuring access to dental health services for all Minnesota citizens remains an issue that the Board is exploring ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective.

Marshall Shragg, Executive Director
Minnesota Board of Dentistry

CREDENTIALS

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals		
7/1/2009-6/30/2010	Dentist	172	3,728	2,908	78%	
	Dental Hygienist	351	4,688	3,704	79%	
	Licensed Dental Assistant	628	6,480	4,536	70%	
	Full Faculty Dentist	4	21	N/A		
	Limited Faculty Dentist	1	12			
	Guest Dentist	11	40			
	Guest Dental Assist	2	7			
	Limited General Dentist	2	0			
	Resident Dentist	40	81			
	Specialty Dentist	5	21			
	Limited Registration	0	4			
	TOTAL: 19,417	1,216	15,082			11,148
7/1/2008-6/30/2009	Dentist	226	3,716			2,787
	Dental Hygienist	454	4,550	3,413	75%	
	Licensed Dental Assistant	679	6,367	4,202	66%	
	Full Faculty Dentist	4	19	N/A	N/A	
	Limited Faculty Dentist	1	14	N/A	N/A	
	TOTAL: 16,117	1,412	14,807	10,402	10,402	

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals	
7/1/2007-6/30/2008	Dentist	280	3,726	2,645 (71%)	
	Dental Hygienist	493	4,496	3,147 (70%)	
	Licensed Dental Assistant	759	6,330	3,925 (62%)	
	Full Faculty Dentist	6	16	N/A	
	Limited Faculty Dentist	7	12	N/A	
	TOTAL: 15,791	1,609	14,714	9,717	66%
7/1/2006-6/30/2007	Dentist	322	2,874		
	Dental Hygienist	468	3,467		
	Licensed Dental Assistant	771	4,790		
	Full Faculty Dentist	12	9	N/A	
	Limited Faculty Dentist	9	11	N/A	
	TOTAL: 15,651	1,662	11,275	7,068	63%
7/1/2005-6/30/2006	Dentist	303	4,692	891 (19%)	
	Dental Hygienist	453	5,479	986 (18%)	
	Licensed Dental Assistant	800	7,943	1,191 (15%)	
	Full Faculty Dentist	9	17	N/A	
	Limited Faculty Dentist	9	11	N/A	
	TOTAL: 15,384	1,656	18,276	3,068	17%

COMPLAINTS

Action Taken on Complaint	FY 06	FY 07	FY 08	FY 09	FY 10
Revocation	0	0	1	0	0
Voluntary surrender	5	6	2	6	3
Suspension with or without stay	2	2	12	5	1
Restricted /limited /conditional license	5	3	1	10	12
<i>Civil penalties*</i>	2	1	2	3	2
Reprimand	0	0		3	1
Agreement for corrective action	31	18	23	16	33
<i>Referral to HPSP *</i>	13	16	26	10	14
Dismissal or closure	177	259	197	206	315
Other	27	2	0	0	0

Year	Complaint Type	Number of Complaints	Complaints Closed	Complaints Left Open
Current Fiscal Year 7/1/2009-6/30/2010	Competency	121		
	Licensure	13		
	Prescription or drugs	11		
	Sexual misconduct	4		
	Auxiliary misuse	10		
	Sanitary/safety	3		
	Advertising	5		
	Unprofessional conduct	62		
	Fraud	13		
	Other	8		
	TOTAL FY10	250		
7/1/2008- 6/30/2009	Competency	125		
	Licensure	12		
	Prescription or drugs	19		
	Sexual misconduct	2		
	Auxiliary misuse	8		
	Sanitary/safety	3		
	Advertising	3		
	Unprofessional conduct	53		
	Fraud	6		
	Other	20		
	TOTAL FY09	251		

Year	Complaint Type	Number of Complaints	Complaints Closed	Complaints Left Open
7/1/2007-6/30/2008	Competency	90		
	Licensure	19		
	Prescription or drugs	13		
	Sexual misconduct	0		
	Auxiliary misuse	7		
	Sanitary/safety	5		
	Advertising	16		
	Unprofessional conduct	55		
	Fraud	11		
	Other	16		
	TOTAL FY08	232		
7/1/2006-6/30/2007	Competency	87		
	Licensure	20		
	Prescription or drugs	14		
	Sexual misconduct	1		
	Auxiliary misuse	5		
	Sanitary/safety	26		
	Advertising	13		
	Unprofessional conduct	68		
	Fraud	20		
	Other	12		
	TOTAL FY07	239		
7/1/2005-6/30/2006	Competency	73		
	Licensure	11		
	Prescription or drugs	11		
	Sexual misconduct	0		
	Auxiliary misuse	8		
	Sanitary/safety	37		
	Advertising	9		
	Unprofessional conduct	67		
	Fraud	9		
	Other	14		
	TOTAL FY06	239		

RECEIPTS AND DISBURSMENTS

Fiscal Year	Receipts	Disbursements
FY 2010	\$ 1,414,181	\$ 1,320,187
FY 2009	\$ 1,301,642	\$ 1,545,397

FEE INFORMATION

Fee	Amount
Dentist Initial Application	\$ 140
Dentist Biennial Renewal Application*	\$ 310
Dentist Credential Application	\$ 725
Dental Hygienist Initial Application	\$55
Dental Hygienist Biennial Renewal Application	\$100
Dental Hygienist Credential Application	\$175
Licensed Dental Assistant Initial Application	\$35
Licensed Dental Assistant Biennial Renewal Application	\$70
Resident Dentist Initial Application	\$55
Resident Dentist Annual Renewal Application	\$50
Guest Licensure (DDS, DH, RDA) Initial Application	\$50
Limited Registered Dental Assistant Initial Application	\$15
Limited Registered Dental Assistant Biennial Renewal Application	\$24
Limited General Licensed Dentists Initial Application	\$140
Limited General Licensed Dentists Annual Renewal Application	\$155

* Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.

BOARD OF DIETETICS AND NUTRITION PRACTICE

“The Mission of the Minnesota Board of Dietetics and Nutrition Practice is to:

- Promote public interest in receiving quality dietetic and nutrition services from competent licensed dietitians and nutritionist
- Protecting the public by ensuring that all licensed dietitians and nutritionists meet the educational and practical requirements specified in law.
- Protecting the public by setting standards for quality dietetic and nutrition service”

Board Members

Jennifer Nelson, Rochester, MN, Professional Member
(Appt Date: 2003; Reappt: 2007)

Marnie Moore, St. Paul, MN, Public Member
(Appt Date: 2004; Reappt: 2007)

Janelle Peterson, Minneapolis, MN, Professional Member
(Appt Date: 2005; Reappt: 2009)

Darlene Kvist, St. Paul, MN, Professional Member
(Appt Date: 2006; Reappt: 2009)

Carol Haggerty, St. Paul, MN, Public Member
(Appt Date: 2007; Reappt: 2009)

Stacey Millett, St. Paul, MN, Public Member,
(Appt: 2010)

Susan Parks, Mendota Heights, MN, Professional Member
(Appt: 2010)

Board Staff

Laurie Mickelson, Executive Director

Anna Hartsel, Office and Administrative Specialist

Minnesota Board of Dietetics and Nutrition

University Park Plaza Building

2829 University Avenue Southeast, Suite 555

Minneapolis, MN 55414

Office telephone: 651-201-2764 Office Fax: 651-201-2763

Office e-mail: board.dietetics-nutrition@state.mn.us

Board Website: <http://www.dieteticsnutritionboard.state.mn.us>



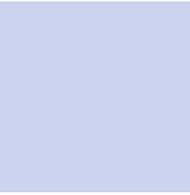
Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality dietetic/nutrition care from competent professionals. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Laurie Mickelson, Executive Director
Minnesota Board of Dietetics and Nutrition Practice



Annual license renewal fees were reduced to \$45.00 in fiscal year 2005 and have remained at that reduced amount.



During this biennium a 10% surcharge, imposed by legislation, on dietitian and nutritionist licenses and renewals for the Minnesota Office of Enterprise Technology to develop a statewide electronic licensing system was funded by the Board in FY 10 with a transfer from the special revenue fund in lieu of imposing this surcharge on the licensees.

Beginning in FY 11 the surcharge will be collected directly from applicants and licensees



The Board website (www.dieteticsnutritionboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address//phone change, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and dietetic/nutrition Statutes and Rules.

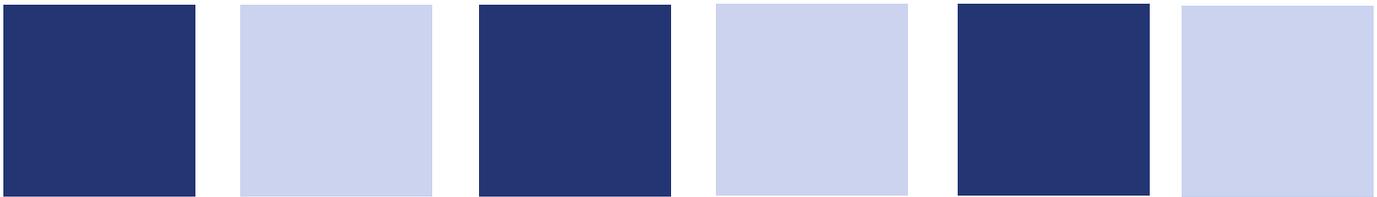
The Board staff consists of 0.8 FTE employees in the positions of Executive Director and Office Administrative Specialist.



The Board continues to be proud of creating a shared electronic licensing model with other small boards. Significant work has been completed in this biennium to create online applications with possible roll out in the next biennium.



Previous Years	Type of License	New Licenses Issued	Licenses Reinstated	Licenses Renewed	Licenses Renewed Online	
7/1/2009-6/30/2010 Most Recent Year	Dietitian	78	5	1,256		
	Nutritionist	0	1	58		
	Total: 1,378	78	6	1,314	512	38%
7/1/2008-6/30/2009	Dietitian	90	8	1,237		
	Nutritionist	0	0	58		
	Total: 1,299	90	8	1,295	457	35%
7/1/2007-6/30/2008	Dietitian	98	8	1,150		
	Nutritionist	1	0	59		
	Total: 1,295	99	8	1,209	353	29%
7/1/2006-6/30/2007	Dietitian	86	10	1,102		
	Nutritionist	1	0	59		
	Total: 1,199	87	10	1,161	232	19%
7/1/2005-6/30/2006	Dietitian	89	8	1,103		
	Nutritionist	2	0	61		
	Total: 1,205	91	8	1164		



COMPLAINTS

Year	Type of Complaint	Complaint Received	Complaints Closed
7/1/2009-6/30/2010	Unlicensed Practice	4	4
7/1/2008-6/30/2009	No Complaints Filed	0	3
7/1/2007-6/30/2008	Unlicensed Practice	2	1
	Unprofessional Conduct	1	
7/1/2006-6/30/2007	Unlicensed Practice	2	3
7/1/2005-6/30/2006	Unlicensed Practice	3	1

RECEIPTS AND DISBURSMENTS

Year	Fee Receipts	Disbursements
7/1/2009-6/30/2010	\$80,784	\$88,612
7/1/2008-6/30/2009	\$81,132	\$99,406
7/1/2007-6/30/2008	\$80,747	\$87,535
7/1/2006-6/30/2007	\$75,972	\$99,403
7/1/2005-6/30/2006	\$74,255	\$81,022

FEE INFORMATION

Fees	Amount
Dietitian Application by Petition	\$200
Dietitian Application without CDR registration	\$175
Dietitian Application with CDR Registration	\$100
Initial Dietitian License Fee	\$150
Nutritionist Application by Petition	\$200
Nutritionist Application Fee	\$175
Nutritionist Initial License Fee	\$150
Reinstatement Fee	\$92.50
Annual Renewal Fee	\$45

**All renewals are subject to OET surcharge fees whether renewed online or paper process. A late fee equal to half the renewal fee (\$22.50) will be charged for individuals who do not renew in a timely manner*

BOARD OF MARRIAGE AND FAMILY THERAPY

“The Board of Marriage and Family Therapy was established by the Minnesota Legislature in 1987 in MS 148B. The Board's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice.”

Board Members

Herb Grant, Ph.D., MA, LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)

Mark Flaten, MS, LMFT, Golden Valley, MN, Professional Member
(Appt Date: 6/30/2008)

Sara Wright, Ph.D, LMFT, Minneapolis, MN, Professional Member
(Appt Date: 6/30/2008)

Manijeh Daneshpour, Ph.D., LMFT, St. Cloud, MN, Professional Member
(Appt Date: 7/8/2003; Reappt: 1/30/2007)

John Seymour, Ph.D., LMFT, Mankato, MN, Professional Member
(Appt Date: 6/29/2006; Reappt: 1/4/2010)

Kay Ek, St. Paul, MN, Public Member
(Appt Date: 6/29/06; Reappt Date: 1/4/2010)

Rebekah McDonald, Woodbury, MN, Public Member
(Appt Date: 4/15/09—6/30/10)

Board Staff

Jennifer Mohlenhoff, Executive Director

Nancy O'Brien, Office Manager

Minnesota Board of Marriage and Family Therapy

University Park Plaza Building

2829 University Avenue Southeast, Suite 330

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Phone: 612-617-2220

Office email: mft.board@state.mn.us

Board Website: <http://www.bmft.state.mn.us>



Letter from the Executive Director

The Board of Marriage and Family Therapy's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice. The Board fulfills its mission through provision of the following services:

- Issuance of initial license and renewal of licenses for qualified professionals.
- Respond to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Take disciplinary or corrective action against an applicant or licensee for misconduct.
- Set standards of practice and professional conduct for licensees.
- Set educational standards for initial licensure and continuing education requirements for maintaining licensure.
- Review applicant's education and training to determine compliance with the board's licensure requirements.
- Provide information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

In the past biennium, the Board continued to handle a growing number of licensure applications and now reviews and processes over 200 licensure applications per year. With this growth, come additional service requirements in the areas of complaint review and investigation, continuing education course approval, and post-graduate supervision oversight. As the number of marriage and family therapy graduate programs continues to increase, the Board must ensure these graduate programs meet the educational standards set forth in statute.

The Board continues to focus on effective utilization of technology. Online renewal for LMFT licenses was instituted in November 2004 and is now used by nearly 75% of licensees. All application, continuing education and complaint forms are available on the Board's website. Online license verification became available in 2009, allowing citizens to verify licensure status of all LMFTs and LAMFTs in Minnesota. The Board collaborates with seven small health licensing boards to develop and maintain its licensing system, database, and web applications. This collaboration allows the Board to maximize its technology output in a cost-effective manner.

The Board is proceeding with a major rule revision set for completion in 2011. The proposed new rules will update and clarify education requirements, post-graduate supervision and supervisor responsibilities and Board licensing standards.

Board members continue to show great dedication to maintaining the high level of training and professionalism denoted by Minnesota MFTs. Board staff continue to provide customer-focused and cost-effective services. Should the growth in the industry and license applications continue to increase, staffing levels will need to be adjusted to better meet growing demand and fulfill the Board's statutory responsibilities.

Jennifer Mohlenhoff, Executive Director
Minnesota Board of Marriage and Family Therapy

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2008-6/30/2010	LMFT	252	2,274	1,689	74%
	LAMFT	186	388		
	Total licenses:	1,675			
7/1/2006-6/30/2008	LMFT	215	1,930	1,223	63%
	LAMFT	212	336		
	Total licenses:	1,301			
7/1/2004-6/30/206	LMFT	207	1,640	786	48%
	LAMFT	191	252		
	Total licenses:	1,145			
7/1/2002-6/30/2004	LMFT	123	1,441		
	LAMFT	98	221		
	Total licenses:	957			
7/1/2000-6/30/2002	LMFT	101	1,282		
	LAMFT	162	77		
	Total licenses:	866			

- The Board of Marriage and Family Therapy issues two primary licenses: Licensed Marriage and Family Therapy (LMFT) and Licensed Associate Marriage and Family Therapy (LAMFT). The LAMFT license was instituted in 2000.
- License applications continue to increase, with the Board issuing over 200 licenses per year. Board staffing remains unchanged at one full-time office manager and a part-time (.6) director.
- Minnesota continues to have the highest number of applicants annually take the national MFT licensure exam; 48 states require passage of the national exam for licensure.
- Online license renewal for LMFTs was instituted November 1, 2004.
- Online license verification was made available during the past biennium.

COMPLAINTS

Year	Complaint Type	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	Total	68	50	53
7/1/2006-6/30/2008	Violation of confidentiality	14		
	Lack of professional competence	9		
	Physical contact with client, supervisee or student	6		
	Other dual relationship	31		
	Total	60	44	60
7/1/2004-6/30/2006	Violation if confidentiality	12		
	Lack of professional competence	22		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	9		
	Total	46	37	22
7/1/2002-6/30/2004	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	3		
	Other dual relationship	10		
	Total	36	26	23
7/1/2000-6/30/2002	Violation if confidentiality	6		
	Lack of professional competence	17		
	Physical contact with client, supervisee or student	1		
	Other dual relationship	10		
	Total	34	23	20

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$515,954	\$278,433
2008	\$458,510	\$249,149
2006	\$388,992	\$237,829
2004	\$324,440	\$223,590
2002	\$265,271	\$205,819

FEES

Item	Fee
Application for written examination	\$220
Application for licensure (LMFT)	\$110
Annual renewal (LMFT)	\$125
Application for licensure (LAMFT)	\$75
Annual renewal (LAMFT)	\$75
Licensure by reciprocity	\$340
CE sponsor program approval	\$60

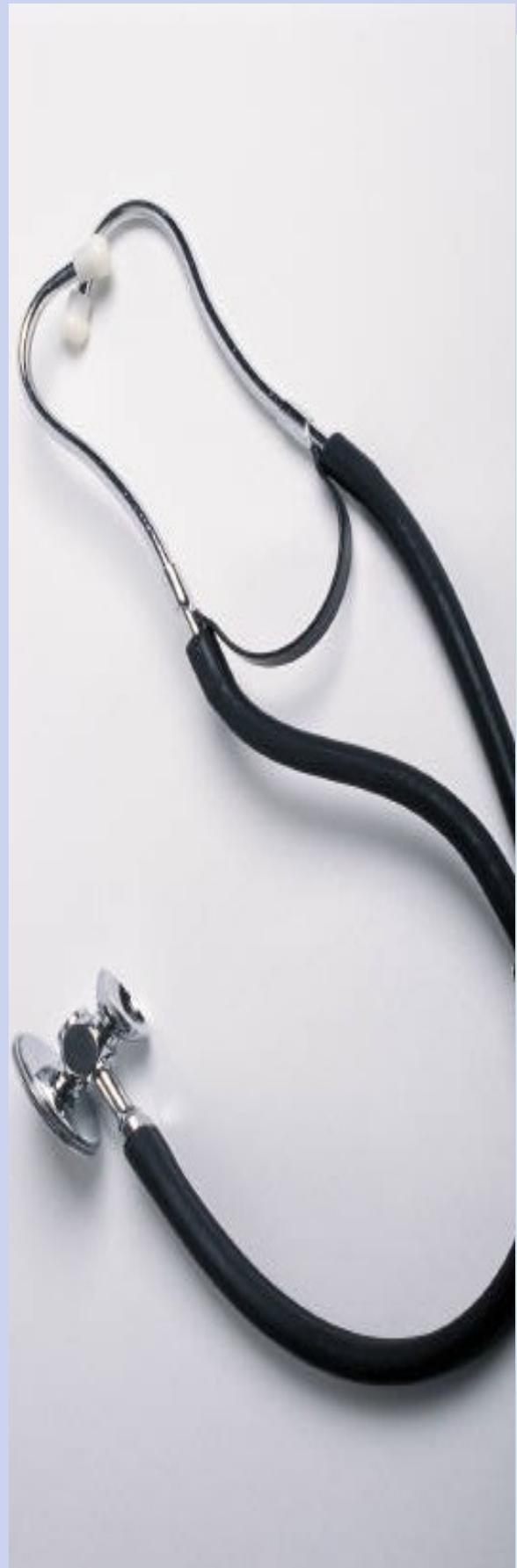
- Licensure fees were last increased effective FY2002.

BOARD OF MEDICAL PRACTICE

“The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants.”

Board Members

- Alfred Anderson, MD, DC, Prior Lake, MN, Professional Member
(Appt Date: 09/03; Reappt Date: 04/07)
- Keith Berge, MD, Rochester, MN, Professional Member
(Appt Date: 09/08)
- Debbie Boe, Chaska, MN, Public Member
(Appt Date: 03/10)
- Robert Brown, PhD, Roseville, MN, Public Member
(Appt Date: 07/06)
- Mark Eggen, MD, Shoreview, MN, Professional Member
(Appt Date: 04/09)
- V. John Ella, JD, Robbinsdale, MN, Public Member
(Appt Date: 03/10)
- Sarah Evenson, JD, MBA, Plymouth, MN, Public Member
(Appt Date: 03/10)
- Jack Geller, Ph.D, Mankato, MN, Public Member
(Appt date: 07/06)
- Rebecca Hafner-Fogarty, MD, MBA, Avon, MN, Professional Member
(Appt Date: 03/04; Reappt: 6/06)
- Subbarao Inampudi, MD, Minnetonka, MN, Professional Member
(Appt Date: 04/09)
- Bradley S. Johnson, MD, Woodbury, MN, Professional Member
(Appt Date: 03/04)
- Kelli Johnson, MBA, St Paul, Public Member
(Appt: 08/08)
- Ernest Lampe, II, MD, Mankato, MN, Professional Member
(Appt: 03/04; Reappt: 08/08)
- James Langland, MD, Thief River Falls, MN, Professional Member
(Appt: 04/07)
- Tammy McGee, MBA, Maple Grove, MN, Public Member
(Appt: 04/07)
- James Mona, DO, Hutchinson, MN, Professional Member
(Appt: 07/03; Reappt: 04/07)
- Gregory Snyder, MD, Minnetrista, MN, Professional Member
(Appt: 06/06; Reappt: 03/10)
- Jon Thomas, MD, MBA, Vadnais Heights, MN, Professional Member
(Appt: 04/05; Reappt: 3/9/10)
- Tracy Tomac, MD, Duluth, MN, Professional Member
(Appt: 04/09)
- Linda Lee Van Etta, MD, Duluth, MN, Professional Member
(Appt 02/01; Reappt: 04/05)



Letter from the Executive Director

In 2008, the Minnesota Board of Medical Practice culminated 1 ½ years effort by adopting a new strategic plan. I am proud to report that in this biennium, we were able to achieve a number of goals which were set forth in that plan.

Over the past two years, we have increased the training and educational opportunities for board members and board staff. We have provided educational outreach for the practicing clinician in the area of the use of Opioids in the treatment of chronic pain. We generated surveys for both credentialed professionals who had been subjects of complaints and disciplinary actions as well as for members of the public who filed complaints with our office. These surveys provided valuable feedback on the kind of job we were doing from both perspectives.

I am also proud to report that we were once again successful in having two of our board members elected to office with the Federation of State Medical Boards, the national organization of state medical regulatory agencies. In addition, another board member was appointed to serve on the Federation of State Medical Boards Foundation. These elections and appointments continue a long history of leadership at the national level for our board.

The Board's Taskforce on Continuing Competency and Maintenance of Licensure continued its work to achieve a proactive approach to medical regulation. The Taskforce issued its report on the future of continuing competency in Minnesota written by Taskforce Chair Dr. Linda Van Etta, M.D., F.A.C.P. The Taskforce findings were presented at the Federation of State Medical Boards' Annual Meeting in Chicago, Illinois in April 2009. The Taskforce will continue in its efforts to find ways to ensure physician competency and public protection as a compliment to the historical reactive approach of complaint review and discipline.

Robert A. Leach, J.D., Executive Director
Minnesota Board of Medical Practice

Staff Members

David Anderson, Network Administrator
Richard Auld, Assistant Director
Wendy Boswell, Licensure Specialist
Vicki Chelgren, Licensure Specialist
Mark Chu, Database Administrator
Barb Dressel, Receptionist
Mary Erickson, Senior Medical Regulation Analyst
Pat Hayes, Licensure Coordinator
Jeanne Hoffman, Licensure Supervisor
Polly Hoye, Legal Analyst
Elizabeth Huntley, Senior Medical Regulations Analyst
Hilary Huntley, Student Worker

Lois Kauppila, Office Manager
Cheryl Kohanek, ED Administrative Assistant
Rob Leach, Executive Director
Maura LeClair, CRU Assistant
Paul Luecke, Licensure Specialist
Bill Marczewski, Medical Regulations Analyst
Ruth Martinez, Complaint Review Unit Supervisor
Debbie Milla, Accounting Officer
Helen Patrikus, Medical Regulations Analyst
Rachel Prokop, Licensure Specialist
Karen Stuart, CRU Assistant
Tony Wijesinha, Medical Regulations Analyst

Minnesota Board of Medical Practice
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Minneapolis, MN 55414
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Office e-mail: medical.board@state.mn.us
Board Website: www.medical.board@state.mn.us

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Renewed	Credentials Renewed Online
7/6/2008- 6/30/2010 Most Recent Year	Acupuncturist	95	796	623 (83.23%)
	Athletic Trainer	134	1,288	993 (81.33%)
	Traditional Midwife	3	27	N/A
	Naturopathic Doctor	21	21	N/A
	Physician Assistant	321	2,862	2,553 (94.5%)
	Physician and Surgeon	2,233	38,882	34,559 (91.51%)
	Respiratory Therapist	202	3,454	2,768 (82.55%)
	Telemedicine	165	533	201 (44.62%)
	Resident Permit	1,630	1,630	N/A
	Totals: 55,427	5,958	49,469	41,697 (84.28%)

Year	Type	Newly Issued	Active Licensed/ Renewed	Online Renewals	
7/1/2006-6/30/2008	Acupuncturist	81	667	507	76.01%
	Athletic Trainer	156	1,189	828	69.64%
	Traditional Midwife	2	29	N/A	N/A
	Physician Assistant	303	2,359	2,023	85.76%
	Physician and Surgeon	2,293	37,062	30,377	81.96%
	Respiratory Therapist	244	3,291	2,768	84.11%
	Telemedicine	103	414	N/A	N/A
	Resident Permit	1,676	0	N/A	N/A
	Total: 49,869	4,858	45,011	36,503	81.01%
7/1/2004-6/30/2006	Acupuncturist	80	560	411	79.04%
	Athletic Trainer	140	1,059	703	71.08%
	Traditional Midwife	7	25	N/A	N/A
	Physician Assistant	243	1,929	1,536	84.98%
	Physician and Surgeon	1,969	35,362	22,970	66.82%
	Respiratory Therapist	217	3,079	2,371	79.82%
	Telemedicine	102	299	N/A	N/A
	Resident Permit	1,618	0	N/A	N/A
	Total: 46,689	4,376	42,313	27,991	66.15%
7/1/2002-6/30/2004	Acupuncturist	70	401	N/A	N/A
	Athletic Trainer	137	857	N/A	N/A
	Traditional Midwife	1	15	N/A	N/A
	Physician Assistant	169	1555	N/A	N/A
	Physician and Surgeon	2,113	33,864	N/A	N/A
	Respiratory Therapist	169	2,738	N/A	N/A
	Telemedicine	86	135	N/A	N/A
	Resident Permit	1,451	N/A	N/A	N/A
	Total: 43,761	4,196	39,565	N/A	N/A
7/1/2000-6/30/2002	Acupuncturist	65	332	N/A	N/A
	Athletic Trainer	130	818	N/A	N/A
	Traditional Midwife	7	18	N/A	N/A
	Physician Assistant	198	1,346	N/A	N/A
	Physician and Surgeon	2,151	32,305	N/A	N/A
	Respiratory Therapist	205	3,454	N/A	N/A
	Resident Permit	1,452	N/A	N/A	N/A
	Total: 42,481	4,208	38,273	N/A	N/A

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed
Most recent Biennium: 7/1/2008-6/30/2010	Actions by another jurisdiction	100	
	Incompetency/Unethical Conduct	1415	
	Unprofessional Conduct	1233	
	Illness	162	
	Non-Jurisdictional	42	
	Medical Records	253	
	Becoming Addicted	79	
	Prescribing	662	
	Sexual Misconduct	73	
	Miscellaneous	324	
	Total	1707	

Year	Type of Complaint	Complaints Received	Complaints Closed
7/1/2006-6/30/2008	Actions by another jurisdiction	67	
	Incompetency/Unethical Conduct	1461	
	Unprofessional Conduct	1432	
	Illness	145	
	Non-Jurisdictional	39	
	Medical Records	212	
	Becoming Addicted	67	
	Prescribing	568	
	Sexual Misconduct	82	
	Miscellaneous	381	
	Total	1691	
7/1/2004-6/30/2006	Actions by another jurisdiction	68	
	Incompetency/Unethical Conduct	1407	
	Unprofessional Conduct	1291	
	Illness	117	
	Non-Jurisdictional	44	
	Medical Records	161	
	Becoming Addicted	57	
	Prescribing	376	
	Sexual Misconduct	67	
	Miscellaneous	443	
	Total	1550	
7/1/2002-6/30/2004	Actions by another jurisdiction	68	
	Incompetency/Unethical Conduct	1260	
	Unprofessional Conduct	1320	
	Illness	154	
	Non-Jurisdictional	22	
	Medical Records	111	
	Becoming Addicted	32	
	Prescribing	181	
	Sexual Misconduct	83	
	Miscellaneous	407	
	Total	1831	
7/1/2000-6/30/2002	Actions by another jurisdiction	48	
	Incompetency/Unethical Conduct	488	
	Unprofessional Conduct	1088	
	Illness	121	
	Non-Jurisdictional	50	
	Medical Records	123	
	Becoming Addicted	21	
	Prescribing	191	
	Sexual Misconduct	85	
	Miscellaneous	328	
	Total	1610	

FEES AND DISBURSEMENTS*

Fiscal Year	Receipts	Disbursements
2010	\$9,335,076	\$7,770,120
2008	\$9,084,669	\$7,310,960
2006	\$8,687,292	\$7,545,914
2004	\$8,323,026	\$8,307,901
2002	\$7,976,400	\$6,202,554

*See Appendix for complete fee list

“The mission of the Minnesota Board of Nursing is to protect the public’s health and safety by providing reasonable assurance that the people who practice nursing are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.”

Board Members

- Jessie Daniels, Professional Member
(Appt Date: 4/22/2001; Reappt Date: 6/21/2005)
- Jacqueline Dickie, Professional Member
(Appt Date: 7/8/2008, Resigned 1/16/2009)
- Marcia Farinacci, Public Member
(Appt Date: 6/21/05; Reappt Date: 8/31/2009)
- Kathleen Haberman, Professional Member
(Appt Date: 1/30/06; Reappt Date: 7/8/2008)
- Michelle Harker, Public Member
(Appt Date: 7/2/2007)
- Bradley Haugen, Professional Member
(Appt Date: 7/2/2007)
- Doris Hill, Professional Member
(Appt Date: 7/8/2003; Reappt Date: 7/2/2007)
- Sandra Johnson, Professional Member
(Appt Date: 5/5/2004-7/7/2008)
- Kimberly Keilholtz, Public Member
(Appt Date: 1/18/2002; Reappt Date: 7/6/2006)
- Gregory Langason, Professional Member
(Appt Date: 7/8/2003; Reappt Date: 7/2/2007)
- Lynne Linden, Professional Member
(Appt Date: 7/8/2008)
- Kristina Malone, Professional Member
(Appt Date: 4/22/2001; Reappt Date: 6/21/2005)
- Linda Matson, Professional Member
(Appt Date: 5/5/2004—7/7/2008)
- Glenda Moyers, Professional Member
(Appt Date: 10/22/2001; Reappt Date: 7/6/2006)
- Marybeth O’Neil, Professional Member
(Appt Date: 5/5/2004—7/7/2008)
- James Peterson, Public Member
(Appt Dat: 7/8/2008)
- Darin Prescott, Professional Member
(Appt Date: 6/21/2005)
- Maria Raines, Professional Member
(Appt Date: 7/8/2008)
- Karen Trettel, Professional Member
(Appt Date: 1/18/2002; Reappt Date: 7/6/2006)



Letter from the Executive Director

The Board's mission is to protect the public's health and safety by providing reasonable assurance that the persons who practice nursing in Minnesota are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role. Minnesota Statutes sections 148.171-148.285 provide the Board of Nursing with authority to regulate nursing practice for the purpose of public protection.

To accomplish this mission, the Board conducts business through four major service areas: credentialing, education, discipline/complaint resolution and nursing practice. However, there has been a significant increased demand for aggregate and individual licensure and disciplinary data for purposes of emergency preparedness planning, workforce planning, shifting demographics, and increased demand for nursing services. Licensure and disciplinary data must be reported to several national and federal data banks. Thus, data services are quickly becoming an important service area.

The Board has committed to its obligation of public protection by developing and implementing the following strategic initiatives:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just and commensurate with the risk to public safety.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies, information systems and national nurse and regulatory organizations to analyze, utilize and disseminate data for evidence informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

Investigating and resolving complaints against nurses who violate the law or risk harm to patients continues to utilize the majority of fiscal and human resources. Nearly 3,000 complaints were processed in the FY2009-2010 biennium. Approximately half of the complaints are related to substance use disorders and diversion of narcotics, as well as abuse of prescription drugs. An increased number of imposters and fraud requires greater scrutiny to process applications for licensure. The Board collaborates with organizations which facilitate licensure of non-US educated nurses and other enforcement agencies. A Board Task Force recommended that the Board seek legislative authority to require federal criminal background checks for licensure.

Nurse licenses are issued within 24 hours of receipt of all evidence of requirements. In June 2010, the Board met the challenge of assuring the public of an adequate nurse workforce pending a strike of over 12,000 metro area hospital nurses by processing over 5,000 applications for licensure by endorsement in approximately six weeks. This compared to an annual average of about 1,800 applications. The Board approved five new nursing education programs in FY 2009-2010, which also serves to increase the nurse workforce in Minnesota.

The Board strives for excellence in regulation and to improve efficiencies. Benchmarks were established to reduce complaint resolution cycle time by 10% and reduce open cases by 20%. Both goals have been exceeded. A Task Force was convened to review the nursing education program approval rules and has recommended a major revision of the rules to assure currency and clarity and to address the appropriate public protection role of the Board. The Board conducted or partnered in three peer-review funded research projects related to transition to practice, RN delegation in long term care, and comparison of traditional and non-traditional nursing education programs. These research efforts provide evidence for informed regulatory decisions.

Letter from the Executive Director (Continued)

Maximizing technology to assure public safety is a sincere effort of the Board. Today, virtually all licensure services are available on-line, and approximately 90% of all license transactions are conducted online. Board disciplinary action data is available on the Board website within 24 hours. Verification of licensure is available 24x7. Employers receive reports on the up to date license status of their nurse employees through an automatic verification service. Thus, the public and employers are assured of a nurse's authority to practice and public protection is enhanced.

The Minnesota Board of Nursing is committed to public protection through proactive leadership in patient safety, evidence-informed regulation, congruence of education, practice and regulation for all levels of nursing practice, dissemination of data, and efficient, customer-centric delivery of services.

Shirley Brekken, Executive Director
Minnesota Board of Nursing

Staff Members

Susan Barr	Ann Jones
Susan Bennett	Eileen Kapaun
Kay Buchanan	Roselynn Kowalczyk
Mee Chang	Sue LaMotte
Joy Christensen	Carrie Larson
Rene Cronquist	Pattie Maguire
Barbara Damchik-Dykes	Sheryl Meyer
Rebecca Elmasry	Kimberly Miller
Mariclaire England	Kathy Rekow
Melissa Fure	Judy Reeve
Sharon Goettert	Anne Ringquist
Julia Greil	Sharon Ridgeway
Marney Halligan	Beth Schultz
Matthew Heffron	Barry Smith
David Jacobsen	Mary Squires
Sandi Johnson	Laura Young

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COMPLAINTS

Year	Type of Complaint	Complaints Received	Total Complaints Closed
7/1/2009-6/30/2010	RN	993	1,368
	LPN	457	
	Total	1450	
7/1/2008-6/30/2009	RN	903	1,438
	LPN	582	
	Total	1485	
7/1/2007-6/30/2008	RN	810	1,152
	LPN	514	
	Total	1324	
7/1/2006-6/30/2007	RN	765	1,168
	LPN	476	
	Total	1241	
7/1/2005-6/30/2006	RN	796	1,029
	LPN	524	
	Total	1320	

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Re-newed	Online Renewals	
2010 RN 83,728 LPN 24,008 Total 107,736	RN	6,042	37,131	33,934	91.4%
	LPN	1,688	10,491	8,815	84.0%
	RN Permit	4,959			
	LPN Permit	175			
	PHN Certificates	700			
	Certified Nurse Practitioners	2,542			
	Certified Registered Nurse Anesthetists	1,576			
	Clinical Nurse Specialists	511			
	Certified Nurse Midwives	217			
	Total: 66,032	18,410	47,622	42,749	89.8%
2009 RN 80,325 LPN 23,966 Total 104,291	RN	5,124	37,046	33,307	89.9%
	LPN	1,853	10,520	8,607	81.8%
	RN Permit	922			
	LPN Permit	207			
	PHN Certificates	602			
	Certified Nurse Practitioners	2,386			
	Certified Registered Nurse Anesthetists	1,537			
	Clinical Nurse Specialists	510			
	Certified Nurse Midwives	218			
	Total: 60,925	13,359	47,566	41,914	88.1%

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
				Count	Percentage
2008 RN 77,950 LPN 23,642 Total 101,592	RN	5,245	34,830	30,799	88.4%
	LPN	1,688	10,378	8,205	79.1%
	RN Permit	1,276			
	LPN Permit	276			
	PHN Certificates	493			
	Certified Nurse Practitioners	2,312			
	Certified Registered Nurse Anesthetists	1,547			
	Clinical Nurse Specialists	499			
	Certified Nurse Mid-wives	214			
	Total: 56,585	13,550	43,035	39,004	86.3%
2007 RN 75,508 LPN 23,493 Total 99,001	RN	5,628	34,045	29,424	86.4%
	LPN	1,651	10,315	7,880	76.4%
	RN Permit	1,885			
	LPN Permit	325			
	PHN Certificates	507			
	Certified Nurse Practitioners	2,170			
	Certified Registered Nurse Anesthetists	1,643			
	Clinical Nurse Specialists	498			
	Certified Nurse Mid-wives	214			
	Total: 58,781	14,521	44,260	37,304	84.1%
2006 RN 72,328 LPN 23,393 Total 95,721	RN	5,153	32,273	51,629	80.2%
	LPN	1,843	10,229	13,891	67.8%
	RN Permit	1,354			
	LPN Permit	378			
	PHN Certificates	473			
	Certified Nurse Practitioners	1,922			
	Registered Nurse Anesthetists	1,268			
	Clinical Nurse Specialists	442			
	Certified Nurse Mid-wives	191			
	Total: 55,526	13,024	42,502	65,520	77.2%

RECEIPTS AND DISBURSEMENTS

Year	Receipts	Appropriation	Disbursements	Surplus (Shortfall)	Transfers
2010	\$5,663,406	\$3,287,000	Direct: \$3,098,483	1,415,429	General Fund: \$235,836
			Indirect: \$1,149,494		OET for E-Licensing: \$540,361
			Total: \$4,247,977		
2009	\$5,250,288	\$3,216,000	Direct: \$3,214,457	\$625,557	DHS long term home and community based care employee scholarship fund: \$930,000
			Indirect: \$1,410,272		General Fund: \$920,442
			Total: 4,624,729		
2008	\$5,064,959	\$3,055,000	Direct: \$2,776,070	\$1,237,800	DHS long term home and community based care employee scholarship fund: \$930,000
			Indirect: \$1,051,089		
			Total: \$3,827,159		
2007	\$4,967,292	\$2,567,000	Direct: \$2,043,869	\$1,484,067	DHS long term home and community based care employee scholarship fund: \$864,000
			Indirect: \$1,439,358		Dept. of Health Education Loan Forgiveness Program: \$200,000
			Total: \$3,483,227		Drive to Excellence: \$1,514
2006	\$4,690,154	\$2,356,000	Direct: \$2,011,121	\$1,691,327	DHS long term home and community based care employee scholarship fund: \$392,000
			Indirect: \$987,706		Dept. of Health Education Loan Forgiveness Program: \$125,000
			Total: \$2,998,827		

FEES

License/Service	Term	RN	LPN
Licensure by examination	Lifetime	\$105	\$105
Re-examination	N/A	\$60	\$60
Permit fee (exam applicants only)	60 days	\$60	\$60
Licensure by endorsement	Lifetime	\$105	\$105
Registration renewal	Two years	\$85	\$85
Late renewal	N/A	\$60	\$60
Public Health Nurse certification	Lifetime	\$30	N/A
Verification to DEA for APRNs	N/A	\$50	N/A
Replacement license certificate	N/A	\$20	\$20
Replacement registration certificate	N/A	\$5	\$5
Verification of licensure status	N/A	\$20	\$20
Verification of examination scores	N/A	\$20	\$20
Copy of microfilmed licensure application materials	N/A	\$20	\$20
Nursing business registration:	One year	Initial: \$100 Annual \$25	N/A
Practicing nursing without current registration	Two times the amount of the current registration renewal fee (\$85) for any part of the first calendar month, plus the current registration renewal fee (\$85) for any part of any subsequent month up to 24 months.		
Practicing without current APRN certification	\$200 the first month or any part of and \$100 each subsequent month or part thereof.		

Data/Service		
Auto Verification Service subscription	One year	The fee is set according to a sliding scale based on the number of records included in the subscription, from \$100 for 1-100 records to \$1000 for a subscription consisting of over 5000 records.
Data requests	One cent per each record included in the file, plus a \$5 file creation fee.	
eLicensing surcharge	Ten percent of the application fee for initial licensure by examination or endorsement (\$10.50), renewal of RN or LPN registration (\$8.50), and RN and LPN reregistration (\$8.50).	

NURSING EDUCATION PROGRAMS

Number of Approved Licensure-Preparing Programs	
Practical Nursing	26
Associate Degree – Professional	21
Baccalaureate Degree – Professional	18
Master’s Degree – Professional	2

Report of Persons Completing Licensure-Preparing Nursing Programs FY 2009	
Practical Nursing	1788
Associate Degree – Professional	2008
Baccalaureate Degree - Professional	943

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, and analysis of the National Council Licensure Exam (NCLEX®) data were used to evaluate each nursing education programs’ compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

The Board requires oversight of programs that have first-time licensure exam (NCLEX®) success rates at 75% or below for a calendar year. Eleven nursing programs were below the minimum standard (75% or below) for first-time NCLEX® candidate success rates during calendar years 2008 and 2009 consecutive periods (2007 and 2008). One practical nursing program was below minimum standard for three consecutive periods (2006, 2007, and 2008).

Table 1. **Programs below minimum standard NCLEX®** (National Council Licensure Exam)

Programs at 75% or below for first time licensure exam success rates	CY 2006	Cy 2007	CY 2008	CY 2009
First time below minimum standard	3 (2 ADN & 1 PN)	5 (4 ADN & 1 PN)	3 (2 BSN & 1 PN)	5 (1 BSN, 3 ADN, 1 PN)
Second consecutive time below minimum standard	0	1 (1 PN)	2 (2 ADN)	0
Third consecutive time below minimum standard	0	0	1	0
Total below minimum standard	3	6	6	5

All programs with first-time NCLEX® candidate success rates of 75% or below for one calendar year were required to submit plans of corrective action. For programs below minimum standard for two consecutive calendar years, the Board required a revised plan of corrective action and conducted an on-site survey. An on-site survey for compliance of all applicable rules and for the implementation of the plan for corrective action was required for the program below minimum standard for three consecutive calendar years. As of calendar year 2009, all of these programs were above the minimum standard. The Board summarized data from the plans of corrective action and shared data with administrators from the Minnesota State Colleges and Universities’ Chancellor’s office as well as the directors of the nursing programs.

Table 2. Approval of new licensure-preparing nursing programs

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	1	0
Professional Nursing – Associate Degree (ADN)	3	3
Professional Nursing – Baccalaureate Degree (BSN)	2	2
Professional Nursing- Master’s Degree (MN)	1	1
Total	7	6

The Board granted new program approval to the following six nursing education programs during FY 2009 through 2010:

- Lake Superior Generic Professional Associate Degree Nursing Program, Duluth, MN
- National American University Baccalaureate Degree Nursing Program, Bloomington, MN
- Herzing University Baccalaureate Nursing Program, Crystal, MN
- Metropolitan State University Entry-Level Master of Science Nursing Program, St. Paul, MN
- Rasmussen College Associate Degree Nursing Program, Mankato, MN
- South Central College Professional Nursing Associate Degree Program, Mankato, MN

Approval of New Programs	FY 07 - FY 08	FY 09 - FY 10
Practical Nursing	7	4
Professional Nursing – Associate Degree Professional Nursing – Baccalaureate Degree Professional Nursing- Master’s Degree	11	8
Total	18	12

BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

Mission

“The mission of the Board of Examiners for Nursing Home Administrators is to promote the public’s interest in quality care and effective services for residents of nursing facilities by ensuring that licensed administrators are qualified to perform their administrative duties.”

Board Members

- James Birchem, LNHA, Little Falls, MN, Professional Member
(Term: 3/1/2004 ; Reappt: 4/18/2008 to 1/2/2012)
- Thomas Pollock, LNHA Maple Grove, MN, Professional Member
(Appt: 5/15/2007to 1/3/2011)
- Kyle Nordine, LNHA Northfield, MN, Professional Member
(Appt: 4/19/2005 ; Reappt: 2/3/2009 to 1/7/2013)
- Jennifer Pfeffer, LNHA, Mankato, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010 to 1/6/2014)
- Dr. Jane Pederson, MD Woodbury, MN, Professional Member
(Appt: 7/15/1996; Reappt:2/3/2009 (5th term) to 1/7/2013)
- Nancy Tuders, RN Grand Rapids, MN, Professional Member
(Appt: 5/15/2007 to 1/3/2011)
- Christine Rice, Lake Elmo , MN, Public Member
(Appt: 6/25/2004; Reappt: 4/18/2008 to 1/2/2012)
- Ann Tagtmeyer, Mendota Heights, Public Member
(Appt: 12/30/1999 ; Reappt: 4/18/2008 (3rd term) to 1/2/2012)
- Chandra Mehrotra, Ph.D., Duluth, Public Member
(Appt: 5/15/2003 ; Reappt: 5/15/2007 to 1/3/2011)

Board Staff

- Randy Snyder, Executive Director
Jan Strum, Office Manager

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Telephone: 651-201-2730 FAX: 612-617-2125



Letter from the Executive Director

Dear Citizens of the Great State of Minnesota:

The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by *investing* in its future through thoughtful planning. As the only federally required health occupation board in Minnesota, the legislative requirement mandates a majority of board members be comprised of non-licensees. The board continues to influence better models of care in safe environments for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the recent election of a Minnesota licensee to the Chair of the NAB Board and the Executive Director being elected as the Chair Elect of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination.

The board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, six Minnesota colleges and UW-Eau Claire carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The board takes seriously its role of assuring leaders at the helm of Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our state's aging population.

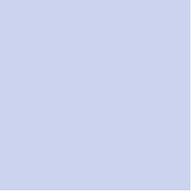
Randy Snyder, Executive Director
Minnesota Board of Examiners for Nursing Home Administrators

CREDENTIALS

Year ending
June 30, 2010

Total licensed or registered	Credentials Renewed Online	New Licensed Granted
851	90.5% licensees renewed in Biennium	44

Previous Years Ending in this Year	Total licensed or registered	Credentials Renewed Online	New Licenses Granted
2009	846	89.3% (711 licenses)	46
2008	831	89.3% (698 licenses)	43
2007	821	87.5% (677 licenses)	37
2006	840	81.5% (622 licenses)	36



The board initiated online renewals on May 1, 2002. The licensees trust in the relationship created by the board members who provided insight in the creation of the electronic model. BENHA licensees were early adaptors to online services with nearly 50% of renewals completed online the first year to a consistent 88% to 90% in the past four years.



The online Administrator of Record data enhancement automatically notifies the BENHA board, the Minnesota Department of Health and Department of Human Services of changes when administrators begin or end their employment.



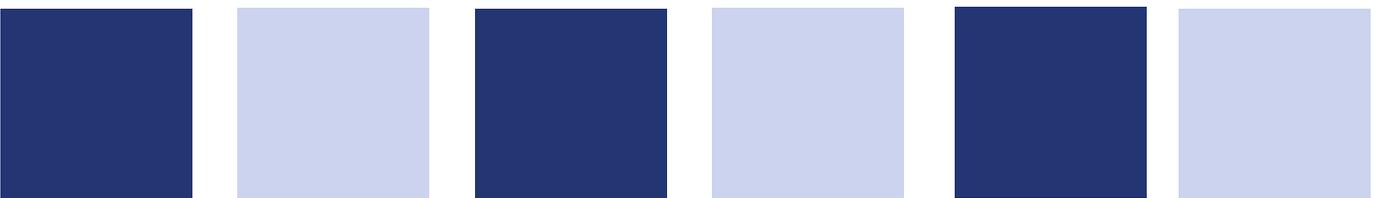
In 2010, the initial licensure process received a customer service rating of 9.28 out of 10 in measuring staff availability, knowledge, and response to information requests about licensure requirements and process. The office also had a rating of 9.6/10 to BENHA service and assistance during the application process.



The Board continues to be proud of creating a shared electronic licensing model with other small boards. The cost and function are unequalled in comparison with models from other States. This year, 90.5% of renewing licensees renewed online. Significant work has been completed in this biennium to create online applications scheduled for roll out in the next biennium.



The board has maintained its customer service standard of a phone, email or limited mailed response within 48 hours of any applicant/licensee request for information at above a 95% service level with its current staffing of 2.0 FTE.



COMPLAINTS

Fiscal Year Ending	Complaint Received	Complaints Closed
June 30, 2010	78	78
June 30, 2009	69	69
June 30, 2008	78	78
June 30, 2007	102	102
June 30, 2006	108	206

The Standards of Practice Committee is comprised of two long term care administrators with one non-administrator serving on this committee. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint, the LNHA. In over 95% of the time, the complaint is resolved within two meetings or approximately six months. As only board members serving on the complaint panel make the processing decision, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. The Standards of Practice Committee now meets on the same day as the regular quarterly board meeting to reduce travel, lodging and per diem expense. This past year, two additional SOPC meetings were held to assure timely processing.

The committee has incorporated 'just culture' principles whereas many of the complaints are resolved with professional quality improvement standards and educational re-direction, without escalating to a contested case. With many of the complaints, the corrective action is working towards better operational systems and therefore don't warrant formal individual administrative action. The committee holds the administrator accountable for willful disregard in areas of resident safety. Administrative coaching and directed education is the approach used for a majority of cases involving unintentional, yet actual resident harm as a result of an employees' action. The administrator is held accountable for continuous quality improvement and root cause analysis to minimize future sentinel events.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$196,995	\$180,024
2009	\$199,055	\$184,061
2008	\$196,030	\$173,404
2007	\$187,90	\$174,912
2006	\$189,917	\$159,313

FEES

Item	Fee
Application	\$150
Original License	\$200
Annual renewal	\$200
Acting Administrator Permit	\$250

The Minnesota Board of Examiners for Nursing Home Administrators' fees were last increased in 1995. Until recently, board members were committed to operational efficiency knowing that unspent budget was placed in the surplus account to delay fee increases or for litigation expense involving a contested case. The surplus or savings account amounted to delaying fee increases projected to 2015, however, BENHA may now be required to seek a fee increase in the next biennium due to the recent transfer, or sweeping, of funds. The board cannot support the transfer of funds totaling \$116,084.00 to the General Fund for such things as the duplicative e-licensing system offered by the Office of Enterprise Technology. These actions do not instill fiduciary trust for the licensee community nor build confidence of board members. The Board resolved that fees collected should be spent on board operation or fees should be lowered.

“It is the mission of the Board of Optometry to:

Promote public interest in receiving quality optometric health care from competent licensed optometrists

Protect the public by ensuring that all licensed optometrists meet the educational and practical requirements specified in law.

Protect the public by setting standards for quality optometric health care.”

Board Members

Jeanette Taylor Jones, Medina, MN, Public Member
(Appt: 2003; Reappt: 2007)

Timothy Neitzke, OD, Frazee, MN, Professional Member
(Appt: 2004; Reappt: 2008)

Marlene Reid, St Paul, MN, Public Member
(Appt: 6/30/2006; Reappt: 1/28/2010 to 1/6/2014)

Roger Pabst, OD, Redwood Falls MN, Professional Member
(Appt: 72005; Reappt: 2009)

Beth DeSpieglaere, OD, Bloomington, MN, Professional Member
(Appt: 2007)

Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010)

Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010)

Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010)

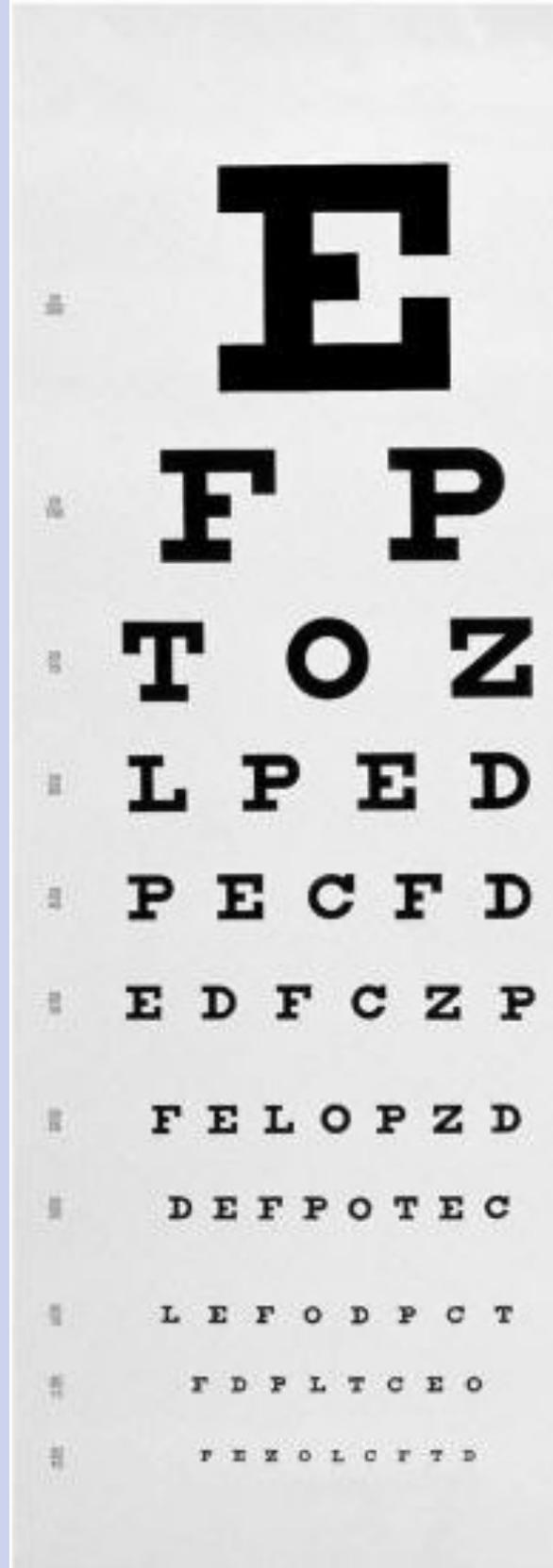
Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010)

Board Staff

Laurie Mickelson, Executive Director

Anna Hartsel, Office and Administrative Specialist

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Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality optometric care from competent optometrists. Public protection through licensure and regulation underlies every activity and all functions of the Board.

The Board continues collaborative efforts for online services shared between the group of seven small health licensing boards banded together to leverage limited resources. This group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and regulatory system, web applications, and database in an extremely functional but cost effective and efficient manner.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for exceptional dedication and hard work to meet the increasing demands and continue to provide service excellence.

Laurie Mickelson, Executive Director
Minnesota Board of Optometry

CREDENTIALS

Year	Total number of persons licensed	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2009-6/30/2010	1,023	23	1,006	477	47%
7/1/2008-6/30/2009	1,001	38	1,001	493	49%
7/1/2007-6/30/2008	1,004	74	972	444	45%
7/1/2006-6/30/2007	931	15	952	360	37%
7/1/2006-6/30/205	951	24	934	N/A	N/A

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2010	5	10	Less than one year: 2
			More than one year: 1
2009	10	3	Less than one year: 5
			More than one year: 8
2008	10	8	Less than one year: 8
			More than one year: 7
2007	10	4	Less than one year: 4
			More than one year: 3
2006	12	9	Less than one year: 6

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$117,174	\$104,044
2009	\$120,424	\$128,511
2008	\$117,381	\$107,151
2007	\$113,057	\$115,234
2006	\$107,460	\$98,229

FEES

Item	Fee
Professional Corporations	\$100 initial report \$25 annual report
Licensure Application	\$87
Annual License Renewal	\$105
Late Penalty Fee	1/3 renewal fee
Therapeutic Drug Certification	\$50
Duplicate/Replacement	Varies
CE Application	\$15
Emeritus Registration	\$10
Endorsement Application	\$87
Reinstatement Application	Varies

“The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.”

Board Members

Carleton Crawford, Minneapolis, MN, Public Member
(Appt: 7/2003 Reappt: 5/2007)

Karen Bergrud, Stewartville, MN, Professional Member
(Appt: 5/2007)

Kay Hanson, Brooklyn Park, MN, Professional Member
(Appt: 7/2004; Reappt: 3/2008)

Stacey Jassey, Maple Grove, MN, Professional Member
(Appt: 3/2008)

James Koppen, Pine City, MN, Professional Member
(Appt: 4/2009)

Ikram-Ul-Huq, Apple Valley, MN, Public Member
(Appt: 4/2010)

Laura Schwartzwald, Aitkin, MN, Professional Member
(Appt: 4/2010)

Board Staff

Cody Wiberg, Executive Director	Les Kotek
Pat Eggers, Office Manager	Michele Mattila
Barbara Carter	LeeAnn Olson
Jennifer Fischer	Karen Schreiner
Candice Fleming	Stu Vandenberg
Keith Hovland	Colette Zelinsky
Sojourner Killingsworth	

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Board Website: <http://www.phcybrd.state.mn.us>
Telephone: 651-201-2825 FAX: 651-201-2837



Letter from the Executive Director

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to promote, preserve, and protect the public health, safety, and welfare by fostering the provision of quality pharmaceutical care to the citizens of Minnesota through the examination and licensure of pharmacists, the regulation of the practice of pharmacy, and the inspection of licensed pharmacies, wholesalers, and manufacturers. The Board strives to ensure that prescription drugs are provided to the public in a safe and effective manner by qualified licensees.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Set licensure and internship requirements through the rules process.
- Review academic programs to determine if they meet requirements.
- Develop the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Review continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Review individual applicant and licensee documentation of completion of requirements for initial and continuing licensure.

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statutes and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statutes and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Good Manufacturing Practices Standards.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

Responding to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants, registrants, and licensees.

- Accept complaints and reports from the public and health care providers and regulators.
- Decide whether a complaint or inquiry is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond to complainants and agency reports by informing the complainants/agencies of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding .

Letter from the Executive Director (Continued)

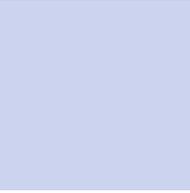
Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Set standards of conduct and a basis for disciplinary action through the rules process.
- Seek information directly from the licensee and obtain evidence and relevant information from other agencies in response to complaints or inquiries.
- Hold conferences with licensees to identify their role and responsibility in a matter under investigation.
- Provide applicant and licensee education to improve practice and prevent recurrence of problems.
- Obtain voluntary agreement for disciplinary action or pursue disciplinary action through a due process, contested case hearing; defend disciplinary action in court if necessary.
- Referring cases, where appropriate, to the Health Professional Services Program.

Administering the State's new Prescription Monitoring Program (PMP)

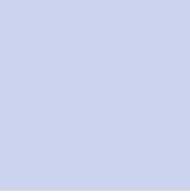
- Electronically collect data, on a daily basis, concerning controlled substance prescriptions from approximately 1,700 dispensers. (6 million prescriptions reported annually).
- Process applications from prescribers and pharmacists who want to access the PMP database through a secure Internet link.
- Cluster (i.e. link) profiles thought to be for a single individual who uses multiple names or addresses in an attempt to hide "doctor-shopping" behavior.
- Work with the Board's IT vendors to improve processes for the PMP.
- Make presentations to professional groups interested in learning about the PMP.

Cody Wiberg, Pharm.D., M.S., R.Ph., Executive Director
Minnesota Board of Pharmacy



Major activities during the biennium

The board accomplished the following major activities during the biennium:

- 
- Continuous updating of the web site to provide information about the board and its various functions to the public, applicants for licensure, and licensees of the board. The site provides links to other state and federal agencies that also help citizens interested in finding appropriate pharmacy services and to inform them of how to pursue complaints or concerns about their prescriptions. It also provides a variety of forms that the public, applicants for licensure and licensees of the board can download.
- 
- Began work on a general revision of the Board's Rules. Also adopted rule changes that added numerous drugs to the State's Schedules of controlled substances. Began work on a rule change that will add synthetic cannabinoids to the State's controlled substances Schedule I.
- 
- Updated an item pool of 2,000+ questions for the Multistate Pharmacy Jurisprudence Examination/Minnesota.
 - Implemented the Prescription Monitoring Program. Prescribers and pharmacists are able to access this data in order to identify individuals who might be fraudulently trying to obtain prescriptions.
- 
- Provided technical assistance to legislators and legislative staff on numerous pieces of legislation related to pharmaceuticals and the practice of pharmacy.

CREDENTIALS

Year	Type of License	Credentials Renewed	Online Renewals	Total Persons Licensed
7/1/2009- 6/30/2010	Pharmacist	7,564	93%	7,546
	Technician	8,618	75%	8,552
	Pharmacy	1,706		1,701
	Wholesaler	1,075		1,067
	Manufacturer	408		401
	Medical Gas Distributor	71		68
	Controlled Substance Re- searchers	503		498
	Interns	1,440		1,436
	Prescription Monitoring Program Users	1,537		1,537
	Total	22,922		22,806
7/1/2008- 6/30/2009	Pharmacist	7,357	92%	7,294
	Technician	8,354	73%	8,288
	Pharmacy	1,695		1,693
	Wholesaler	1,030		1,018
	Manufacturer	371		361
	Medical Gas Distributor	60		56
	Controlled Substance Re- searcher	428		404
	Interns	1,435		1,435
	Total	19,295		19,114

Year	Type of License	Credentials Renewed	Online Renewals	Total Persons Licensed
7/1/2007- 6/30/2008	Pharmacist	6,980	90%	6,875
	Technician	8,157	71%	8,114
	Pharmacy	1,675		1,669
	Wholesaler	985		974
	Manufacturer	332		322
	Medical Gas Distributor	50		47
	Controlled Substance Re- searcher	391		387
	Interns	1,233		1,166
	Total	18,570		18,388
7/1/2006- 6/30/2007	Pharmacist	6,629	88%	6,547
	Technician	7,530	69%	7,336
	Pharmacy	1,654		1,649
	Wholesaler	946		936
	Manufacturer	297		288
	Medical Gas Distributor	41		39
	Controlled Substance Re- searcher	375		371
	Interns	6,629		1,006
	Total	17,472		17,166
7/1/2005- 6/30/2006	Pharmacist	6,484		6,502
	Technician	6,830		6,998
	Pharmacy	1,601		1,613
	Wholesaler	903		911
	Manufacturer	268		273
	Medical Gas Distributor	31		33
	Controlled Substance Re- searcher	375		375
	Interns	891		1,006
	Total	16,492		16,705

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2010	86	49	Less than one year: 21 More than one year: 25
2009	104	100	Less than one year: 17 More than one year: 5
2008	86		Less than one year: 19 More than one year: 2
2007	64		Less than one year: 41 More than one year: 0
2006	81		

Approximately 30% of the complaints that the Board receives involve alleged dispensing errors (e.g. – a wrong drug dispensed). Another 20% involve chemically dependent pharmacists and technicians. The remaining 50% involve a variety of allegations such as failing to follow health data privacy laws, failure to provide counseling, and failure to pay taxes or child support. During the biennium, the Board took disciplinary action against the licenses or registrations of 18 pharmacists, 13 pharmacy technicians, one pharmacy and one drug wholesaler.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$1,887,345	\$1,738,930
2009	\$1,703,001	\$1,611,868
2008	\$1,579,581	\$1,519,978
2007	\$1,479,113	\$1,265,087
2006	\$1,442,545	\$996,505

Please note that receipts received during fiscal years 2006 – 2008 were relatively stable. The increase in receipts during the last biennium was largely due to federal grant money awarded to the Board for the implementation of the Prescription Monitoring Program. Increase in disbursements have occurred due to implementation of the PMP program, an increase in payments to the Attorney General's Office related to disciplinary actions, an increase in salary and benefits and a large increase in statewide indirect costs.

FEES

Item	Fee
Pharmacist Renewal	\$105.00
Practical Examination Application	\$125.00
Original Licensure	\$105.00
Reciprocity Application	\$205.00
Pharmacy New and Renewal	\$165.00
Wholesaler New & Renew—Prescription and Controlled Substance	\$180.00
Wholesaler - Non-Prescription and Veterinary Non-Prescription	\$155.00
Wholesaler – Medical Gases	\$130.00
Wholesaler – When licensed as a MN Pharmacy	\$105.00
Manufacturer – Prescription and Controlled Substance	\$180.00
Manufacturer - Non-Prescription and Veterinary Non-Prescription	\$155.00
Manufacturer – Medical Gases	\$130.00
Manufacturer – When licensed as a MN Pharmacy	\$105.00
Medical Gas Distributors	\$50.00
Controlled Substance Researchers	\$25.00
Interns	\$20.00
Technicians	\$20.00

BOARD OF PHYSICAL THERAPY

“The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants.”

Board Members

Timothy Fedje, Rochester, MN, Professional Member
(Appt: 12/27/1999; Reappt: to 1/1/2001, 1/3/2005, 3/5/2009)

Kathy Fleischaker, Eden Prairie, MN, Professional Member
(Appt: 12/27/1999; Reappt: 1/7/2003, 9/4/2007)

Linda Gustafson, Minnetonka, MN, Professional Member
(Appt: 3/5/2009)

Bruce Idelkope, Minneapolis, MN, Professional Member
(Appt: 8/28/2000 ; Reappt: 1/1/2001, 1/3/2005, 3/5/2009)

Barbara Liebenstein, Dundas, MN, Public Member
(Appt: 7/7/2005 Reappt: 3/5/2009)

Therese McDevitt, Brooklyn Center MN, Professional Member
(Appt: 12/27/1999, 3/5/2009; Reappt: 1/7/2002)

Sandra Marden-Lokken, Duluth, MN, Professional Member
(Appt: 7/7/2005; Reappt: 9/4/2007)

Debra Newel, St. Paul, MN, Public Member
(Appt: 10/19/2009)

Kathy Polhamus, North St. Paul, MN, Public Member
(Appt: 9/4/2007; Reappt: 5/5/2010)

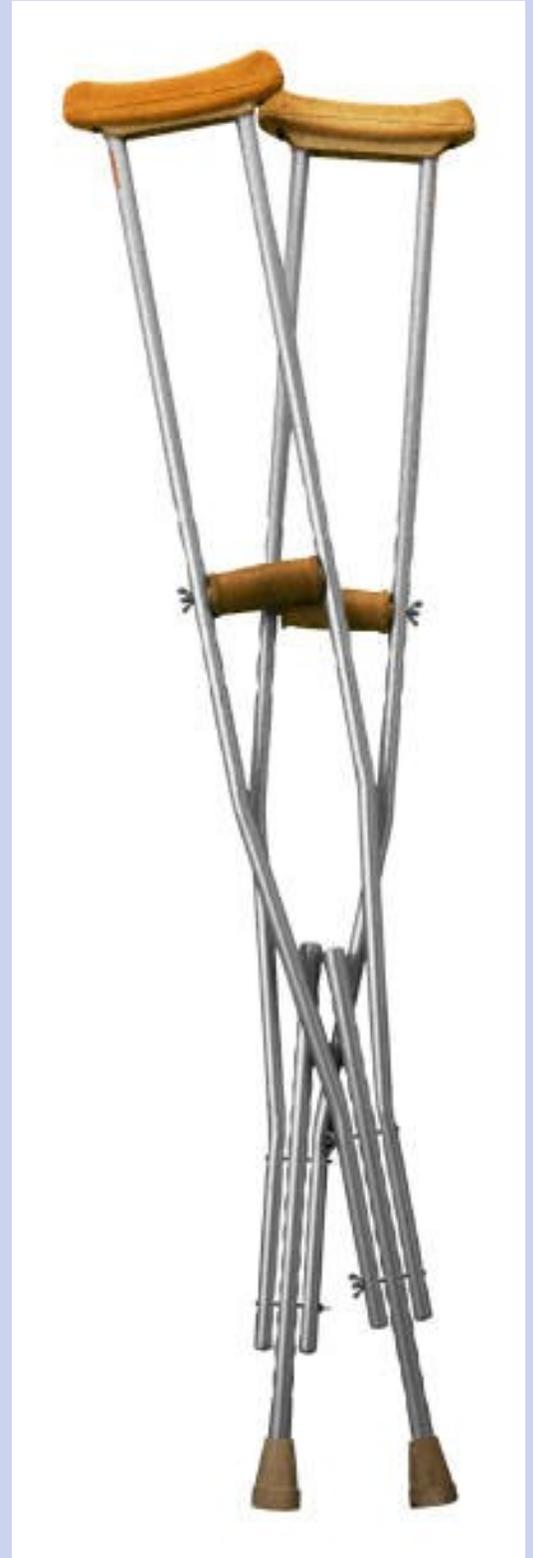
Elizabeth Schultz, Alden, MN, Professional Member
(Appt: 6/30/2006; Reappt: 5/5/2010)

Debra Sellheim, Maplewood, MN, Professional Member
(Appt: 5/5/2010)

Board Staff

Stephanie Lunning, Executive Director
Erin DeTomaso, Office Manager
Laura Moser, Administrative Support

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Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants. Public protection through licensure and regulation underlies every activity and all functions of the Board. The major functions of the Board are to ensure that applicants met the standards for licensure; to ensure that licensees meet the standards for license renewal; to identify licensees who fail to maintain minimum standards for the provision of safe and quality care, and when warranted to provide appropriate disciplinary or corrective action; and to provide information and education to the public.

The Board initiated an online initial license application service during this biennium. The online application service is shared with six other small health licensing boards. The group of small boards has worked cooperatively for 9 years to successfully develop, maintain, and advance an integrated licensing and Regulatory system, web applications, and database in an extremely functional, cost effective, and efficient manner.

Continuing Competence has been and will continue to be a significant focus for the Board. A Continuing Competence Task Force was appointed and met six times during this biennium to explore and research existing tools and models that support Continuing Competence. The Task Force recently recommended, and the Board approved initiation of rulemaking for continuing competence activities.

During this biennium, a Board member and a staff member served in elected positions with the Board of the Federation of State Boards of Physical Therapy (FSBPT), the national association of state physical therapy regulatory boards. This is a continuation of a long standing pattern of service in national positions of leadership on the FSBPT board, committees, and task forces.

The Board and staff have successfully met challenges of significant growth during this biennium. The numbers of licensees, the number of complaints, and the complexity of complaint investigations have increased significantly. The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for their exceptional dedication and hard work to meet the increasing demands while continuing to provide service excellence.

Stephanie Lunning, PT, Executive Director
Minnesota Board of Physical Therapy

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	Violation of a Board Order	1	79	Less than one year: 21 Greater than one year: 4
	Unprofessional conduct	83		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	8		
	Failing to comply with continuing education requirement	1		
	Conviction of a felony (issues of distrust)	1		
	Non Jurisdictional	2		
	Practicing under lapsed or non-renewed license	13		
	Failing to consult with referral source when treatment was altered from order	4		
	Treatment without a referral beyond 90 days or by a PT with less than 1 year of experience	1		
	Disqualification by Office of Health Facility Complaints	2		
	Use of title physical therapist or PT without a license	3		
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7		
	Total		104	
7/1/2006-6/30/2008	Unlicensed practice	5	52	Less than one year: 13 Greater than one year: 2
	Unprofessional conduct	36		
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	3		
	Failing to comply with continuing education requirement	2		
	Gross negligence in practice of PT	1		
	Non Jurisdictional	5		
	Practicing under lapsed or non-renewed license	1		
	Failing to consult with referral source when treatment was altered from order	1		
	Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	2		
	Attempting to obtain a license by fraud or deception	1		
	Impairment	8		
Total		67		

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2004-6/30/2006	Unlicensed practice	4	69	Less than one year: 4
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		Greater than one year: 14
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	9		
	Failing to report other PTs who violate statute	2		
	Failing to comply with continuing education requirement	1		
	Total		36	
7/1/2002-6/30/2004	Unlicensed practice	5	60	Less than one year: 17
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	32		Greater than one year: 7
	Conviction of a felony	1		
	Noncompliance with Board Order	2		
	Total		40	
7/1/2000-6/30/2002	Unlicensed practice	4	36	Less than one year: 15
	Conduct unbecoming a person licensed as a physical therapist or conduct detrimental to the best interests of the public.	29		Greater than one year: 3
	Use of drugs or intoxicating liquors to an extent which affects professional competence	4		
	Civil commitment for mental illness	1		
	Nonpayment of State income taxes	1		
	Noncompliance with Board Order	1		
	Total		40	

RECEIPTS AND DISBURSEMENTS

Biennium Ends In	Receipts	Disbursements
2010	\$876,935	\$747,775
2008	\$828,155	\$562,095
2006	\$577,355	\$506,094
2004	\$569,955	\$519,529
2002	\$532,021	\$480,849

FEES

Item	Fee
PT and PTA Annual License Renewal	\$60
PT and PTA Late Fee for Annual Renewal	\$20
PT and PTA Initial Application	\$100
PT and PTA Examination	\$50
PT and PTA Temporary Permit Fee	\$25
PT and PTA Duplicate License	\$20
PT and PTA Certification of Licensure	\$25
Continuing Education Course Review	\$100

CREDENTIALS

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2008-6/30/2010	PT	452	7,832	7,205	92%
	PTA	497	2,553	2,093	82%
	Total Licensees 6/30/10: 5,442				
7/1/2006-6/30/2008	PT	389	7,436	6,312	85%
	PTA	874			
	Total Licensees 6/30/08: 4,670				
7/1/2004-6/30/2006	PT	336	6,949	3,047	44%
	Total Licensees 6/30/06: 3,588				
7/1/2002-6/30/2004	PT	400	6,202	1,364	22%
	Total Licensees 6/30/04: 3,443				
7/1/2000-6/30/2002	PT	456	5,990		
	Total Licensees 6/30/02: 3,269			Not avail	Not avail

Electronic government services were initiated by the Board in FY03 with online renewal of licenses with online initial applications being implemented in FY10. During the first year availability of online initial license applications, 56% of applications were submitted online.

The Board began licensing physical therapist assistants during FY08, and completed the initial licensure process in FY09, with a 31% increase in the total number of licensees regulated by the Board. Physical therapist assistants renewed their licenses for the first time during FY09.

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that applicants meet the standards for initial licensure, and physical therapists and physical therapist assistants meet standards for annual license renewal.

“The mission of the Board of Podiatric Medicine is to protect the public by: 1) extending the privilege to practice to qualified applicants, and 2) investigating complaints relating to the competency or behavior of individual licensees or registrants. In addition, the Board responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies, and initiates legislative changes, as needed to update the practice act for podiatric medicine.”

Board Members

Eugene Dela Cruz, DPM, Eagan, MN, Professional Member
(Appt: 3/20/2007; Reappt: to 1/3/2011)

Edward Lebrija, DPM, Morris, MN, Professional Member
(Appt: 3/16/2009; Reappt: 1/7/2013)

Schelli McCabe, DPM, St. Peter, MN, Professional Member
(Appt: 3/29/2010; Reappt: to 1/6/2014)

James Nack, DPM, Mankato, MN, Professional Member
(Appt: 3/19/2008 ; Reappt: to 1/2/2012)

Jennifer Pfeffer, LNHA, Mankato, MN, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010 to 1/6/2014)

Stephen Powless, DPM, Minneapolis, MN, Professional Member
(Appt: 3/20/2007; Reappt: to 1/3/2011)

Esther Newcome, White Bear Lake, MN, Public Member
(Appt: 3/16/2009; Reappt: to 1/7/2013)

Judy Swanholm, St. Paul, MN, Public Member
(Appt: 3/29/10; Reappt: to 1/6/2014)

Board Staff

Ruth Grendahl, Executive Director

Minnesota Board of Podiatric Medicine
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Letter from the Executive Director

The Board will celebrate its 100th anniversary this decade, having been created by the Legislature in 1917 for the purpose of licensing chiropodists. Since then many changes have occurred. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg.

In 2003 approximately 180 doctors of podiatric medicine held active Minnesota licenses and 12 held temporary permits. Those numbers changed by the end of this biennium to 207 licensed podiatrists, an increase of 15%, and 15 temporary permits, an increase of 25%.

Currently, most of our license verifications are generated online and licensees in the next biennium will be able to renew their licenses online: A real change from 1917!

However, one thing that has not changed at the Board since 1917 is its mission to protect the public through licensure, regulation and education. The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board, who all take their responsibilities very seriously. If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may conference with the licensee, provide education to improve a licensee's practices to prevent recurrence of problems, attempt to resolve the matter by an agreement for corrective action, obtain voluntary agreements for disciplinary actions, or pursue disciplinary action through a due process, contested case hearing or court action, as needed.

The dedication of Board members and the high professional standards for podiatrists are a credit to the State.

The Board is looking forward to the next 100 years!

Ruth Grendahl, Executive Director
Minnesota Board of Podiatric Medicine

Year	Type of License	Licenses Issued
7/1/2009-6/30/2010	Podiatrists	207
	Temporary Permits	15
	Professional Corporations	40
	Total	262
7/1/2008-6/30/2009	Podiatrists	203
	Temporary Permits	7
	Professional Corporations	37
	Total	247
7/1/2007-6/30/2008	Podiatrists	193
	Temporary Permits	9
	Professional Corporations	41
	Total	243
7/1/2006-6/30/2007	Podiatrists	190
	Temporary Permits	4
	Professional Corporations	41
	Total	235
7/1/2005-6/30/2006	Podiatrists	185
	Temporary Permits	6
	Professional Corporations	41
	Total	232

Since 2006 the Board of Podiatric Medicine has seen an increase of 12% licensed podiatrists, and a 150% increase of residents requesting temporary permits in the three Minnesota programs. The increase in temporary permits suggests strong residency programs are available in Minnesota.

Online license biennial renewals will be available for the 2011 cycle.

FEES

Item	Fee
Application for licensure	\$600
Biennial License Renewal Fee	\$600
Temporary Permit—Annual	\$250
Professional Corporation—Annual	\$50
License Verification	\$30

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2010	\$95,858	\$76,872
2009	\$89,291	\$81,454
2008	\$91,061	\$77,249
2007	\$79,475	\$75,785
2006	\$84,429	\$74,019

The Minnesota Board of Podiatric Medicine has not increased its fees since 1999. Board members were committed to operating efficiently, knowing the funds would be placed in a surplus account for costly future contested disciplinary actions and to delay fee increases. The Board was collecting more than it was appropriated until the past legislative session when spending authority was increased annually by \$15,000.

COMPLAINTS

Biennium Ending in June 30 in Year	Complaints Received	Complaints Closed	Cases Left open
2010	10	9	< One year: 5 > One year: 3
2009	11	19	< One year: 4 > One year: 0
2008	11	8	< One year: 6 > One year: 3
2007	9	9	< One year: 8 > One year: 0
2006	14	8	< One year: 8 > One year: 0

THE BOARD WAS CREATED BY THE LEGISLATURE IN 1917 for the purpose of licensing chiropodists. In 1959 the term podiatry became synonymous in meaning with the word chiropody and in 1961 was substituted throughout the practice act. In 1987 a new practice act became law, establishing requirements for licensure. Podiatrists are licensed to diagnose and treat medically, mechanically, and surgically the ailments of the human hand, foot, ankle, and lower leg. The seven-member board has five podiatrists and two public members. Meetings are held quarterly in March, June, September, and December at the location of the board office and are open to the public.

The Complaint Resolution Committee (CRC) of the Board of Podiatric Medicine is authorized by Minnesota Statutes, M.S. chapter 214.10 and M.S. 214.103 and it reviews complaints against licensees. The CRC is comprised of three Board members, two licensed doctors of podiatric medicine and a public member of the Board. The Executive Director processes complaints submitted to the Board and refers them to the Committee, as appropriate.

If a complaint or other information obtained by the Board indicates that a licensee may have violated a statute or rule that the Board has authority to enforce, the Committee may request the medical records of the patient, may request the licensee's written response to the allegations, may refer the matter to the Attorney General's Office for investigation and/or may schedule a conference with the licensee to discuss the allegations.

If the licensee's response, the investigation and/or the conference discussion show that the licensee has violated a statute or rule enforced by the Board:

- the Committee may dismiss the matter if it determines that the licensee's conduct does not warrant corrective or disciplinary action;
- may attempt to resolve the matter with the licensee by an agreement for corrective action;
- or may negotiate a stipulation for disciplinary action which must be approved by the full Board to become effective.

If the Committee believes that the licensee's conduct warrants disciplinary action and it is unable to resolve the matter with the licensee, the Committee will initiate a disciplinary proceeding against the licensee in accordance with the Minnesota Administrative Procedure Act.

The full Board meets on a quarterly basis with the CRC meeting more frequently.



Setting and administering educational requirements and examination standards for podiatric licensure

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through statutes and administrative rules
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure



Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- 
- Accepting complaints and reports from the public and health care providers and regulators
 - Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action to resolve the matter
 - Referring inquiries and complaints to other investigative, regulatory or assisting agencies
 - Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding



Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- 
- Setting standards of conduct and a basis for disciplinary action through statutes and administrative rules
 - Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
 - Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
 - Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
 - Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

BOARD OF PSYCHOLOGY

“It is the mission of the Board of Psychology to protect the public from the practice of psychology by unqualified persons and from unethical and unprofessional conduct by persons licensed to practice psychology.”

Board Members

- Gerald Jensen, MA, Brainerd, MN, Professional Member
(Appt: 7/8/2003; Reappt: 2/27/2007)
- Susan Hayes, St. Louis Park, MN, Public Member
(Appt: 5/18/2001; Reappt: 7/8/2003, 2/26/2007)
- Ted Thompson, MEq, LP, Minneapolis, MN, Professional Member
(Appt: 8/27/2003; Reappt: 2/27/2007)
- Jean Wolf, Ph.D., St. Paul, MN, Professional Member
(Appt: 4/20/2004; Reappt: 3/16/2009)
- Susan Ward, Rochester, MN, Public Member
(Appt: 7/7/2006; 3/16/2009)
- Margaret Fulton, Ph.D., LP, St. Paul, MN, Professional Member
(Appt: 7/7/2006; Reappt: 6/28/2010)
- Chris Bonnell, JD, Buffalo, MN, Public Member
(Appt: 8/25/2008; Reappt: 6/28/2010)
- Jeffrey Allen Brown, Ph.D., LP, Eagan, MN, Professional Member
(Appt: 8/25/2008)
- Thanh Son Thi Nguyen-Kelly, Ph.D., LP, No. St. Paul, MN, Professional Member
(Appt: 7/7/2006)
- Joseph Lee, MA, LP, Burnsville, MN, Professional Member
(Appt: 8/25/2008; Resigned: 2/12/2010)

Board Staff

- Angelina M. Barnes, Executive Director
Leo Campero, Assistant Executive Director
Debby Sellin-Beckerleg, Office Manager
Michelle Elliott, Renewals Coordinator
Mary Seiger, Licensure Specialist
Paula Laudenbach, Licensure Specialist
Bendu Hallowanger, Student Worker
Patricia LaBrocca, Regulations Analyst
Gail Schiff, Regulations Analyst
Kelly Finn-Searles, Office Administrative Assistant
Robin Finger, Receptionist

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Letter from the Executive Director

The past two years have marked an exciting period of growth for the Minnesota Board of Psychology (Board). The Board is charged with providing public protection in an efficient and fiscally responsible manner through licensure and regulation of the practice of psychology.

Throughout fiscal year 2010, the Board reviewed internal operating, licensure, and complaint resolution processes and procedures. Specifically, in accordance with the Board's drive to protect the public, and to ensure excellence in licensure and in complaint resolution, the Board spent significant time repositioning the agency model to reduce application and complaint resolution cycle times and to ensure the most efficient use of the Board's limited resources.

The Board continues to examine ways to improve public services and is dedicated to the health, safety and welfare of the citizens of the State of Minnesota. The Board has taken steps to reduce the amount of paper resources consumed and thus, decrease environmental waste. In conjunction with that goal, the Board made significant investments towards improving the use of technology in the regulation and licensure of psychology. A highlight of the biennium is the completion of the final testing phase for the Board's implementation of the online renewal and verification services.

Moving into the future, the Board has shifted to a proactive approach to examine pressing issues within the practice of psychology. The Board is excited to explore critical issues as they present both locally and nationally including continuing competence and ensuring life long learning, telepsychology and distance education, and issues relating to scope of practice.

Finally, as a priority, the Board, through the Rules Committee continues to work diligently to finalize the proposed administrative rules in the areas of licensure, continuing education, rules of conduct and terminology.

Angelina Barnes, JD, Executive Director
Minnesota Board of Psychology

CREDENTIALS

Year	Type of License	Licenses Issued
7/1/2008-6/30/2010	Licensed Psychologist (LP)	3,471
	Licensed Psychological Practitioner (LPP)	69
	Total	3,450
7/1/2006-6/30/2008	LP	3,720
	LPP	143
	Total	3,863
7/1/2004-6/30/2006	LP	3,644
	LPP	51
	Total	3,695

EXAMINATIONS

Board Name	National Test [yes/no]	Number of persons taking examination in bien-nium ending June 30, 2010	Number of persons passing examination
Minnesota Board of Psychology			
EPPP (national)	Yes	223	184
PRE (state)		269	235

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2010	\$2,192,193.25	\$1,483,109.89
2008	\$2,227,570	\$1,791,165
2006	\$2,249,892	\$1,582,869

FEES AND REVENUES

Fees 2010	Fee Amount	FY 2009 and FY 2010 (receipts)
Application to EPPP	\$150.00	FY 2010: \$14,850 + FY 2009: \$16,650 = \$31,500
Application to PRE	\$150.00	FY 2010: \$15,750 + FY2009: \$23,350 = \$39,100
Application for LP licensure	\$500.00	FY2010: \$55,000 + FY 2009: \$69,150 = \$124,150
LP Renewal (biannual)	\$500.00	FY2010: \$910,500 + FY2009: \$815,000 = \$1,725,500
LP Late Renewal Fee	\$250.00	FY2010: \$8,500 + FY2009: \$7,250 = \$15,750
Application for LPP Licensure	\$250.00	FY2010: 0 + FY2009: \$5,750 = \$5,750
LPP Renewal (biannual)	\$250.00	FY2010: \$2,500 + FY2009: \$15,500 = \$18,000
LPP Late Renewal Fee	\$125.00	FY2010: \$125 + FY2009: \$125 = \$250
Application for Converting from master's to doctoral level LP licensure	\$150.00	FY2010: \$1,050 + FY2009: \$900 = \$1950
Application for Converting from LPP to LP licensure	\$500.00	FY2010: \$18,500 + FY2009: \$29,000 = \$47,500
Application for Guest Licensure	\$150.00	FY2010: \$300 + FY2009: \$300 = \$600
Emeritus Registration	\$150.00	FY2010: \$750 + FY2009: \$450 = \$1,200
Corporation Registration	\$100.00	
Corporation Annual Renewal	\$25.00	FY 2010: \$4,475.00 + FY2009: \$4,700 = \$9,175
Duplicate License	\$25.00	FY2010: \$250 + FY2009: \$125 = \$375
Statute and Rule book	\$10.00	FY2010: \$1,110 + FY2009: \$1,570 = \$2,680
License Verification	\$20.00	FY2010: \$108,800 + FY2009: \$108,010 = \$216,810
Continuing Education Sponsor Fee	\$80.00	FY2010: \$18,080 + FY2009: \$19,940 = \$38,020
Mailing/Duplication		FY2010: \$3,009 + FY2009: \$8,085 = \$11,094

BOARD ACTIONS

Board Name	Number of Revocations	Number of suspensions	Number of conditioned/ restricted	Reprimand	Unconditional	Non-Disciplinary
Minnesota Board of Psychology	3	3	10	4	5	2
Type of License Actions: Revocation; Surrender; Voluntarily Surrender; Suspension; Conditioned or Restricted; Conditional and Restricting; Reprimand; Unconditional; Non-Disciplinary; and Stip and Order.						

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008-6/30/2010	MN Stat. 148.941 2a(1)	128	295	Less than one year: 57 More than one year: 27
	MN Stat. 148.941 2a(2)	2		
	MN Stat. 148.941 2a(3)	69		
	MN Stat. 148.941 2a(4)	19		
	MN Stat. 148.941 2a (5)	1		
	MN Stat. 148.941 2a(6)	3		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	4		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	2		
	MN Stat. 148.941 Subd. 6	3		
	MN Stat. 148.96	6		
	Non-jurisdictional	24		
	Total	261		

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2006-6/30/2008	MN Stat. 148.941 2a(1)	165	207	Less than a year: 162 More than a year: 78
	MN Stat. 148.941 2a(2)	2		
	MN Stat. 148.941 2a(3)	50		
	MN Stat. 148.941 2a(4)	0		
	MN Stat. 148.941 2a (5)	0		
	MN Stat. 148.941 2a(6)	2		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	9		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	16		
	MN Stat. 148.941 Subd. 6	0		
	MN Stat. 148.96	5		
	Non-jurisdictional	24		
	Total	273		
7/1/2004-6/30/2006	MN Stat. 148.941 2a(1)	136	233	Less than one year: 163 More than one year: 44
	MN Stat. 148.941 2a(2)	4		
	MN Stat. 148.941 2a(3)	42		
	MN Stat. 148.941 2a(4)	1		
	MN Stat. 148.941 2a (5)	3		
	MN Stat. 148.941 2a(6)	1		
	MN Stat. 148.941 2a(7)	0		
	MN Stat. 148.941 2a(8)	16		
	MN Stat. 148.941 2a (9)	0		
	MN Stat. 148.941 2a (10)	6		
	MN Stat. 148.941 Subd. 6	7		
	MN Stat. 148.96	10		
	Non-jurisdictional	23		
	Total	249		

Letter from the Executive Director

It has been my privilege and a challenge to serve as the Executive Director of the Board of Social Work since February 2008. I wish to thank Board Members for their countless hours of volunteer service, expertise, leadership, and passion, and our extremely competent Board Staff, who are committed to carrying out the Board's mission of public protection and serving the residents of Minnesota.

The Board's mission is to *ensure residents of Minnesota quality social work services by establishing and enforcing professional standards*, and its vision is to *protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers*.

At the close of this biennium it is exciting to take stock of the Board's many accomplishments and gather focus and momentum as new strategic goals are identified. Important goals realized in this recent biennium were:

- A licensing fee decrease of 10%, effective July 1, 2009, was enacted by the Legislature. This was in addition to the 20% reduction, effective January 1, 2006. The policy decision to decrease licensing fees was the culmination of a careful analysis to ensure fiscal responsibility, by better balancing revenues with expenditures and reducing expenditures, while still providing core public safety services.
- A "paperless" complaint resolution process was established in 2009, which has created enhanced record security, greater operational efficiencies, and cost savings.
- The Board completed 83% of the 100 goal initiatives from the 2007 strategic planning exercise, by the spring of 2010. A Strategic Plan Realignment Workshop was conducted in May 2010 to identify critical goals for the next few years.
- The utilization rate of online services has steadily increased from 52% in 2006, to 84% in 2010 for online applications; and from 4% in 2004, to 73% in 2010 for online license renewals; and 49,377 online license verifications have been recorded since 2006.
- The Board's Executive Director was recognized nationally for outstanding board service, and awarded the Association of Social Work Boards "Board Administrator of the Year" in 2009.

As the Board approaches a new biennium and decade, the Board must position itself to work collaboratively, to monitor state and national issues, and to respond effectively to emerging policy and social work practice issues, amidst ever changing demographics in our State, and the reality of diminishing resources. The following key goals were identified in the Board's strategic plan for the next biennium:

- The Board will embark on its most significant legislative initiative since the inception of social work licensing in Minnesota in 1987. At its September 17 meeting the Board approved its 2011 Legislative Proposal, to modify the current licensing exemptions for persons employed as "social workers" in 1) city, county, and state agencies, and in 2) private non-profit agencies whose primary service focus addresses ethnic minority populations, and who are themselves members of ethnic minority populations within those agencies.
- Implementation of the increased licensing standards, effective August 1, 2011, will also be a priority.
- Enhancement and creation of new online services continues to be an ongoing priority to better meet the needs of applicants and licensees, to offer greater access to all stakeholder groups, and to create greater operational efficiencies.

The Board and Staff are committed to the Board's mission of public protection and serving the residents of Minnesota.

Kate Zacher-Pate, LSW, Executive Director
Minnesota Board of Social Work

CREDENTIALS

Year	Type of License	Total Licenses Issued	New Licenses Issued	Credentials Renewed	Online Renewals
7/1/2009-6/30/2010	LSW	5,785	346	2,257	80%
	LGSW	1,576	334	502	
	LISW	793	32	317	
	LICSW	4,044	269	1,694	
	Total	12,198	981	4,770	
7/1/2008-6/30/2009	LSW	5,801	352	2,310	69%
	LGSW	1,534	305	523	
	LISW	805	21	337	
	LICSW	3,885	250	1,640	
	Total	12,025	928	4,810	
7/1/2007-6/30/2008	LSW	5,194	376	2,153	64%
	LGSW	1,291	300	470	
	LISW	697	24	326	
	LICSW	3,357	224	1,485	
	Total	10,539	924	4,434	
7/1/2006-6/30/2007	LSW	5,119	342	2,257	60%
	LGSW	1,086	291	498	
	LISW	708	20	358	
	LICSW	3,242	227	1,510	
	Total	10,155	880	4,623	
7/1/2005-6/30/2006	LSW	5,131	365	2,116	52%
	LGSW	1,103	221	420	
	LISW	741	43	331	
	LICSW	3,030	203	1,397	
	Total	10,005	799	4,264	

Type of Application	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Applications Received	1,231	1,333	1,418	1,451	1,457
Licenses Granted	748	881	925	892	977
Licenses Renewed	4,400	3,945	4,604	4,849	4,510
Supervision Plans Reviewed	1,070	1,010	1,141	1,068	1,061
Supervision Verifications Reviewed	1,726	1,686	1,719	1,835	1,610
Continuing Education Providers Approved	N/A	266	255	270	280



Licensed Social Worker (LSW)

- BSW (CSWE)
- ASWB Bachelors Exam
- Once licensed, 4000 hours supervised practice

Licensed Graduate Social Worker (LGSW)

- MSW (CSWE)
- ASWB Masters Exam
- Once licensed, 4000 hours supervised practice
- If clinical, requirement is ongoing, not to exceed 8000 hours
- May maintain LGSW indefinitely, if NOT engaged in clinical practice without, ongoing supervision

Licensed Independent Social Worker (LISW)

- MSW (CSWE) or DSW
- ASWB Advanced Generalist Exam
- 4000 hours post-LGSW supervised practice

Licensed Independent Clinical Social Worker (LICSW)

- MSW (CSWE) or DSW
- ASWB Clinical Exam
- 4000 hours post-LGSW supervised clinical practice

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2009-6/30/2010	Boundaries	2		
	Confidentiality	11		
	Failure to Report	1		
	Fee Payment Issue	2		
	Impairment	13		
	Licensure	2		
	Non-Jurisdictional	0		
	Other	1		
	Practice Issue	47		
	Sexual Conduct or Harassment	5		
	Unlicensed Practice Misrepresentation	5		Less than one year: 83
	Violation of Board Order	0	Board Action Taken: 20	More than one year: 0
	Total		106	108
7/1/2008-6/30/2009	Boundaries	6		
	Confidentiality	4		
	Failure to Report	0		
	Fee Payment Issue	0		
	Impairment	16		
	Licensure	6		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	67		
	Sexual Conduct or Harassment	4		
	Unlicensed Practice Misrepresentation	9		Less than one year: 113
	Violation of Board Order	0	Board Action Taken: 6	More than one year: 10
	Total		123	138

Complaint Resolution Time:

- 50% of complaints are resolved in 3 months or less
- 75% of complaints are resolved in 6 months or less
- 90% of complaints are resolved in 9 months or less
- 3% of complaints are resolved in 9-18 months

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2007-6/30/2008	Boundaries	6		
	Confidentiality	5		
	Failure to Report	2		
	Fee Payment Issue	3		
	Impairment	16		
	Licensure	3		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	63		
	Sexual Conduct or Harassment	2		
	Unlicensed Practice Misrepresentation	10		Less than one year: 107
	Violation of Board Order	0	Board Action Taken: 8	More than one year: 7
	Total		116	111
7/1/2006-6/30/2007	Boundaries	4		
	Confidentiality	6		
	Failure to Report	1		
	Fee Payment Issue	1		
	Impairment	15		
	Licensure	6		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	47		
	Sexual Conduct or Harassment	2		Less than one year: 87
	Unlicensed Practice Misrepresentation	11	Board Action Taken: 14	More than one year: 18
	Total		106	94
7/1/2005-6/30/2006	Boundaries	13		
	Confidentiality	7		
	Failure to Report	3		
	Fee Payment Issue	1		
	Impairment	10		
	Licensure	2		
	Non-Jurisdictional	0		
	Other	0		
	Practice Issue	49		
	Sexual Conduct or Harassment	0		Less than one year: 79
	Unlicensed Practice Misrepresentation	2	Board Action Taken: 24	More than one year: 12
	Total		91	113

RECEIPTS AND DISBURSEMENTS

Year	Receipts	Disbursements	Appropriation
2010	\$984,915	\$994,788	\$921,000
2009	\$1,088,602	\$1,100,579	\$1,022,000
2008	\$1,030,274	\$978,401	\$896,000
2007	\$1,038,962	\$865,972.00	\$873,000
2006	\$1,102,638	\$865,972.00	\$873,000

RECEIPTS AND DISBURSEMENTS

Item	Fee
Licensure by Endorsement Application	\$85.00
LSW, LGSW, LISW & LICSW Application	\$45.00
LSW Licensure and Renewal	\$81.00 (24 month fee)
LGSW Licensure and Renewal	\$144.00 (24 month fee)
LISW Licensure and Renewal	\$216.00 (24 month fee)
LICSW Licensure and Renewal	\$238.50 (24 month fee)

BOARD OF VETERINARY MEDICINE

“The mission of the Board is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine.”

Board Members

Barbara Fischley, DVM, North Branch, MN, Professional Member
(Appt Date: 1/20/2010)

Jeremy Geske, New Prague, MN, Public Member
(Appt: 7/7/2005; Reappt: 2/3/2009)

Meg Glattly, DVM, Eagan, MN, Professional Member
(Appt: 2/17/1998; Reappt: 3/1/2007)

Delores Gockowski, DVM, Sturgeon Lake, MN, Professional Member
(Appt: 4/2/2008)

John Lawrence, DVM, Lonsdale, MN, Professional Member
(Appt: 7/8/2003; Reappt: 3/1/2007)

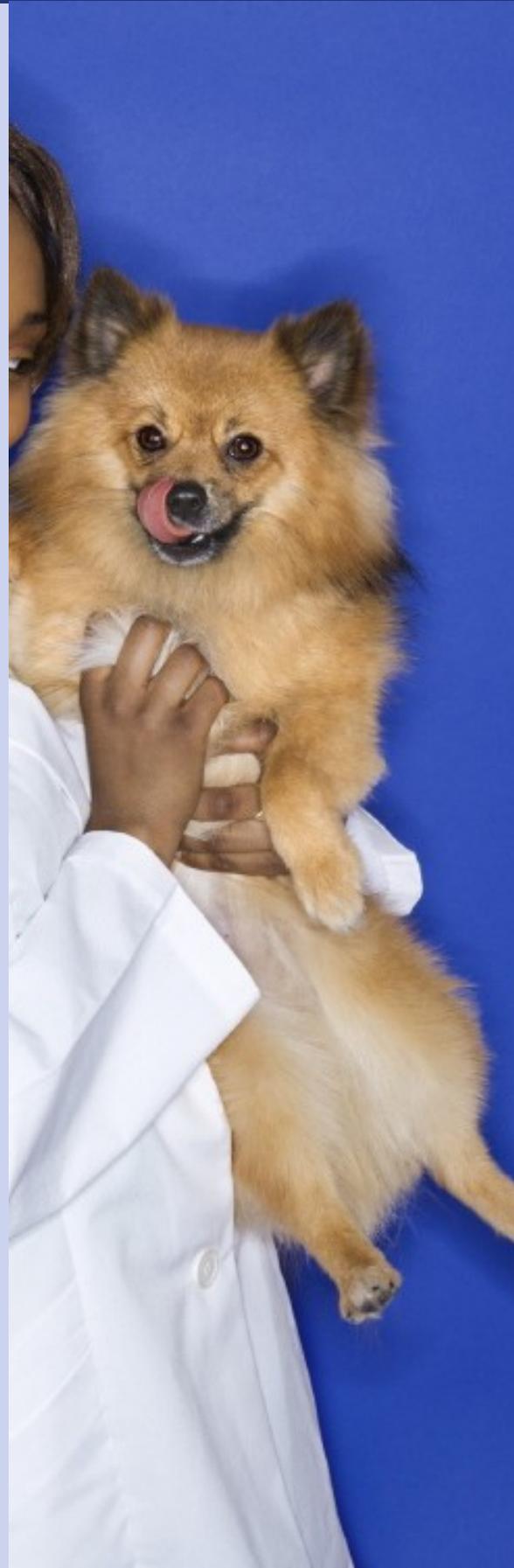
Joanne Schulman, DVM, Golden Valley, MN, Professional Member
(Appt: 2/8/2010; Reappt: 1/20/2010)

Sharon Todoroff, Columbus, MN, Public Member
(Appt: 4/2/2008)

Staff Members

John King, DVM, Executive Director
Donna Carolus, Office Manager

Minnesota Board of Veterinary Medicine
University Park Plaza Building
2829 University Avenue SE, Suite 540
Minneapolis, MN 55414
Telephone: 651-201-2844 Office FAX: 651-201-2842
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Office website: <http://www.vetmed.state.mn.us>



Letter from the Executive Director

Public protection and public safety continues to be the mission and top priority of the Minnesota Board of Veterinary Medicine. The board has effectively and efficiently met this mission with the resources derived from licensing fees and spending authority appropriated by the legislature and the Governor. The Minnesota Board of Veterinary Medicine and the 16 other allied health licensing boards in Minnesota are sole profession, collaborative state agencies that continue to be recognized nationally as a model for organizational structure and regulation. Several Board of Veterinary Medicine members also serve on national committees and boards that influence the regulation of veterinary medicine throughout North America.

Jon King, DVM, Executive Director
Minnesota Board of Veterinary Medicine

CREDENTIALS

Year	Credentials Renewed	New Licenses Issued	Total Licenses Issued	Online Renewals	
7/1/2008-6/30/2010	2,847	276	3,114	2,278	80%
7/1/2006-6/30/2008	3,046	304	2,758	1,783	65%
7/1/2004-6/30/2006	2,662	275	2,955	1,162	44%

COMPLAINTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Cases Left Open
7/1/2008- 6/30/2010	Incompetence	66		Less than one year: 11 More than one year: 2
	Unprofessional Conduct	37		
	Chemical Dependency	5		
	Unlicensed Practice	32		
	Sanitation	4		
	Non-jurisdictional	4		
	Total		148	
7/1/2006- 6/30/2008	Incompetence	64		Less than one year: 111 More than one year: 8
	Unprofessional Conduct	35		
	Chemical Dependency	7		
	Unlicensed Practice	23		
	Sanitation	3		
	Non-jurisdictional	4		
	Total		134	
7/1/2004- 6/30/2006	Incompetence	57		Less than one year: 135 More than one year: 2
	Unprofessional Conduct	73		
	Chemical Dependency	2		
	Unlicensed Practice	40		
	Sanitation	4		
	Non-Jurisdictional	5		
	Total		182	

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2010		\$169,094
2008		\$164,289
2006		\$155,339

FEES

Fee	Amount
Jurisprudence Examination	\$50
Application	\$50
Initial License	\$200
Biennial Active License Renewal	\$200
Biennial Inactive License Renewal	\$100
Temporary Permit	\$50
Late fee (Inactive renewal)	\$50
Late fee (Active renewal)	\$100
Professional Firm Registration	\$100
Professional Firm Annual Report	\$25
Duplicate License	\$10
Mailing List	\$100
CE Sponsor Approval	\$50
License Verification	\$25

In addition to online license renewal the Minnesota Board of Veterinary Medicine website offers licensees the ability to update address and contact information online and allows citizens of Minnesota to check license verification of veterinarians and review disciplinary actions taken against veterinarians. The board website also provides access to complaint forms, continuing education sponsor forms and license application forms among others.

The development of additional diagnostic and therapeutic techniques in animal care and which groups of individuals are best suited to provide care to animals continues to be a challenge in the regulation of veterinary medicine. The public's desire to utilize alternative and complementary diagnostic and therapeutic services on their animals requires the board to continually evaluate scope of practice issues.

The number of complaints, the complexity of the complaints and the number of licensees regulated continues to increase. Board staff has continued to operate at 1.75 FTE in spite of additional workload demand through the evaluation and streamlining of board processes and procedures in addition to embracing, utilizing and expanding electronic government services. Prompt response to inquiries and service to the citizens of Minnesota continues to be a top priority along with public protection through the regulation of veterinary medicine.

HEALTH PROFESSIONALS SERVICES PROGRAM

“The mission of the Health Professionals Services Program (HPSP) is to enhance public safety in health care. Its goals are to promote early intervention, diagnosis and treatment for health professionals with illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised. “

Staff Members:

Monica Feider, Program Manager
Tracy Erfourth
Sheryl Jones
Caren Miller
Marilyn Miller
Mary Olympia
Kurt Roberts
Kimberly Zillmer

Minnesota Health Professionals Services Program
1380 Energy Lane, Suite 202
St. Paul, MN 55108
Telephone: 651-643-2120 Office FAX: 651-643-2163
Office e-mail: Sheryl.jones@state.mn.us
Office website: <http://www.hpsp.state.mn.us>



Letter from the Program Manager

Minnesota Statutes, section 214.31 to 214.37 charges the Health Professionals Services Program (HPSP) with the responsibility to *“protect the public from persons regulated by the [health licensing] boards [and the Emergency Medical Services Regulatory Board and the Dept. of Health] who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition.”*

The Health Professionals Services Program (HPSP) is a program of the health-licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice. HPSP implements Monitoring Plans to ensure that the health professionals obtain adequate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

When the HPSP started in August of 1994, five licensing boards participated in the program. Today all health-related licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

Monica Feider, Program Manager
Health Professionals Services Program

Program Committee

The Program Committee consists of one representative of each participating board. The Program Committee provides direction and assures the participating boards that HPSP is operating effectively and efficiently to achieve the purposes outlined in statute. Its goals are to ensure that the public is protected, participants are treated with respect, the program is well-managed, financially secure and operating consistently within the statute. The committee designates one of the health-related boards to act as an Administering Board to provide administrative support to HPSP. The Program Committee meets quarterly.

Judi Gordon, Behavioral Health and Therapy Board
Kim Hilll, Board of Chiropractic Examiners
Neal Benjamin, Dentistry
Kyle Renell, Department of Health
Janelle Peterson, Dietetics and Nutrition
Katherine Burke Moore, EMSRB
Marriage and Family Therapy
Keith Berge, Medical Practice
Maria Reines, Nursing

Judi Gordon, Behavioral Health and Therapy
Randy Snyder, Nursing Home Administrators
Marlene Reid, Optometry
Kathy Polhamus, Physical Therapy
Esther Newcombe, Podiatric Medicine
Susan Ward, Psychology
Rosemary Kassekert, Social Work
Sharon Todoroff, Veterinary Medicine

Advisory Committee

The Advisory Committee is required by statute to advise the Program Committee and the Program Manager. The Advisory Committee consists of one person appointed by each professional association by any means acceptable to them as identified in (Minn. Stat., section 214.32 subd. 1 (c) (1).) The Advisory Committee meets quarterly.

Jim Alexander, MN Pharmacists Association
Bruce Benson, MN Health Systems Pharmacists
Lois Cochran Schlutter, MN Psychological Association
Mary Ann Foldesi, MN Academy of Physician Assistants
Stephen Gulbrandsen, MN Dental Association
Jody Haggy, MN Nursing Association
Megan Hartigan, MN Ambulance Association
Randy Herman, MN Association of Social Workers
Rose Nelson, Ad Hoc Member

MN Society for Respiratory Care, not appointed
Todd Miller, Physicians Serving Physicians
Public Member, not appointed
Karen Sames, MN Occupational Therapy Association
Debra Sidd, MN Dental Hygienists Association
Karolyn Stirewalt, MN Medical Association
Sandy Swanson, MN Physical Therapy Association
Scott Wells, MN Veterinary Association

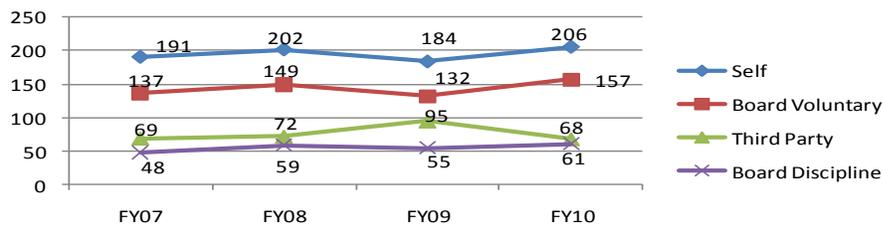
PARTICIPATION

When the HPSP started in August of 1994, five licensing boards participated in the program. Today all fifteen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and three professions administered by the Department of Health. This totals over 200,000 persons eligible for program services.

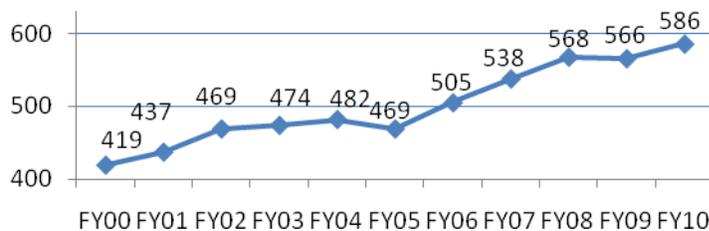
When the HPSP was conceived, it was not anticipated that health professionals would seek help and report themselves to the program at the current rate. While this is viewed as a positive response to program services, which enhances public safety in health care, participating boards are bearing the increased cost. Program growth puts financial stress on boards, which in turn, impacts the program.

Program resources need to be consistent with the rate of program growth. The current rate of growth threatens the ability of the program to provide quality services to health professionals who may be unable to practice safely.

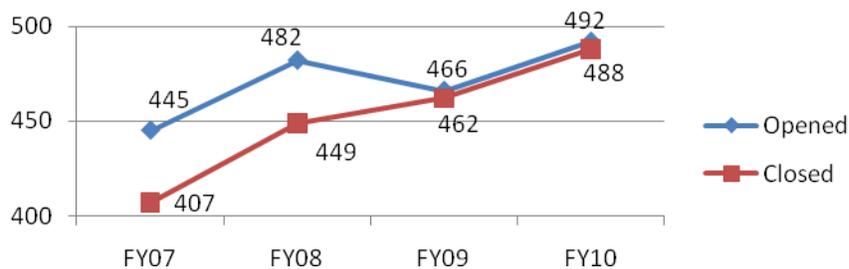
Number of Referrals by Referral Source and Fiscal Year



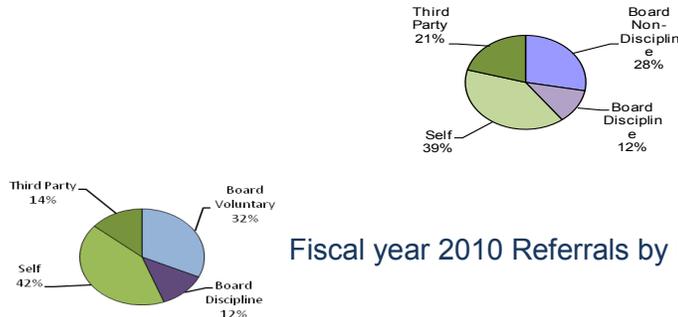
Number of Cases Open at End of Fiscal Year



Number of Cases Opened and Closed by Fiscal Year



Fiscal Year 2009 Referrals by First Referral Source: The following chart shows the percentage of referrals by first referral source from July 1, 2008 to June 30, 2009:



Fiscal year 2010 Referrals by First Referral Source

Referrals by First Referral Source and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	2	0	3	5	0	8	14	9	11	12	16	23	26	44	2	6	3	3	0	0	0	0	4	18	3	7
Board Discipline	0	0	0	0	0	0	0	0	0	0	2	1	3	4	0	2	0	0	0	0	0	0	0	0	1	1	0	0
Self	0	0	0	0	6	2	1	10	4	0	1	3	3	7	5	2	2	1	3	0	0	0	0	0	7	8	2	3
Third Party	0	0	0	0	1	2	4	3	0	0	1	0	4	2	4	5	0	0	0	0	0	0	0	0	2	0	1	3
Sum	0	0	2	0	10	9	5	21	18	9	15	16	26	36	35	53	4	7	6	3	0	0	0	0	14	27	6	13
Referrals by First Referral Source and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Board Non-Discipline	0	0	0	1	20	15	23	21	70	60	50	49	0	0	0	0	2	3	5	3	3	4	3	3	0	0	0	0
Board Discipline	0	0	0	0	2	4	5	5	36	43	44	49	0	2	0	1	4	1	4	2	0	1	0	0	0	0	0	0
Self	2	1	3	1	35	34	32	28	113	128	125	136	0	0	0	0	13	5	4	9	0	1	4	3	0	0	0	0
Third Party	0	0	0	0	3	16	13	5	50	44	58	48	0	0	0	0	1	5	8	3	0	0	0	0	0	0	0	0
Sum	2	1	3	2	60	69	73	59	269	275	277	282	0	2	0	1	20	14	21	17	3	6	7	6	0	0	0	0
Referrals by First Referral Source and Board	Psychology				Social Work				Veterinary Medicine				TOTALS															
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10												
Board Non-Discipline	1	3	0	1	2	2	4	2	0	1	2	3	137	149	132	157												
Board Discipline	0	0	0	1	2	2	0	0	0	1	0	0	48	59	55	61												
Self	1	3	1	1	4	8	3	9	1	2	0	1	191	202	184	206												
Third Party	2	2	2	1	5	0	4	0	1	1	0	0	69	72	95	68												
Sum	4	8	3	4	13	12	11	11	2	5	2	4	445	482	466	492												

Discharges by Discharge Category – Fiscal

Discharges by Category and Board	Nursing Home Admin.				Behavioral Health & Therapy				Chiropractic				Dentistry				Dept. of Health				Dietetics & Nutritionists				EMSRB			
	Fiscal Year	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09
Completion	0	0	0	0	3	1	1	1	2	5	3	3	7	6	5	5	0	1	1	1	0	0	0	0	2	1	6	2
Voluntary Withdraw	0	0	0	0	0	0	0	1	0	0	0	0	1	0	2	1	0	1	0	0	0	0	0	0	1	1	1	0
Non-Compliance	0	0	0	0	4	2	1	3	4	1	3	1	7	6	4	4	0	0	2	0	0	0	0	0	3	4	4	1
Deceased	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	0	1	1	0	0	0	0	1	2	0	2	0	0	0	0	0	0	0	0	0	0	1	0	0
Ineligible – Not Monitored	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
No Contact	0	0	0	0	0	0	0	5	0	0	1	0	1	4	1	2	0	0	0	0	0	0	0	0	1	0	1	0
Non-Cooperation	0	0	0	0	2	0	3	3	2	0	1	0	1	3	1	3	0	1	1	0	0	0	0	0	1	4	3	4
Non-Jurisdictional	0	0	2	0	1	2	2	0	10	5	8	9	7	18	25	32	1	2	2	2	0	0	0	0	2	10	1	3
Sum	0	1	2	0	11	6	8	15	18	11	17	14	26	37	40	47	1	5	6	3	0	0	0	0	11	21	16	10
Discharges by Category and Board	Marriage & Family				Medical Practice				Nursing				Optometry				Pharmacy				Physical Therapy				Podiatric Medicine			
	Fiscal Year	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09
Completion	0	0	0	0	33	24	33	39	60	73	85	98	1	0	0	0	7	3	8	12	3	1	1	3	1	0	0	0
Voluntary Withdraw	0	1	0	0	1	0	3	3	18	11	9	11	0	0	0	0	1	1	1	1	0	0	0	0	0	0	0	0
Non-Compliance	0	0	0	0	1	6	2	1	93	98	79	74	0	0	0	0	2	9	1	3	2	0	1	1	0	0	0	0
Deceased	0	0	0	0	1	0	2	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ineligible - Monitored	0	0	0	0	6	6	4	2	9	10	13	16	0	0	0	0	0	1	0	3	0	0	0	0	0	0	0	0
Ineligible – Not Monitored	0	1	0	0	1	7	7	2	12	12	12	15	0	0	0	0	1	2	0	0	0	0	0	1	0	0	0	0
No Contact	0	0	0	0	3	2	5	0	5	4	12	11	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Non-Cooperation	1	0	0	0	4	5	3	2	22	27	20	32	0	0	1	0	2	2	5	4	0	0	0	0	0	0	0	0
Non-Jurisdictional	0	0	2	0	15	9	14	21	15	25	28	19	0	0	0	1	2	0	3	2	0	4	2	1	0	0	0	0
Sum	1	2	2	0	65	63	73	70	235	260	259	276	1	0	1	1	15	18	19	25	5	5	4	6	1	0	0	0

Discharges by Category and Board	Psychology				Social Work				Veterinary Medicine				Total			
	07	08	09	10	07	08	09	10	07	08	09	10	07	08	09	10
Completion	0	4	2	1	4	1	1	6	0	3	0	3	123	123	146	174
Voluntary Withdraw	0	0	0	0	1	2	0	1	0	1	0	0	23	18	16	18
Non-Compliance	1	1	0	0	0	1	1	1	1	0	0	1	118	128	98	90
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	2	0	3	1
Ineligible - Monitored	0	0	0	1	1	1	0	0	0	0	1	0	18	20	23	23
Ineligible – Not Monitored	1	1	0	1	2	2	1	1	0	0	0	0	19	25	21	21
No Contact	0	0	0	0	1	1	0	1	0	0	0	0	12	11	21	19
Non-Cooperation	0	0	0	1	2	2	5	0	0	0	1	0	37	44	44	49
Non-Jurisdictional	1	2	1	0	1	2	0	2	0	1	0	1	55	80	90	93
Sum	3	8	3	4	12	12	18	12	1	5	2	5	407	449	462	488

OFFICE OF UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICE

“The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities.”

Staff Members:

Richard Hnasko, Investigator

Health Occupations Program/OCAP
Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-0882

(651) 201-37231

Fax: (651) 201-3839

Office Website:

<http://www.health.state.mn.us/divs/hpsc/hop/ocap>

Office E-mail: Health.HOP@state.mn.us

The purpose of this office, located in the Minnesota Department of Health (MDH) is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities. These practitioners include, but are not limited to, persons who provide massage therapy, bodywork, homeopathy, traditional naturopathy, herbology, healing practices utilizing food, food supplements and nutrients, healing touch, culturally traditional healing practices, and traditional Oriental practices. There are an estimated 2,700 practitioners in Minnesota.

Complementary and alternative health care modalities continue to be a widely accepted and accessed option for health care



consumers in Minnesota and across the nation. There is need for continuing regulatory oversight and personnel to disseminate information to practitioners, consumers and interested persons, along with reviewing research and studies of alternative and complementary modalities.

The office receives and investigates complaints against unlicensed complementary and alternative health care practitioners and may take civil enforcement action for violations of prohibited conduct. The office also acts as an information clearinghouse by providing the public, practitioners, and interested persons, with information about regulation of unlicensed complementary and alternative health care practitioners in Minnesota.

The office coordinates investigations involving matters within the jurisdiction of more than one regulatory agency by making appropriate referrals to other state boards, agencies, departments responsible for licensing health-related occupations, facilities and programs, and law enforcement personnel in this and other states.

OCAP continues to maintain a collaborative relationship with the local office of the Federal Food and Drug Administration (FDA). The FDA has continued to assist OCAP in understanding medical device regulation. OCAP and the FDA do not have overlapping jurisdictions, and such collaboration is necessary in order to be efficient and effective.

The office responded to 406 inquiries from practitioners, consumers, complainants, regulators and other interested persons during the biennium. These inquiries included responding to questions, providing information about disciplinary actions taken, and mailing out brochures/information and complaint packets.

The office continued to revise and update its website to include better consumer and practitioner information. Interested persons can now review all disciplinary actions taken by the office since inception in 2001.

During the 2007-2008 legislative session, the legislature passed a proposal for the registration of naturopathic doctors by the Minnesota Board of Medical Practice and instructed the Commissioner of Health to convene a work group, which included the Director of the MDH Health Occupations Program and an OCAP representative, to make recommendations about naturopath registration. This task was completed and the recommendations submitted in March 2009. At the close of the biennium, there were 22 persons listed as registered naturopaths with the Minnesota Board of Medical Practice. This registration will have little impact on the operations of OCAP as less than one percent of OCAP practitioners will meet the requirements for registration as naturopathic doctors. Traditional naturopaths, not registered with the Minnesota Board of Medical Practice, remain under the jurisdiction of OCAP.

During FY 2009 and the first two months of FY 2010, the office had one FTE investigator. The office had no staff 09/01/2009 through 06/30/2010 due to unallotment. The office resumed operations 07/01/2010 and currently has one .75 FTE investigator.

Richard Hnasko, Investigator
Office of Unlicensed Complementary and Alternative Health Care Practice

COMPLAINTS

Biennium ending	Complaints Received by Type		Complaints Closed	Cases Left Open
June 30, 2010	Sexual Misconduct	12	10	Less than one year: 3
	Harm to Public / Client	13		More than one year: 46*
	Misrepresentation	3		
	False Advertising	1		
	Failure to follow Order	2		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	0		
June 30, 2008	Sexual Misconduct	9	22	Less than one year: 8
	Harm to Public / Client	7		More than one year: 20
	Misrepresentation	2		
	False Advertising	0		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	0		
June 30, 2006	Sexual Misconduct	5	32	Less than one year: 14
	Harm to Public / Client	13		More than one year: 20
	Misrepresentation	3		
	False Advertising	1		
	Failure to follow Order	1		
	Criminal conviction	2		
	Failure to furnish records	1		
	Failure to use client BOR	1		
	Other	1		
June 30, 2004	Sexual Misconduct	16	13	Less than one year: 18
	Harm to Public / Client	14		More than one year: 19
	Misrepresentation	4		
	False Advertising	1		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	5		
June 30, 2002	Sexual Misconduct	3	6	Less than one year: 8
	Harm to Public / Client	7		More than one year: 1
	Misrepresentation	2		
	False Advertising	1		
	Failure to follow Order	0		
	Criminal conviction	0		
	Failure to furnish records	0		
	Failure to use client BOR	0		
	Other	4		

The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30, 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

DISBURSEMENTS AND PENALTIES

Fiscal Year	Civil Penalties	Disbursements
FY 2009-2010	\$628	\$77,802 (Operations suspended due to unallotment 9/1/09—6/30/10)
FY 2007-2008	\$805	\$156,785 (includes \$22,845 in costs for the Attorney General's Office)
FY 2006	\$5,130	\$1114,834
FY 2004	0	\$33,332 (Investigator position vacant due to limited funding, FY 2004)
FY 2002	0	\$50,164