

Re: Emeritus Registration Application

Dear Licensee:

Enclosed is an application for registration as an emeritus physician. Emeritus registration is a formal recognition of physicians who are completely retired from active medical practice and is available to physicians who have completed their medical career in good standing. Emeritus registered physicians cannot engage in the practice of medicine, including the prescribing of drugs. The registrants are not subject to renewal fees or continuing education requirements. There is a one-time fee of \$50. **Cash will not be accepted. Any cash received will be returned, and processing of your application may be delayed.** Wall certificates are issued within one week after Board approval.

Any emeritus registrants who decide to change back to active status must submit materials in accordance with the rules, including: medical education, medical license number, duration of medical licensure, date of emeritus registration, health status, malpractice/discipline history, continuing education, references, and all back licensure fees. Emeritus registrants who were granted emeritus registration more than three years ago and who desire to change back to active status must pass the Special Purpose Exam (SPEX) within the year prior to reapplication for active status in addition to submitting the materials listed above. The Board must then act upon the registrant's request for active status.

Please contact the Board if you have any questions.

# APPLICATION FOR EMERITUS REGISTRATION



MINNESOTA BOARD OF MEDICAL PRACTICE  
335 RANDOLPH AVENUE, SUITE 140  
ST. PAUL, MINNESOTA 55102  
612-617-2130 or [mn.gov/boards/medical-practice](http://mn.gov/boards/medical-practice)

Hearing Impaired-Minnesota Relay Service  
Metro Area 651-297-5353  
Outside Metro Area 1-800-627-3529

DATE OF APPLICATION:

MONTH	DAY	YEAR

## INSTRUCTIONS TO APPLICANT

Minnesota Chapter 5606 EMERITUS REGISTRATION allows a physician to apply for emeritus registration providing the physician is completely retired from the active practice of medicine and has not been the subject of disciplinary action resulting in suspension, revocation, qualification, condition, or restriction. Emeritus registered physicians cannot engage in the practice of medicine including the prescribing of drugs. Any emeritus registrants who decide to change back to active status within three years must submit materials in accordance with the rules. After three years, a registrant must pass the Special Purpose Examination within the year preceding the reapplication for active status. The Board must then act upon the registrant's request for active status.

The application fee is \$50. **Cash will not be accepted. Any cash received will be returned, and processing of your application may be delayed.** Answer all questions completely and accurately or the application will be returned. Enter all dates as MONTH-DAY-YEAR. For example, January 1, 1993.

APPLICATION #: \_\_\_\_\_

CHECK/RECEIPT #: \_\_\_\_\_

AMT PAID: \_\_\_\_\_

EMERITUS REG #: \_\_\_\_\_

APPROVE DATE: \_\_\_\_\_

LICENSE #: \_\_\_\_\_

ACCOUNT CODE	AMOUNT
635018	

## YOUR CURRENT NAME AND ADDRESS

FULL LEGAL NAME:	LAST	FIRST	MIDDLE
STREET ADDRESS:			
CITY:	STATE OR PROVINCE:	ZIP CODE:	COUNTRY:
PHONE:	EMAIL:	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OTHER NAMES:
SOCIAL SECURITY #:	DATE OF BIRTH:	MINNESOTA LICENSE #:	DATE OF RETIREMENT:

## MEDICAL DIPLOMA

DOCTOR OF:	NAME OF SCHOOL:	CITY:	STATE OR PROVINCE	COUNTRY:	DATE (Month-Day-Year)
<input type="checkbox"/> MEDICINE <input type="checkbox"/> OSTEOPATHY					

I certify that I have retired from the practice of medicine and will no longer participate in any level of patient care and that I have not been the subject of disciplinary action resulting in suspension, revocation, qualification, condition or restriction of my license in any state.

Signature \_\_\_\_\_ Date \_\_\_\_\_