

Competitive Athletic Event Physician Registration Application Instructions and Requirements

Please thoroughly review these materials before submitting your application. Any processing fees incurred are your responsibility. The Medical Board reserves the right to reject any outdated applications submitted; therefore, it is recommended that you complete the application in a timely manner. Incomplete applications will be destroyed after six months of inactivity.

Methods of Registration

[MN Statute 147.09, sub.12](#) establishes registration for a physician licensed to practice medicine in another state who is in this state for the sole purpose of providing medical services at a competitive athletic event. All applicants must submit a completed [Application For Competitive Athletic Event Physician Registration](#) application and \$50 fee to the Medical Board.

Registration Requirements:

- Non-refundable \$50.00 fee paid by check, money order, or cashier's check payable to the Minnesota Board of Medical Practice submitted with the paper application to the Medical Board. **Cash will not be accepted. Any cash received will be returned, and processing of your application may be delayed.**
- Verification of your current unrestricted license. The Medical Board [Physician Verification of Licensure Form](#) or a state generated license verification letter must be sent from the state directly to the Medical Board by email or mail. Verification letters of licensure can also be requested through VeriDoc Inc. to the Medical Board. Go to <http://www.veridoc.org> to have a verification letter sent from another participating state board to the Medical Board.
- Any other information requested by the Board.

Notes:

- A separate Competitive Athletic Event Physician Registration must be submitted for each individual event.
- The Medical Board will email the registration to the applicant once issued and real-time registration information can be viewed by visiting [MN Medical Board Online Verification](#).
- Fees are non-refundable, including if it is determined that you are not eligible for a registration.
- You must notify the Medical Board by email at medical.board@state.mn.us if the dates of events changes or event is cancelled before the start date shown on the registration.
- You are required to submit notification to the Board within 30 days of any name change by submitting the [Request For Name Change Form](#) and address changes in your online services account at [MN Medical Board Online Services](#).
- The law takes precedence over any conflicts between these instructions and the law.

Application Fees

Please be aware that all fees are non-refundable. Fees submitted will not be refunded if it is determined that you are not eligible for registration.

Applicants are required to submit written notification to the Medical Board within 30 days of any name change and address changes completed in your online services account. The law takes precedence over any conflicts between these instructions and the law.



APPLICATION FOR COMPETITIVE ATHLETIC EVENT PHYSICIAN REGISTRATION

MINNESOTA BOARD OF MEDICAL PRACTICE

335 RANDOLPH AVENUE, SUITE 140

ST. PAUL, MINNESOTA 55102

612-617-2130 or mn.gov/boards/medical-practice

Hearing Impaired-Minnesota Relay Service

Metro Area 651-297-5353

Outside Metro Area 1-800-627-3529

FOR BOARD USE ONLY

INSTRUCTIONS TO APPLICANT

[MN Statute 147.09, sub. 12](#) A physician licensed to practice medicine in another state who is in this state for the sole purpose of providing medical services at a competitive athletic event. The physician may practice medicine only on participants in the athletic event. A physician shall first register with the board on a form developed by the board for that purpose. The board shall not be required to adopt the contents of the form by rule. The physician shall provide evidence satisfactory to the board of a current unrestricted license in another state. The board shall charge a fee of \$50 for the registration. **Cash will not be accepted. Any cash received will be returned, and processing of your application may be delayed.**

APPLICATION FEE: \$50.00

APPLICATION #: _____

DEP/LINE # _____

SOURCE CODE

635017

AMOUNT

YOUR CURRENT FULL LEGAL NAME AND ADDRESS: [MN Statute 13.41, subd. 2](#) requires designated contact information to be PUBLIC and it will be placed on the registration and the Medical Board's website. You may change this information in your online services account after your residency permit is issued.

LAST	FIRST	MIDDLE	<input type="checkbox"/> NO MIDDLE NAME
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STREET ADDRESS:

CITY:	STATE/PROVINCE:	ZIP CODE:	COUNTRY:	EMAIL:
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PRIMARY PHONE:	OTHER PHONE	GENDER:	OTHER NAMES:
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DATE OF BIRTH: (MM/DD/YYYY) / /	CITY OF BIRTH:	COUNTY OF BIRTH:	STATE/PROVINCE OF BIRTH:	COUNTRY OF BIRTH:
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SOCIAL SECURITY NUMBER:

☐ I do not have a US Social Security number currently but will notify the Board when I obtain a US Social Security Number.

DRIVERS LICENSE: STATE:	LICENSE NUMBER:	<input type="checkbox"/> I do not have a driver's license
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MEDICAL EDUCATION

NAME OF SCHOOL:	CITY:	STATE OR PROVINCE:	COUNTRY:	DATE COMPLETED: (MM/DD/YYYY) / /
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MINNESOTA ATHLETIC EVENT

NAME OF EVENT	CITY OF EVENT	START DATE OF EVENT (MM/DD/YYYY) / /	END DATE OF EVENT (MM/DD/YYYY) / /
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I, _____ swear that I am the person described and identified. I have carefully read the information in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for denial, suspension, or revocation of my registration or of any later license to practice medicine in Minnesota. I have read [MN Statute 147](#) and will comply with the provision therein.

Signature of Applicant: _____ Date: _____