**The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.**

**AGENDA FOR**
**THE MINNESOTA BOARD OF MEDICAL PRACTICE**
**BOARD MEETING**
**JULY 11, 2026, 9:00 AM**

**THE BOARD WILL MEET IN PERSON AT:**
**335 RANDOLPH AVENUE**
**BOARD ROOM 104**
**SAINT PAUL, MN 55102**
**AND ELECTRONICALLY BY WEBEX:**
**Go To: https://minnesota.webex.com/minnesota/j.php?TID=m91a26ea51ff9afbe2a28c45174b37f9b**
**Meeting Number (access code): 2486 236 3901**
**Meeting Password: XNkkdZpS542**

**Join by Phone**
**Tap to call in from a mobile device (attendees only)**
**+1-415-655-0003 United States Toll**
**1-855-282-6330 United States Toll Free**

**Join from a video system or application**
**Dial 24937910481@minnesota.webex.com**
**You can also dial 173.243.2.68 and enter your meeting number.**

**Need Help? Go to http://help.webex.com**

**President: Chaitanya Anand, M.B., B.S.**

| | |
|---|---|
| 9:00 – 9:05 | 1. Call to Order and Roll Call |
| 9:05 – 9:10 | 2. Approve: |
| | a. July 11, 2026, Board Meeting Agenda |
| | b. May 9, 2026, Board Meeting Minutes |
| 9:10 – 10:00 | 3. Presentation by Kimberly Navarre, LFMT, HPSP Program Manager and Sheila Specker, M.D., Medical Consultant |
| 10:00 – 10:05 | 4. Report of New Credentials, April 25, 2026, to June 29, 2026 |
| 10:05 – 10:25 | 5. May 20, 2026, Policy & Planning Committee Report & Motion |
| | a. ALL IN Coalition Letter to MN Board of Medical Practice, July 9, 2026 |
| 10:25 – 10:30 | 6. May 12, 2026, Health Professionals Services Program, Program Committee Report |
| 10:30 – 10:40 | 7. Executive Director's Report |
| 10:40 – 10:45 | 8. New Business |
| 10:45 – 10:50 | 9. Corrective or Other Actions |

**Executive Session – Closed to Public**

A) Review Proposed Disciplinary Actions

**Minnesota Board of Medical Practice**

**ROLL CALL**
**JULY 11, 2026**
**BOARD MEETING**

| NAME | CONGRESSIONAL DISTRICT | APPOINTMENT FROM | TO |
|---|---|---|---|
| ANAND, Chaitanya, M.B.B.S. (**President)** | 2 | 03/03/21 | 1/27 |
| SUTOR, Bruce, M.D. **(Vice President)** | 1 | 06/22/22 | 1/29 |
| WILLETT, Jane, D.O. **(Secretary)** | 7 | 03/14/23 | 1/27 |
| ANDERSON, Bruce | 6 | 03/14/23 | 1/27 |
| ARKO IV, LEOPOLD, M.D., MS, FAANS | 4 | 02/26/25 | 1/29 |
| CARTER, Sarah, M.D. | 6 | 06/19/24 | 1/28 |
| CHAWLA, Pamela Gigi, M.D., MHA | 5 | 06/29/20 | 1/28 |
| HENRY, Peter, M.D. | 8 | 06/22/22 | 1/30 |
| PAZDERNIK, Julie A, M.D. | 7 | 09/25/24 | 1/29 |
| PEREIRA, Anne, M.D., MPH., FACP | At Large | 02/04/26 | 1/30 |
| RASMUSSEN, Allen, MA | 8 | 06/19/24 | 1/28 |
| THULLNER, Karen, MFA | 4 | 06/22/22 | 1/30 |
| TURNER, Averi M. | 5 | 06/22/22 | 1/30 |
| WALLACE, Duane, R. Ph. | 7 | 02/04/26 | 1/30 |
| ZACHARY, Cherie Y., M.D., ABAI | 3 | 01/05/21 | 1/29 |

DATE: July 11, 2026 SUBJECT: Approve the July 11, 2026 Board Agenda

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**Approve the Agenda the July 11, 2026, Board Meeting**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

DATE: July 11, 2026

SUBJECT: Approve the Minutes of the May 9, 2026, Board Meeting

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**Approve the May 9, 2026, Board Meeting minutes as Circulated**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

See Attached Minutes

Minnesota Board of Medical Practice
Board Meeting
In Person and Via Webex
335 Randolph Avenue, Suite 140
St. Paul, MN 55102
May 9, 2026 * 9:00 a.m.

The Minnesota Board of Medical Practice met in person and via Webex at 335 Randolph Avenue, Board Room 104, St. Paul, MN, 55102, on May 9, 2026. The public portion of the meeting was accessible to public attendees both in-person and via Webex.

The following Board members were present for both Public and Executive Sessions, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS, FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA; Tenbit Emiru, M.D., PhD, MBA; Peter Henry, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, M.F.A.; and Duane Wallace, R.Ph.; Cherie Zachary, M.D., ABAI.

Julie Pazdernik, M.D., and Miss Averi Turner were absent from both the Public and Executive Sessions.

## Public Session

### Agenda Item 1: Call to Order and Roll Call

The meeting was called to order by Board President, Chaitanya Anand, M.B.B.S.

Unanimous votes will be recorded as unanimous consent and will document all members present. If the vote is not unanimous; a roll call vote will be taken and recorded.

Dr. Anand conducted a roll call.

Board Members Julie Pazdernik, M.D., and Miss Averi Turner, were absent from roll call.

### Agena Item 2: Approve

**A) May 9, 2026, Board Meeting Agenda**

A motion to approve the agenda for May 9, 2026, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA.; Tenbit Emiru, M.D., PhD., MBA.; Peter Henry, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, M.F.A.; and Duane Wallace, R.Ph.; Cherie Zachary, M.D., ABAI.

**B) Minutes of the March 14, 2026, Board Meeting**

A motion to approve the minutes from March 14, 2026, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA.; Tenbit Emiru, M.D., PhD., MBA.; Peter Henry, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, M.F.A.; and Duane Wallace, R.Ph.; Cherie Zachary, M.D., ABAI.

## Agenda Item 3: Presentation by the Office of Cannabis Management

Dr. Anand introduced Ilizah Woodward and Ruben Domiguez-Matheis both from the Minnesota Office of Cannabis Management. Ms. Woodward is the agency's Director of Medical Cannabis, and Mr. Dominguez-Matheis is the Outreach Supervisor. They both provided the Board a presentation on cannabis regulation and market integration.

During and following the presentation, Ms. Woodward and Mr. Domiguez- Matheis responded to questions from Board Members.

## Agenda Item 4: Report of New Credentials, March 2, 2026, to April 24, 2026

The Board's agenda included an informational report of the 640 new credentials issued between March 2, 2026, and April 24, 2026.

## Agenda Item 5: Federation of State Medical Boards 2026 Annual Meeting Review

The Federation of State Medical Boards (FSMB) held its annual meeting in Baltimore, Maryland, from April 30, 2026, to May 2, 2026.

Dr. Anand thanked all the Board members who were able to attend and reminded Board members to complete the post-meeting survey distributed by the FSMB, noting the organization relies heavily on this feedback to inform future meetings and engagement opportunities.

Dr. Anand invited Board members to share their reflections on the meeting and discuss their overall experience. Board members offered a range of observations regarding their time at the conference, including insights from specific sessions they attended and general feedback on the meeting.

## Agenda Item 6: Executive Director's Report

Ms. Huntley shared her Executive Director's report.

**Operational Updates** –

Ms. Huntley reported that the Board of Medical Practice was one of a few state agencies that were still supporting both desktops and laptops computers, and last month, the office successfully only ALWAYS transitioned to a lap-top-only environment. She thanked Eden Young and Mark Chu for their collaboration with MNIT to complete this effort.

She noted that several unused filing cabinets were removed from the office, the space was repurposed as a community workspace, and staff have begun making effective use of the improved space.

In recognition of Public Service Recognition Week last week, on Thursday staff participated in a *Salsa-fest* event. Ms. Huntley also announced the rollout of a BMP online store where employees can select a new transport bag for their new laptops, and BMP apparel for business use. These options will be made available to Board members later this year.

**Legislative Updates –**

Ms. Huntley reported both the Athletic Trainer and Acupuncture modernization bills continue to move through the legislative process. An amendment was added this week to the Senate omnibus scope bill related to artificial intelligence and the practice of medicine, specifically addressing physicians, optometrists, and psychologists. For the Medical Practice Act, language was added for physicians that it is unlawful for any person who is not a natural person to practice medicine as defined in the practice act. Ms. Huntley invited Board members to discuss these developments.

**Partnerships –**

Ms. Huntley congratulated Dr. Willett on a successful showing at the FSMB Annual Meeting.

The FSMB House of delegates adopted recommendations from the two workgroup reports that were previously discussed by the Board in March: one on recent trends in prescribing and dispensing, including med spas, and the other on the oversight of clinical decision making. The report on physician collective bargaining and unionization was presented for information only.

She noted ongoing collaboration with the Federation to support the Board's interest in strategic planning. A survey was shared with Board members and Ms. Huntley encouraged those who have yet completed it to contact Eden Young for a new link.

Ms. Huntley also shared that the Interstate Medical Licensure Compact Commission will hold its semiannual meeting on Tuesday, May 12. She updated the Board that concerns over Michigan's sunset legislation were resolved allowing Michigan to remain in the compact.

**Outreach/Development –**

Ms. Huntley recognized Kita Nelson and Paul Luecke from the licensure team for presenting at the Minnesota Association of Medical Staff Services Conferences last month.

Ms. Huntley concluded her Executive Director's Report

## Agenda Item 7: New Business

Dr. Emiru shared that she will be resigning her Board seat. She accepted a job offer out of state and will be moving. Dr. Emiru will work with Ms. Huntley on logistics for resignation and off-boarding.

## Agenda item 8: Corrective or Other Actions

Corrective or other actions implemented since the last Board meeting were presented for Board information purposes only.

Dr. Anand adjourned the public session.

The Board reconvened in a closed session to consider proposed disciplinary actions.

The following Board members were present for the Executive Session, unless otherwise indicated: Chaitanya Anand, M.B.B.S., (President); Bruce Sutor, M.D., (Vice President); Jane Willett, D.O., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS; Sarah Carter, M.D.; Pamela Gigi Chawla, M.D., MHA.; Tenbit Emiru, M.D., PhD., MBA.; Peter Henry, M.D.; Anne Pereira, M.D., MPH., FACP; Allen Rasmussen, M.A.; Karen Thullner, M.F.A.; and Duane Wallace, R.Ph.; Cherie Zachary, M.D., ABAI.

Julie Pazdernik, M.D., and Miss Averi Turner were absent from the Executive Session.

**David S. Pecora, P.A.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**Sunil V. Mankad, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**David W. Johnson, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining his license to practice in Minnesota that includes a voluntary surrender, signed by Dr. Johnson.

**Valerie V. Fox, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining her license to practice in Minnesota that includes a conditioned license, signed by Dr. Fox.

**Colton J. Roy, D.O.**

On recommendation of the Complaint Review Committee, the Board approved the Order of Unconditional License.

**Daniel A.P. Smith, M.D.**

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining his license to practice in Minnesota that includes a stayed suspension, signed by Dr. Smith. ***Dr. Henry, Dr. Sutor and Mr. Wallace recused.***

DATE: July 11, 2026 SUBJECT: Presentation by the Health Professionals Services Program

SUBMITTED BY: **Kimberly Navarre, LFMT, HPSP Program Director and Medical Consultant, Sheila Specker, M.D.**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposed Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Kimberly Navarre, LFMT, and Sheila Specker, M.D. will provide overview on physician health, stigma reporting and understanding, and program data on Board of Medical Practice participants.

See attached PowerPoint.

DATE: July 11, 2026 SUBJECT: Report of New Credentials

SUBMITTED BY: **Licensure Committee**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposes Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached are the listings of new credentials issued from April 25, 2026, to June 29, 2026.

# Board of Medical Practice

## New Licensee List - 04/25/2026 to 06/29/2026

| License Type | Count |
|---|---|
| Acupuncturist | 2 |
| Athletic Trainer | 18 |
| Genetic Counselor | 9 |
| Limited License Physician | 1 |
| Medical Faculty Physician | 2 |
| Naturopathic Doctor | 3 |
| Physician and Surgeon | 327 |
| Physician and Surgeon - IMLC | 265 |
| Physician Assistant | 70 |
| Respiratory Therapist | 46 |
| Telemedicine | 17 |
| Traditional Midwife | 3 |
| **TOTAL** | **763** |

| License Type | Name | License Number | Grant Date | Expire Date |
|---|---|---|---|---|
| Acupuncturist | Olson, Nachelle Marie | 2145 | 05/08/2026 | 05/31/2027 |
| Acupuncturist | Renee, Rowan Vei Ruth | 2146 | 06/16/2026 | 05/31/2027 |
| Athletic Trainer | Dallmeyer, Kellie Renee | 3955 | 05/28/2026 | 06/30/2027 |
| Athletic Trainer | Elstad, Kaia | 3959 | 06/08/2026 | 06/30/2027 |
| Athletic Trainer | Farrar, Ashley Lauren | 3960 | 06/08/2026 | 06/30/2027 |
| Athletic Trainer | Geisler, Jason Ronald | 3968 | 06/26/2026 | 06/30/2027 |
| Athletic Trainer | Goessl, Cody Logan | 3961 | 06/11/2026 | 06/30/2027 |
| Athletic Trainer | Hedberg, Andrew John | 3963 | 06/18/2026 | 06/30/2027 |
| Athletic Trainer | Kramer, Jaden Jeffrey | 3964 | 06/18/2026 | 06/30/2027 |
| Athletic Trainer | Lombardi , Emma K | 3969 | 06/26/2026 | 06/30/2027 |
| Athletic Trainer | Matl, Caleb Joseph | 3956 | 06/04/2026 | 06/30/2027 |
| Athletic Trainer | Nelson, Daniel Paul | 3962 | 06/15/2026 | 06/30/2027 |
| Athletic Trainer | Oberg, Carissa Kay | 3958 | 06/08/2026 | 06/30/2027 |
| Athletic Trainer | Redko, Kayla Laurie | 2515 | 05/08/2026 | 06/30/2027 |
| Athletic Trainer | Ridd, Cerys Eirian | 3957 | 06/08/2026 | 06/30/2027 |
| Athletic Trainer | Usiak McConohy, Tara  Anne | 3954 | 05/21/2026 | 06/30/2027 |
| Athletic Trainer | Valentine, Bruce Wells | 3965 | 06/22/2026 | 06/30/2027 |
| Athletic Trainer | Wittmann, Joseph Tyler | 3966 | 06/22/2026 | 06/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Athletic Trainer | Zepeda, Marisa Espy | 3967 | 06/25/2026 | 06/30/2027 |
| Athletic Trainer | Zingale, Hannah Kathryn | 3953 | 04/30/2026 | 06/30/2027 |
| Genetic Counselor | Dusenbury, Kathleen Bet | 1772 | 06/25/2026 | 09/30/2027 |
| Genetic Counselor | Flynn, Arielle Joy | 1773 | 06/26/2026 | 02/28/2027 |
| Genetic Counselor | Greco, Noah Steven | 1771 | 06/18/2026 | 05/31/2027 |
| Genetic Counselor | Lakhani, Zameena Malik | 1768 | 06/03/2026 | 05/31/2027 |
| Genetic Counselor | Mash, Janine Marie Gessner | 1767 | 05/22/2026 | 07/31/2027 |
| Genetic Counselor | Page-Barasch, Kristi Lynn | 1769 | 06/09/2026 | 02/28/2027 |
| Genetic Counselor | Rutzick, Sarah Catherine | 1766 | 05/18/2026 | 11/30/2026 |
| Genetic Counselor | Schenone, Corinne  Madelyn | 1774 | 06/29/2026 | 09/30/2027 |
| Genetic Counselor | Servais, Lillian Kane | 1770 | 06/18/2026 | 07/31/2027 |
| Limited License Physician | ADEN, ROBLE WARSAMA | 1001 | 06/05/2026 | 06/04/2028 |
| Medical Faculty Physician | El-Hattab, Yasser  Mohamed Shawky | 1040 | 06/26/2026 | 03/31/2027 |
| Medical Faculty Physician | Ribo Jacobi, Marc | 1041 | 06/26/2026 | 05/31/2027 |
| Naturopathic Doctor | Kehrmann, Sydney Catherine | 1170 | 06/04/2026 | 09/30/2027 |
| Naturopathic Doctor | Larivee, Meghan Louise | 1171 | 06/15/2026 | 08/31/2027 |
| Naturopathic Doctor | Munro, James Michael | 1169 | 05/12/2026 | 07/31/2027 |
| Physician and Surgeon | Abdelmalik, Bishoy Maged M.D. | 82975 | 06/26/2026 | 04/30/2027 |
| Physician and Surgeon | Ahmed, Abdelrahman Mohamedosman Ali M.B., B.S. | 65344 | 06/11/2026 | 02/28/2027 |
| Physician and Surgeon | Al Ejeilat, Laith Hayel Jeris M.D. | 82876 | 06/16/2026 | 07/31/2027 |
| Physician and Surgeon | ALABOUDI, Malak  M.B., B.S. | 82757 | 06/01/2026 | 02/28/2027 |
| Physician and Surgeon | Alcaraz, Daniel Alfredo M.D. | 82617 | 05/18/2026 | 09/30/2027 |
| Physician and Surgeon | Alekseiev, Sergii Vjacheslavovitc | 82981 | 06/26/2026 | 06/30/2027 |
| Physician and Surgeon | Alhusain, Rashid Othman Abduallah Mohamed M.B., B.S. | 82982 | 06/26/2026 | 10/31/2027 |
| Physician and Surgeon | Ali , Yasmin Osman Elnur  M.B., B.S. | 82538 | 05/08/2026 | 11/30/2026 |
| Physician and Surgeon | Ali, Salman Ahmed Abdullahi M.D. | 82976 | 06/26/2026 | 12/31/2026 |
| Physician and Surgeon | Almulhim, Abdulaziz  M.B.B.S. | 82731 | 05/29/2026 | 01/31/2027 |
| Physician and Surgeon | Amer, Yomna Mohamed M.D. | 82983 | 06/26/2026 | 04/30/2027 |
| Physician and Surgeon | Anderson, Dacotah Stephen M.D. | 82556 | 05/11/2026 | 11/30/2026 |
| Physician and Surgeon | Anifowoshe, Falilat Boyede M.D. | 82787 | 06/04/2026 | 03/31/2027 |
| Physician and Surgeon | Arthofer, Andrea Jean M.D. | 82788 | 06/04/2026 | 01/31/2027 |
| Physician and Surgeon | Austin, Mary Thomas M.D. | 82766 | 06/03/2026 | 06/30/2027 |
| Physician and Surgeon | Bachu, Vismaya Sharon M.D. | 82594 | 05/15/2026 | 06/30/2027 |
| Physician and Surgeon | Bagwe, Ashlesha Ravindra M.B., B.S. | 82465 | 04/30/2026 | 05/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Baier, Andrea Kristine M.D. | 82444 | 04/27/2026 | 10/31/2026 |
| Physician and Surgeon | Bair, Amy Marie M.D. | 82713 | 05/28/2026 | 11/30/2026 |
| Physician and Surgeon | Barnts, Lauren Howell M.D. | 82563 | 05/12/2026 | 09/30/2027 |
| Physician and Surgeon | Barthels, Megan Livingston M.D. | 82440 | 04/27/2026 | 12/31/2026 |
| Physician and Surgeon | Baru, Lynn K M.D. | 82991 | 06/29/2026 | 12/31/2026 |
| Physician and Surgeon | Batra, Jaskaran M.B., B.S. | 82916 | 06/22/2026 | 09/30/2027 |
| Physician and Surgeon | Baum, Grayson Weaver M.D. | 82886 | 06/18/2026 | 09/30/2027 |
| Physician and Surgeon | Beaudrie, Johnathan Thomas M.D. | 82956 | 06/25/2026 | 05/31/2027 |
| Physician and Surgeon | Beck-Esmay, Katherine M.D. | 82595 | 05/15/2026 | 04/30/2027 |
| Physician and Surgeon | Behnke, Casey Nicole M.D. | 82693 | 05/26/2026 | 12/31/2026 |
| Physician and Surgeon | Behrens, Shay Lyn M.D. | 82645 | 05/21/2026 | 07/31/2027 |
| Physician and Surgeon | Bejcek, Christopher Evan M.D. | 82445 | 04/27/2026 | 01/31/2027 |
| Physician and Surgeon | Ben, Konrad Tymoteusz M.D. | 82694 | 05/26/2026 | 07/31/2027 |
| Physician and Surgeon | Benkhadra, Khalid | 82604 | 05/15/2026 | 10/31/2027 |
| Physician and Surgeon | Berken, Michael David M.D. | 82770 | 06/04/2026 | 06/30/2027 |
| Physician and Surgeon | Berman, Generika Alexia M.D. | 82646 | 05/21/2026 | 05/31/2027 |
| Physician and Surgeon | Berry, Jacob R M.D. | 82653 | 05/21/2026 | 07/31/2027 |
| Physician and Surgeon | Beyene, Adhanom Debesai M.D. | 82795 | 06/08/2026 | 08/31/2027 |
| Physician and Surgeon | Bharucha, Kharmen Adil M.D. | 82717 | 05/28/2026 | 01/31/2027 |
| Physician and Surgeon | Borowsky, Hannah Michelle M.D. | 82695 | 05/26/2026 | 11/30/2026 |
| Physician and Surgeon | Bowler, Taylor Anne D.O. | 82650 | 05/21/2026 | 02/28/2027 |
| Physician and Surgeon | Boyd, Taylor Lee M.D. | 82522 | 05/07/2026 | 03/31/2027 |
| Physician and Surgeon | Boyer, Edward George M.D. | 82719 | 05/28/2026 | 01/31/2027 |
| Physician and Surgeon | Braeger, Trevor Martin M.D. | 82598 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon | Brlecic, Paige Elise M.D. | 82597 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon | Brooks, Patricia Jo M.D. | 82714 | 05/28/2026 | 11/30/2026 |
| Physician and Surgeon | Brown, Meghan Mary M.D. | 82588 | 05/15/2026 | 11/30/2026 |
| Physician and Surgeon | Bussanmas, Tori Lynn M.D. | 82599 | 05/15/2026 | 01/31/2027 |
| Physician and Surgeon | Butt, Kanza Noor M.B., B.S. | 82469 | 04/30/2026 | 10/31/2026 |
| Physician and Surgeon | Butterbaugh, Mitchell Wayne M.D. | 82564 | 05/12/2026 | 04/30/2027 |
| Physician and Surgeon | Butts, Breann Nicole M.D. | 82648 | 05/21/2026 | 05/31/2027 |
| Physician and Surgeon | Byrne, Kevin Jozsef M.D. | 82497 | 05/04/2026 | 04/30/2027 |
| Physician and Surgeon | Caillier, Rebecca Lee M.D. | 82776 | 06/04/2026 | 10/31/2027 |
| Physician and Surgeon | Campbell, Christina Eileen D.O. | 82798 | 06/08/2026 | 05/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Campbell, Kalyn Diane M.D. | 82734 | 05/29/2026 | 12/31/2026 |
| Physician and Surgeon | Canaan, Ryan Trent D.O. | 82984 | 06/26/2026 | 02/28/2027 |
| Physician and Surgeon | Carey, Magalie Emily M.D. | 82448 | 04/27/2026 | 04/30/2027 |
| Physician and Surgeon | Carpenter, Kathryn Ann M.D. | 82735 | 05/29/2026 | 01/31/2027 |
| Physician and Surgeon | Casazza, Geoffrey Cole M.D. | 82960 | 06/25/2026 | 09/30/2027 |
| Physician and Surgeon | Casson, Peter Raymond M.D. | 82534 | 05/07/2026 | 09/30/2027 |
| Physician and Surgeon | Ceasar, Joniqua Nashae M.D. | 82736 | 05/29/2026 | 12/31/2026 |
| Physician and Surgeon | Chaisidhivej, Natapat M.D. | 82799 | 06/08/2026 | 04/30/2027 |
| Physician and Surgeon | Chappidi, Rohit M.D. | 82482 | 05/04/2026 | 03/31/2027 |
| Physician and Surgeon | Chaska, Rachael Maylene M.D. | 82537 | 05/08/2026 | 10/31/2027 |
| Physician and Surgeon | Chaudhry, Maida Sarfraz M.B., B.S. | 82577 | 05/14/2026 | 12/31/2026 |
| Physician and Surgeon | Cheng, Huai Yong M.B. | 82961 | 06/25/2026 | 10/31/2027 |
| Physician and Surgeon | Cherveny, Makenzie Alexandra D.O. | 82676 | 05/22/2026 | 03/31/2027 |
| Physician and Surgeon | Chhabria, Shradha-Sonia Mahesh M.D. | 82472 | 04/30/2026 | 02/28/2027 |
| Physician and Surgeon | Cho, Sung Jun M.D. | 82777 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Clark, Michael Robert M.D. | 82547 | 05/11/2026 | 07/31/2027 |
| Physician and Surgeon | Cobb-Walch, Carmen Elena M.D. | 82737 | 05/29/2026 | 03/31/2027 |
| Physician and Surgeon | Concepcion, Lui Michelle M.D. | 82479 | 05/01/2026 | 08/31/2027 |
| Physician and Surgeon | Conlee, Erin Michelle M.D. | 56510 | 05/04/2026 | 10/31/2027 |
| Physician and Surgeon | Consing Gangelhoff, Margarita Celina M.D. | 82887 | 06/18/2026 | 04/30/2027 |
| Physician and Surgeon | Cummock, Joshua Mark D.O. | 82657 | 05/21/2026 | 02/28/2027 |
| Physician and Surgeon | Dally, Ann Patricia M.D. | 82578 | 05/14/2026 | 08/31/2027 |
| Physician and Surgeon | Dammann, Carston Thomas M.D. | 82800 | 06/08/2026 | 09/30/2027 |
| Physician and Surgeon | Davis, Katelynn Elizabeth M.D. | 82801 | 06/08/2026 | 09/30/2027 |
| Physician and Surgeon | Dawra, Emily Lara Sierra M.D. | 82802 | 06/08/2026 | 03/31/2027 |
| Physician and Surgeon | Dawson, Elliot Tyler M.D. | 58323 | 06/18/2026 | 01/31/2027 |
| Physician and Surgeon | Dean, Robert Scott M.D. | 82658 | 05/21/2026 | 01/31/2027 |
| Physician and Surgeon | Dela Fuente, Noe Nicolas Bautista M.D. | 82507 | 05/07/2026 | 07/31/2027 |
| Physician and Surgeon | Dick, Nicholas Richard M.D. | 82579 | 05/14/2026 | 10/31/2027 |
| Physician and Surgeon | Do, Dang-Huy M.D. | 82473 | 04/30/2026 | 02/28/2027 |
| Physician and Surgeon | Doherty, Maxwell James M.D. | 82508 | 05/07/2026 | 09/30/2027 |
| Physician and Surgeon | Dooling, Daniel Hartnett M.D. | 82888 | 06/18/2026 | 02/28/2027 |
| Physician and Surgeon | Drazenovich, Hannah Lennea M.D. | 82930 | 06/22/2026 | 10/31/2027 |
| Physician and Surgeon | Dunlop, Lance Russell M.D. | 82889 | 06/18/2026 | 05/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Dylla, Sarah Elizabeth D.O. | 82580 | 05/14/2026 | 11/30/2026 |
| Physician and Surgeon | Dyrud, Paul  Amos M.D. | 82943 | 06/24/2026 | 11/30/2027 |
| Physician and Surgeon | Eells, Austin James M.D. | 82671 | 05/22/2026 | 05/31/2027 |
| Physician and Surgeon | Eidsness, Erin Marie M.D. | 82778 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Elgamal, Ahmed Elsayed Elbdawy Mohamed Abdelfattah M.B., B.Ch. | 82509 | 05/07/2026 | 05/31/2027 |
| Physician and Surgeon | Engel, William Andrew M.D. | 82803 | 06/08/2026 | 07/31/2027 |
| Physician and Surgeon | Ensz, Jordan Leigh M.D. | 82659 | 05/21/2026 | 01/31/2027 |
| Physician and Surgeon | Esmaeil, Husain S E M H  MB. BCh | 82485 | 05/04/2026 | 07/31/2027 |
| Physician and Surgeon | Farmer, William Reed M.D. | 82971 | 06/26/2026 | 04/30/2027 |
| Physician and Surgeon | Feemster, John Craig M.D. | 82725 | 05/28/2026 | 11/30/2026 |
| Physician and Surgeon | Ferguson, Frederick  M.D. | 82510 | 05/07/2026 | 01/31/2027 |
| Physician and Surgeon | Fleddermann, Rachel Anne M.D. | 82738 | 05/29/2026 | 08/31/2027 |
| Physician and Surgeon | Fofie, Frank Fiachie M.D. | 82511 | 05/07/2026 | 03/31/2027 |
| Physician and Surgeon | Fonseca, Rodrigo  M.D. | 82548 | 05/11/2026 | 08/31/2027 |
| Physician and Surgeon | France, Andrew Phin D.O. | 82962 | 06/25/2026 | 04/30/2027 |
| Physician and Surgeon | Free, Melissa Frances M.D. | 82512 | 05/07/2026 | 06/30/2027 |
| Physician and Surgeon | Fuchs, Jacob Tyler M.D. | 82963 | 06/25/2026 | 05/31/2027 |
| Physician and Surgeon | Furman, Victor Akeno M.D. | 82890 | 06/18/2026 | 07/31/2027 |
| Physician and Surgeon | Fussy, Kayla Ann M.D. | 82739 | 05/29/2026 | 10/31/2027 |
| Physician and Surgeon | Galagedera, Nirupa Cortny M.D. | 82450 | 04/29/2026 | 02/28/2027 |
| Physician and Surgeon | Gandhi, Sonal  M.B., B.S. | 82972 | 06/26/2026 | 03/31/2027 |
| Physician and Surgeon | Gandrapu Balanaga, Satya Sailaja Bindu  M.D. | 82779 | 06/04/2026 | 06/30/2027 |
| Physician and Surgeon | Gates, Michael James M.D. | 82780 | 06/04/2026 | 12/31/2026 |
| Physician and Surgeon | Gazal, Ayoolamide Nurat M.D. | 82824 | 06/11/2026 | 06/30/2027 |
| Physician and Surgeon | Gentilini, Elena Loya M.D. | 82660 | 05/21/2026 | 11/30/2026 |
| Physician and Surgeon | Gerzenshtein, Jacob Bert M.D. | 82804 | 06/08/2026 | 03/31/2027 |
| Physician and Surgeon | Girard, Kaitlin Mary Kreuser M.D. | 82513 | 05/07/2026 | 07/31/2027 |
| Physician and Surgeon | Gladin, Collier Branan M.D. | 82581 | 05/14/2026 | 07/31/2027 |
| Physician and Surgeon | Goerger, Aaron Phillip D.O. | 82582 | 05/14/2026 | 02/28/2027 |
| Physician and Surgeon | Graber, Rylan  Amos M.D. | 82474 | 04/30/2026 | 08/31/2027 |
| Physician and Surgeon | Grosinger, Alexander Jacob M.D. | 82973 | 06/26/2026 | 10/31/2027 |
| Physician and Surgeon | Habibullah, Sheikh  M.B., B.S. | 82661 | 05/21/2026 | 03/31/2027 |
| Physician and Surgeon | Haigh, Alexandra McClernon M.D. | 82475 | 04/30/2026 | 05/31/2027 |
| Physician and Surgeon | Hallowell, Kelly Nicole M.D. | 82805 | 06/08/2026 | 12/31/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Hansalia, Ajit Vallabhdas M.D. | 82476 | 04/30/2026 | 02/28/2027 |
| Physician and Surgeon | Hansen, Michael  Andrew M.D. | 82662 | 05/21/2026 | 11/30/2026 |
| Physician and Surgeon | Hartman, William Robert M.D. | 46750 | 05/14/2026 | 06/30/2027 |
| Physician and Surgeon | Hasegawa, Morgan Elliott M.D. | 82724 | 05/28/2026 | 06/30/2027 |
| Physician and Surgeon | Hashi, Naima Jama M.D. | 69999 | 06/18/2026 | 08/31/2027 |
| Physician and Surgeon | Hastings, Jaclyn Terese M.D. | 82477 | 04/30/2026 | 08/31/2027 |
| Physician and Surgeon | Hayden, Nolan Thomas M.D. | 82480 | 05/01/2026 | 08/31/2027 |
| Physician and Surgeon | Heiberger, Caleb  Joseph M.D. | 82483 | 05/04/2026 | 01/31/2027 |
| Physician and Surgeon | Herman, Jesslyn Frances M.D. | 82781 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Holthaus, Conner Lewis M.D. | 82964 | 06/25/2026 | 08/31/2027 |
| Physician and Surgeon | Horn, Emily Catherine D.O. | 82965 | 06/25/2026 | 09/30/2027 |
| Physician and Surgeon | Hutchins, Joshua Mark D.O. | 82825 | 06/11/2026 | 09/30/2027 |
| Physician and Surgeon | Irwin, Hannah Marie D.O. | 82891 | 06/18/2026 | 05/31/2027 |
| Physician and Surgeon | Jakubiak, Margurite Camille M.D. | 82663 | 05/21/2026 | 12/31/2026 |
| Physician and Surgeon | James, Lauren Jere M.D. | 82806 | 06/08/2026 | 05/31/2027 |
| Physician and Surgeon | Javadzadeh, Ashkan  M.D. | 82675 | 05/22/2026 | 09/30/2027 |
| Physician and Surgeon | Jensen, Chad Michael D.O. | 82782 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Jensen, Elizabeth Joyce M.D. | 82740 | 05/29/2026 | 09/30/2027 |
| Physician and Surgeon | Jensen, Will Charles M.D. | 82605 | 05/15/2026 | 12/31/2026 |
| Physician and Surgeon | Jessen, Hannah Touhey M.D. | 82966 | 06/25/2026 | 06/30/2027 |
| Physician and Surgeon | Jeyamohan, Julie Parna D.O. | 82783 | 06/04/2026 | 12/31/2026 |
| Physician and Surgeon | Joffe, Benjamin Isidore M.D. | 82807 | 06/08/2026 | 11/30/2027 |
| Physician and Surgeon | Johnson, Anna  Rose M.D. | 82583 | 05/14/2026 | 07/31/2027 |
| Physician and Surgeon | JOHNSON, BAMIDELE OLAWALE M.D. | 82664 | 05/21/2026 | 04/30/2027 |
| Physician and Surgeon | Johnson-Nibling, Kelsey Alexandra M.D. | 82808 | 06/08/2026 | 05/31/2027 |
| Physician and Surgeon | Juarez , Luis  Alejandro M.D. | 82484 | 05/04/2026 | 08/31/2027 |
| Physician and Surgeon | Kabir-Islam, Lopa Sharmin M.B., B.S. | 82929 | 06/22/2026 | 09/30/2027 |
| Physician and Surgeon | Kagabo, Whitney Nice M.D. | 82892 | 06/18/2026 | 09/30/2027 |
| Physician and Surgeon | Kamat, Amol Deepak M.D. | 82478 | 04/30/2026 | 01/31/2027 |
| Physician and Surgeon | Kanwar, Siddak  M.D. | 82549 | 05/11/2026 | 09/30/2027 |
| Physician and Surgeon | Keil, Evan Jeffrey M.D. | 82784 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Keller, Ciana Tress M.D. | 82584 | 05/14/2026 | 07/31/2027 |
| Physician and Surgeon | Kenway, Megan Angell Taylor M.D. | 82741 | 05/29/2026 | 11/30/2026 |
| Physician and Surgeon | Khaleel, Sari Safaa M.D. | 82514 | 05/07/2026 | 11/30/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Kim, Jaejoong M.D. | 82742 | 05/29/2026 | 07/31/2027 |
| Physician and Surgeon | Kisha, Sarah M.B., B.S. | 82826 | 06/11/2026 | 10/31/2027 |
| Physician and Surgeon | Kostioukhina, Ekaterina M.D. | 82809 | 06/08/2026 | 04/30/2027 |
| Physician and Surgeon | Koury, William C M.D. | 33923 | 06/11/2026 | 11/30/2027 |
| Physician and Surgeon | Kralik, Nathaniel Charles D.O. | 82515 | 05/07/2026 | 06/30/2027 |
| Physician and Surgeon | Kresl, Morgan Marie M.D. | 82967 | 06/25/2026 | 07/31/2027 |
| Physician and Surgeon | Lange, Alexander Ross M.D. | 82753 | 06/01/2026 | 06/30/2027 |
| Physician and Surgeon | Langlois, Thomas Curtis M.D. | 82732 | 05/29/2026 | 11/30/2026 |
| Physician and Surgeon | Launer, Bryn Marie M.D. | 82733 | 05/29/2026 | 09/30/2027 |
| Physician and Surgeon | Lelonek, Meghan Michelle M.D. | 82539 | 05/08/2026 | 06/30/2027 |
| Physician and Surgeon | Leonard, Rachel Renee D.O. | 82635 | 05/20/2026 | 05/31/2027 |
| Physician and Surgeon | Lewis Ramos, Alvaro | 82959 | 06/25/2026 | 08/31/2027 |
| Physician and Surgeon | Li, Xi M.D. | 82493 | 05/04/2026 | 10/31/2027 |
| Physician and Surgeon | Lillehei, Kevin Owen M.D. | 82953 | 06/25/2026 | 07/31/2027 |
| Physician and Surgeon | Lindblom, Meg Katherine D.O. | 82506 | 05/06/2026 | 06/30/2027 |
| Physician and Surgeon | Linford, Henry Tyler D.O. | 82494 | 05/04/2026 | 04/30/2027 |
| Physician and Surgeon | Locascio, Michael Anthony M.D. | 82471 | 04/30/2026 | 12/31/2026 |
| Physician and Surgeon | Long, William Patrick M.D. | 82754 | 06/01/2026 | 08/31/2027 |
| Physician and Surgeon | Lucas Santos Souza, Dante | 82606 | 05/15/2026 | 06/30/2027 |
| Physician and Surgeon | Lutz, Cole Gregory M.D. | 82951 | 06/25/2026 | 02/28/2027 |
| Physician and Surgeon | Lyon, Alexa Maria M.D. | 82574 | 05/14/2026 | 10/31/2027 |
| Physician and Surgeon | MacLean, Alexandra Anne M.D. | 82565 | 05/12/2026 | 01/31/2027 |
| Physician and Surgeon | Mahmoud, Ali Mohamed M.D. | 82529 | 05/07/2026 | 01/31/2027 |
| Physician and Surgeon | Maldarelli, Mary Elizabeth M.D. | 82636 | 05/20/2026 | 12/31/2026 |
| Physician and Surgeon | Malik, Michael M.D. | 82819 | 06/09/2026 | 09/30/2027 |
| Physician and Surgeon | Maloon, Alan M.B., B.Ch. | 82985 | 06/26/2026 | 02/28/2027 |
| Physician and Surgeon | Maltagliati, Anthony Jason M.D. | 82669 | 05/22/2026 | 04/30/2027 |
| Physician and Surgeon | Malwitz, Joel William M.D. | 82637 | 05/20/2026 | 10/31/2027 |
| Physician and Surgeon | Mamaliga, Tatiana M.D. | 82623 | 05/19/2026 | 07/31/2027 |
| Physician and Surgeon | Maningding, Ernest Joseph M.D. | 82850 | 06/12/2026 | 09/30/2027 |
| Physician and Surgeon | Martinez Gil, Mercedes | 82696 | 05/26/2026 | 02/28/2027 |
| Physician and Surgeon | Martinez Santori, Mara Sofia M.D. | 82901 | 06/18/2026 | 08/31/2027 |
| Physician and Surgeon | Mashayekhi, Matthew Meelad D.O. | 82789 | 06/04/2026 | 10/31/2027 |
| Physician and Surgeon | Mayerchak, Mary Claire M.D. | 82685 | 05/22/2026 | 09/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | McColl, Logan Fraser M.D. | 82864 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon | Mehlich, Anna Maria | 82851 | 06/12/2026 | 05/31/2027 |
| Physician and Surgeon | Mehlich, Anna Maria M.D. | 82851 | 06/12/2026 | 05/31/2027 |
| Physician and Surgeon | Meisel, Karl Martin M.D. | 82607 | 05/15/2026 | 10/31/2027 |
| Physician and Surgeon | Meyer, Danielle Nicole D.O. | 82854 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon | Michelson, Kyle Peter M.D. | 82624 | 05/19/2026 | 06/30/2027 |
| Physician and Surgeon | Miller, Briana Micaela M.D. | 82540 | 05/08/2026 | 01/31/2027 |
| Physician and Surgeon | Miller, Samuel Gregory M.D. | 82865 | 06/15/2026 | 05/31/2027 |
| Physician and Surgeon | Mire, Muhammad Osman Ali M.D. | 82686 | 05/22/2026 | 12/31/2026 |
| Physician and Surgeon | Moassefi, Mana  M.D. | 82927 | 06/22/2026 | 06/30/2027 |
| Physician and Surgeon | mohammad, sanna bashir M.D. | 82670 | 05/22/2026 | 01/31/2027 |
| Physician and Surgeon | Morales, Andre Michael M.D. | 82932 | 06/22/2026 | 06/30/2027 |
| Physician and Surgeon | Morgan, Leah Kristine M.D. | 82530 | 05/07/2026 | 06/30/2027 |
| Physician and Surgeon | Mughal, Mohsin Sheraz M.B., B.S. | 82767 | 06/03/2026 | 10/31/2027 |
| Physician and Surgeon | Murphy, Brenna Marie M.D. | 82718 | 05/28/2026 | 08/31/2027 |
| Physician and Surgeon | Nazarian Mobin, Sheila Sharon M.D. | 82454 | 04/29/2026 | 08/31/2027 |
| Physician and Surgeon | Nduka, Blessing Kelechi D.O. | 82608 | 05/15/2026 | 03/31/2027 |
| Physician and Surgeon | Neff, Jennifer Ann M.D. | 38034 | 06/26/2026 | 11/30/2027 |
| Physician and Surgeon | Nellhaus, Emma Muriel M.D. | 82977 | 06/26/2026 | 03/31/2027 |
| Physician and Surgeon | Nelson, Katherine Anne M.D. | 82755 | 06/01/2026 | 08/31/2027 |
| Physician and Surgeon | Nemani, Venu Maadhav M.D. | 82931 | 06/22/2026 | 05/31/2027 |
| Physician and Surgeon | Neuman, Patricia Lynn D.O. | 46050 | 06/04/2026 | 06/30/2027 |
| Physician and Surgeon | Ng, Jason  M.D. | 82796 | 06/08/2026 | 03/31/2027 |
| Physician and Surgeon | Nguyen, Brian Vinh M.D. | 82575 | 05/14/2026 | 12/31/2026 |
| Physician and Surgeon | Nguyen, Melissa Huck M.D. | 82978 | 06/26/2026 | 10/31/2027 |
| Physician and Surgeon | Nguyen, Trisha Uyen-Vi M.D. | 82531 | 05/07/2026 | 03/31/2027 |
| Physician and Surgeon | Nickel, Andrew Christopher M.D. | 82812 | 06/09/2026 | 02/28/2027 |
| Physician and Surgeon | Niemczyk, Alexander James M.D. | 82687 | 05/22/2026 | 09/30/2027 |
| Physician and Surgeon | Noguchi, Kiyonari  M.D. | 82638 | 05/20/2026 | 09/30/2027 |
| Physician and Surgeon | Nolander, Evan Thomas D.O. | 82875 | 06/16/2026 | 01/31/2027 |
| Physician and Surgeon | Nowak, Breanna Mae M.D. | 82554 | 05/11/2026 | 05/31/2027 |
| Physician and Surgeon | O'Connor, Brandon Lee M.D. | 82873 | 06/16/2026 | 10/31/2027 |
| Physician and Surgeon | Oluyemi, Eniola Tinuola M.D. | 82902 | 06/18/2026 | 12/31/2026 |
| Physician and Surgeon | Ortiz, Emily Ann M.D. | 82541 | 05/08/2026 | 11/30/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Pang, Hilary Yan-Ming M.D. | 82455 | 04/29/2026 | 03/31/2027 |
| Physician and Surgeon | Parisot , Paul Eugene M.D. | 82639 | 05/20/2026 | 06/30/2027 |
| Physician and Surgeon | Parks, Taryn Christiana D.O. | 82986 | 06/26/2026 | 07/31/2027 |
| Physician and Surgeon | Patel, Dil B M.D. | 82555 | 05/11/2026 | 12/31/2026 |
| Physician and Surgeon | Patel, Viren Dipakkumar M.D. | 82866 | 06/15/2026 | 01/31/2027 |
| Physician and Surgeon | Payne, Shelby Renae M.D. | 82503 | 05/05/2026 | 02/28/2027 |
| Physician and Surgeon | Peralta, Philippine Dana Dawn M.D. | 82797 | 06/08/2026 | 03/31/2027 |
| Physician and Surgeon | Petersen, Kaya Yalcin M.D. | 82756 | 06/01/2026 | 12/31/2026 |
| Physician and Surgeon | Phillips, Nicholas Robert M.D. | 82688 | 05/22/2026 | 10/31/2027 |
| Physician and Surgeon | Pickens, John Palmer M.D. | 82609 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon | Puffer, Cole Carlon M.D. | 82456 | 04/29/2026 | 06/30/2027 |
| Physician and Surgeon | Qaseem, Yasmin M.D. | 82790 | 06/04/2026 | 08/31/2027 |
| Physician and Surgeon | Quintanilla, Denise Paola M.D. | 82979 | 06/26/2026 | 07/31/2027 |
| Physician and Surgeon | Ramachandra, Ramya M.B.B.S. | 82495 | 05/04/2026 | 05/31/2027 |
| Physician and Surgeon | Ramawad, Hamzah Adel M.D. | 82625 | 05/19/2026 | 07/31/2027 |
| Physician and Surgeon | Rastogi, Radhika M.D. | 82481 | 05/01/2026 | 01/31/2027 |
| Physician and Surgeon | Reed, Meredith Huszagh M.D. | 82852 | 06/12/2026 | 06/30/2027 |
| Physician and Surgeon | Reiche, Elizabeth Anne D.O. | 82457 | 04/29/2026 | 02/28/2027 |
| Physician and Surgeon | Restrepo Orozco, Andres Felipe | 82987 | 06/26/2026 | 08/31/2027 |
| Physician and Surgeon | Ricci, Bryan James M.D. | 82928 | 06/22/2026 | 08/31/2027 |
| Physician and Surgeon | Rice, Abigail Lynn M.D. | 82532 | 05/07/2026 | 11/30/2026 |
| Physician and Surgeon | Richardson, Anne Helene Arnason M.D. | 82576 | 05/14/2026 | 11/30/2026 |
| Physician and Surgeon | Ricker, Veronica Nicholl M.D. | 82820 | 06/09/2026 | 02/28/2027 |
| Physician and Surgeon | Roberts, Hailey Marn M.D. | 82988 | 06/26/2026 | 04/30/2027 |
| Physician and Surgeon | Rondon Rueda, Lizbeth Yelitza M.D. | 82903 | 06/18/2026 | 02/28/2027 |
| Physician and Surgeon | Rose, Michael Ray M.D. | 82952 | 06/25/2026 | 09/30/2027 |
| Physician and Surgeon | Rounds, Daniel John M.D. | 82810 | 06/09/2026 | 10/31/2027 |
| Physician and Surgeon | Rushmeyer, Megan Nichole M.D. | 82626 | 05/19/2026 | 08/31/2027 |
| Physician and Surgeon | Ruttger, Thomas Ray M.D. | 82566 | 05/12/2026 | 11/30/2026 |
| Physician and Surgeon | Rybakowicz, Ross M.D. | 82553 | 05/11/2026 | 01/31/2027 |
| Physician and Surgeon | Saberinia, Hooman M.D. | 82716 | 05/28/2026 | 03/31/2027 |
| Physician and Surgeon | Sabharwal, Samir M.D. | 82499 | 05/04/2026 | 01/31/2027 |
| Physician and Surgeon | Safinia, Cyrus M.D. | 82467 | 04/30/2026 | 09/30/2027 |
| Physician and Surgeon | Sakizadeh, Jason Robert M.D. | 82466 | 04/30/2026 | 09/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

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|---|---|---|---|---|
| Physician and Surgeon | Salah, Haneen Thabit Jameel M.B., B.S. | 82592 | 05/15/2026 | 08/31/2027 |
| Physician and Surgeon | Saltman, Anna Jesse M.D. | 82562 | 05/12/2026 | 10/31/2027 |
| Physician and Surgeon | Sanchez, Santana M.D. | 82468 | 04/30/2026 | 09/30/2027 |
| Physician and Surgeon | Saravana, Ann Marie O'Connell M.D. | 82593 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon | Saravana, Karan M.D. | 82596 | 05/15/2026 | 04/30/2027 |
| Physician and Surgeon | Saxena, Shilpa Patel | 82748 | 06/01/2026 | 06/30/2027 |
| Physician and Surgeon | Saxena, Shilpa Patel M.D. | 82748 | 06/01/2026 | 06/30/2027 |
| Physician and Surgeon | Schmidt, Christian Maximillian M.D. | 82521 | 05/07/2026 | 10/31/2027 |
| Physician and Surgeon | Schmidt, Sarah Katherine M.D. | 82774 | 06/04/2026 | 05/31/2027 |
| Physician and Surgeon | Schuerger, Willis Andrew M.D. | 82649 | 05/21/2026 | 08/31/2027 |
| Physician and Surgeon | Schultheis, William Grant M.D. | 82697 | 05/26/2026 | 03/31/2027 |
| Physician and Surgeon | Schwab, Shannon Jory D.O. | 40982 | 06/01/2026 | 03/31/2027 |
| Physician and Surgeon | Selvam, Rajajee M.D. | 82655 | 05/21/2026 | 12/31/2026 |
| Physician and Surgeon | Sengupta, Partho Pratim M.B., B.S. | 82698 | 05/26/2026 | 02/28/2027 |
| Physician and Surgeon | Shah, Shiv Abhaykumar M.B.B.S. | 82589 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon | Shekari, Shima D.O. | 82993 | 06/29/2026 | 05/31/2027 |
| Physician and Surgeon | Sheridan, Brianna Louise Bahe M.D. | 82441 | 04/27/2026 | 03/31/2027 |
| Physician and Surgeon | Shittu, Khalid Adeshola M.B., B.S. | 82666 | 05/21/2026 | 04/30/2027 |
| Physician and Surgeon | Silas, Reshma M.B., B.S. | 82773 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon | Silva Cantillo, Diana María M.D. | 82498 | 05/04/2026 | 05/31/2027 |
| Physician and Surgeon | Silwal, Swechchha M.B., B.S. | 82699 | 05/26/2026 | 12/31/2026 |
| Physician and Surgeon | Singh, Mantinderpreet M.B., B.S. | 82438 | 04/27/2026 | 10/31/2026 |
| Physician and Surgeon | Sipola, Aaron Michael M.D. | 82651 | 05/21/2026 | 03/31/2027 |
| Physician and Surgeon | Smeding, Sonja Naree M.D. | 82749 | 06/01/2026 | 04/30/2027 |
| Physician and Surgeon | Smith, Brianna Casey M.D. | 82921 | 06/22/2026 | 11/30/2027 |
| Physician and Surgeon | Smith, Burkely Payne M.D. | 82912 | 06/22/2026 | 01/31/2027 |
| Physician and Surgeon | Smith, Daniel A P M.D. | 31955 | 05/09/2026 | 05/31/2027 |
| Physician and Surgeon | Smith, Matthew Martin M.D. | 82523 | 05/07/2026 | 09/30/2027 |
| Physician and Surgeon | Smits, Elizabeth Brooke D.O. | 82525 | 05/07/2026 | 11/30/2026 |
| Physician and Surgeon | Stanton, Daniel Lee M.D. | 82994 | 06/29/2026 | 07/31/2027 |
| Physician and Surgeon | Stauss, Kari Lynn M.D. | 82794 | 06/08/2026 | 04/30/2027 |
| Physician and Surgeon | Stember, Dorin Sol M.D. | 82622 | 05/19/2026 | 11/30/2026 |
| Physician and Surgeon | Szabari, Margit Veronika M.D. | 82464 | 04/30/2026 | 11/30/2026 |
| Physician and Surgeon | Tabbakh, Jordan Mohamed M.D. | 82518 | 05/07/2026 | 08/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Tacdol, Rena Almira M.D. | 82700 | 05/26/2026 | 05/31/2027 |
| Physician and Surgeon | Tacheny, Andrew Jared M.D. | 82862 | 06/15/2026 | 11/30/2027 |
| Physician and Surgeon | Tenhoff, Christine Elizabeth D.O. | 82647 | 05/21/2026 | 05/31/2027 |
| Physician and Surgeon | Teravskis, Peter Joseph M.D. | 82955 | 06/25/2026 | 03/31/2027 |
| Physician and Surgeon | Thomas, Christopher Michael M.D. | 82652 | 05/21/2026 | 01/31/2027 |
| Physician and Surgeon | Torres Roldan, Victor Daniel Sabyn M.D. | 82524 | 05/07/2026 | 09/30/2027 |
| Physician and Surgeon | Toyobo, Olubukola Olubunmi M.D. | 82500 | 05/04/2026 | 08/31/2027 |
| Physician and Surgeon | Traen, Kaitlyn Hope M.D. | 82610 | 05/15/2026 | 04/30/2027 |
| Physician and Surgeon | Truong, Lance Van D.O. | 82712 | 05/28/2026 | 04/30/2027 |
| Physician and Surgeon | Tufano, Sylvia Hope M.D. | 82989 | 06/26/2026 | 06/30/2027 |
| Physician and Surgeon | Tumminello, Paola M.D. | 82861 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon | Turner, Russell Sullivan M.D. | 82519 | 05/07/2026 | 05/31/2027 |
| Physician and Surgeon | URTECHO SUAREZ, LOURDES MERITXELL M.D. | 82516 | 05/07/2026 | 04/30/2027 |
| Physician and Surgeon | Vahling, Sydney Marie M.D. | 82591 | 05/15/2026 | 01/31/2027 |
| Physician and Surgeon | Valentine, Mark Cannon M.D. | 82501 | 05/04/2026 | 05/31/2027 |
| Physician and Surgeon | Van Arsdell, David Cottrell D.O. | 82439 | 04/27/2026 | 05/31/2027 |
| Physician and Surgeon | Vang, Alecia K M.D. | 82715 | 05/28/2026 | 12/31/2026 |
| Physician and Surgeon | Vasconcellos, Alexander Lee M.D. | 82443 | 04/27/2026 | 12/31/2026 |
| Physician and Surgeon | Villa, Danielle Nicole M.D. | 82913 | 06/22/2026 | 01/31/2027 |
| Physician and Surgeon | Vincent, Kathryn Elaine M.D. | 82793 | 06/08/2026 | 03/31/2027 |
| Physician and Surgeon | Voss, Jonathan Douglas M.D. | 82859 | 06/15/2026 | 11/30/2027 |
| Physician and Surgeon | Walling, Jacob Blake M.D. | 82860 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon | Walters, Luke Whitney M.D. | 82771 | 06/04/2026 | 05/31/2027 |
| Physician and Surgeon | Wandro, Cierra Jo D.O. | 82520 | 05/07/2026 | 05/31/2027 |
| Physician and Surgeon | Ward, Nicholas Donald M.D. | 82442 | 04/27/2026 | 05/31/2027 |
| Physician and Surgeon | Ward, Stephen Jackson D.O. | 82764 | 06/03/2026 | 08/31/2027 |
| Physician and Surgeon | Warren, De'Andre Antonino M.D. | 82517 | 05/07/2026 | 10/31/2027 |
| Physician and Surgeon | Waswick, Travis John M.D. | 82590 | 05/15/2026 | 07/31/2027 |
| Physician and Surgeon | Weinberg, Jeffrey Mitchell M.D. | 82915 | 06/22/2026 | 01/31/2027 |
| Physician and Surgeon | Welle, Alyssa Margaret M.D. | 82496 | 05/04/2026 | 09/30/2027 |
| Physician and Surgeon | Werner, Jerrica Lynn M.D. | 82957 | 06/25/2026 | 07/31/2027 |
| Physician and Surgeon | Whitcomb, Samantha Rae Ann D.O. | 82654 | 05/21/2026 | 04/30/2027 |
| Physician and Surgeon | Winograd, Deborah Rebecca D.O. | 82470 | 04/30/2026 | 03/31/2027 |
| Physician and Surgeon | Xie, Katherine Zhuang M.D. | 82992 | 06/29/2026 | 03/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon | Young-Ajose, Denise Marie M.D. | 82832 | 06/11/2026 | 05/31/2027 |
| Physician and Surgeon | Zeng, Eugenia Wei M.D. | 82914 | 06/22/2026 | 04/30/2027 |
| Physician and Surgeon | Zeyl, Victoria M.D. | 82772 | 06/04/2026 | 10/31/2027 |
| Physician and Surgeon | Zhang, Michael Kelong M.D. | 82720 | 05/28/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Abdel-Jaber, Abdel-Kader Hasan M.D. | 82759 | 06/01/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Abdul-Jauwad, Hend Samir MB, BCh, BAO | 50198 | 06/12/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Abiola, Aanuoluwa Oyinlola | 82911 | 06/22/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Adeoye, Martins M.B.B.S. | 82743 | 06/01/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Afilaka, Bukola M.D. | 82909 | 06/22/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Agarwal, Ankit M.D. | 82452 | 04/29/2026 | 10/31/2026 |
| Physician and Surgeon - IMLC | Ahmann, Michael D.O. | 82628 | 05/19/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Ali, Cina M.D. | 82545 | 05/09/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Allen, Mark Robert M.D. | 82680 | 05/22/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Allen, Sekani Jay M.D. | 82682 | 05/22/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Allu, Sridevi M.B.B.S. | 82990 | 06/29/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Amin, Noor UL M.B.B.S. | 82486 | 05/04/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Anwar Ul Haq, Malik Muhammad M.B.B.S. | 70707 | 06/29/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Arbogast, Phoebe M M.D. | 82603 | 05/15/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Armstrong, Lacey Lee M.D. | 82945 | 06/24/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Asemota, Oluwatomi Oluwagbemisola M.B.B.S. | 82643 | 05/20/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Axton, Jon Clayton M.D. | 82830 | 06/11/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Babatunde, Oluwole Adeyemi M.B.B.S. | 82940 | 06/23/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Badger, Haruka M.D. | 82586 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Bahrami, Ghazaleh M.D. | 82950 | 06/24/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Bailey, Edward Hutchins M.D. | 82615 | 05/18/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Bakshi, Kunal M.D. | 82925 | 06/22/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Barker Booth, Brittany D.O. | 82435 | 04/27/2026 | 10/31/2026 |
| Physician and Surgeon - IMLC | Barker, Lee G D.O. | 82451 | 04/29/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Baum, Peter D.O. | 82461 | 04/30/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Beck, Jennifer Lynn M.D. | 82677 | 05/22/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Bennett, Gregory Daniel M.D. | 82504 | 05/06/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Berndt, Steven Delwood M.D. | 41363 | 05/28/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Berry, Rana Snipe M.D. | 82723 | 05/28/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Blood, David Charles M.D. | 82690 | 05/22/2026 | 04/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

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|---|---|---|---|---|
| Physician and Surgeon - IMLC | Bognanno, Andrew Fones M.D. | 82491 | 05/04/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Bouele-Mboule, Anne R. M.D. | 82679 | 05/22/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Boyd, David Michael M.D. | 82571 | 05/13/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Braun, Sharon Marie M.D. | 82920 | 06/22/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Brennan, Ann Marie M.D. | 82841 | 06/12/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Brisson, Michael Paul D.O. | 82941 | 06/24/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Broadwell, Scott Russell M.D. | 82811 | 06/09/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Brown, Michael Ray M.D. | 82747 | 06/01/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Brown, Victoria Suzanne M.D. | 82746 | 06/01/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Bryant, Dennie Antoinette D.O. | 82678 | 05/22/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Burkard, David M.D. | 82827 | 06/11/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Buttram, John Grant M.D. | 82692 | 05/22/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Cangiano, Jose Lucas M.D. | 82926 | 06/22/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Centeno, Jerry Noel M.D. | 82842 | 06/12/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Chanderraj, Rishi M.D. | 82612 | 05/18/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Chandler, Robert D.O. | 82867 | 06/15/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Chowdhury, Nazrul Islam M.B.B.S. | 82821 | 06/09/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Chrzanowski, Francis Alan M.D. | 82785 | 06/04/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Chu, Laurence M.D. | 82458 | 04/29/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Chun, Jordan M.D. | 82907 | 06/18/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Cohn, Benjamin Mycroft M.D. | 82557 | 05/11/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Corrales, Christopher Daniel D.O. | 82558 | 05/11/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Crank, Christine Louise M.D. | 82616 | 05/18/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Cumbers, Jason M.D. | 82791 | 06/04/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Dahl, Jason Wyatt Dragavon M.D. | 59879 | 06/04/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Dahm, Philipp | 82705 | 05/26/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Das, Jyotirmoy Husayn M.D. | 82672 | 05/22/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Das, Sheetal Anita M.D. | 82879 | 06/17/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Davis, Ralph Gordon M.D. | 82702 | 05/26/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Demsie, Tameru Dressie M.D. | 82684 | 05/22/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Deo, Rahul Chandrakant M.D. | 82775 | 06/04/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | DeRenzi, Anthony Dominick D.O. | 82768 | 06/03/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Deya, Ruth Wangui M.B., Ch.B. | 82629 | 05/20/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Dickler, Andrew Cronson M.D. | 82729 | 05/28/2026 | 11/30/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

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|---|---|---|---|---|
| Physician and Surgeon - IMLC | Duque Gomez, Cesar Olmedo M.D. | 82744 | 06/01/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Dutson, Erik Patrick M.D. | 82751 | 06/01/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Earls, James Patrick M.D. | 82814 | 06/09/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | El-Shahat, Taha Yassin M.D. | 82745 | 06/01/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Elhodaky, Mostafa M.B., B.Ch. | 82899 | 06/18/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Ercole, Cesar Emilio M.D. | 82822 | 06/10/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Estiu Sanchez, Herbert | 82918 | 06/22/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Ezuddin, Mohammed S M.D. | 82947 | 06/24/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Feigenbaum, Frank M.D. | 82567 | 05/13/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Felsman, Alexis Helena D.O. | 82627 | 05/19/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Femi Abodunde, Abiola M.D. | 82683 | 05/22/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Fine, Laurence David M.D. | 82585 | 05/15/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Fong, Carmen Frances Kayan M.D. | 82924 | 06/22/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Gafni-Pappas, Gregory D.O. | 82711 | 05/28/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Gause, Levi Nathan M.D. | 82758 | 06/01/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Gonzales, Paul Edward M.D. | 82726 | 05/28/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Grammatico, Robert M.D. | 82489 | 05/04/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Green, Jami Elyse M.D. | 82919 | 06/22/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Green, Maya Izabell M.D. | 82704 | 05/26/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Greenberg, Myles David M.D. | 82908 | 06/22/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Greer, Jarrett Preston M.D. | 82572 | 05/14/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Grosvenor, Crystal Joi M.D. | 82446 | 04/27/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Gupta, Ravindra Dayal M.D. | 82828 | 06/11/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Hafizi, Ghazaleh Gigi M.D. | 82934 | 06/23/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Haider, Omar M.B.B.S. | 82949 | 06/24/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Hall, Christopher Neil M.D. | 82619 | 05/18/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Hamilton, Elizabeth Costa M.D. | 82436 | 04/27/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Hamilton, John Howell M.D. | 82526 | 05/07/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Hana, Lauren Marie M.D. | 82560 | 05/11/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Hanna, Mareena D.O. | 82706 | 05/26/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Hannan, Markus Clemens M.D. | 82938 | 06/23/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Hardy, Steven Anthony D.O. | 82958 | 06/25/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Hardy, Susanne Miller D.O. | 82974 | 06/26/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Harrison, Coby Nichole M.D. | 82765 | 06/03/2026 | 06/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

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|---|---|---|---|---|
| Physician and Surgeon - IMLC | Hasan, Aliza M.D. | 82874 | 06/16/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Hayes-Bethel, Jennifer Imara M.D. | 82897 | 06/18/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Hays, Johnathan Charles M.D. | 82630 | 05/20/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Hemmings, Daphne Edmonston M.D. | 82433 | 04/27/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Hillman, Matthew D.O. | 82601 | 05/15/2026 | 11/30/2026 |
| Physician and Surgeon - IMLC | Hirai, Cori-Ann Mariko M.D. | 82843 | 06/12/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Huerta, Joyce M.D. | 82882 | 06/17/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Hughes, Andrew Hunter M.D. | 82939 | 06/23/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Hurtado, Timothy Ray D.O. | 82895 | 06/18/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Idemundia-Bryant, Ann Omorovbiye M.D. | 82833 | 06/11/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Imam, Harris Syed M.D. | 82528 | 05/07/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Iyer, Sanjay M.D. | 82968 | 06/26/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Jackson, Toni Shae M.D. | 82840 | 06/12/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Jameson, Austin D.O. | 82656 | 05/21/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Johnson, Mark M.D. | 82769 | 06/04/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Johnson, Victoria Lynn M.D. | 82837 | 06/11/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Joseph, Ivanna M.B.B.S. | 82640 | 05/20/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Kalia, Jessica Leigh D.O. | 82894 | 06/18/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Kanaan, Yassine M.D. | 82838 | 06/11/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Kang, Sana Saleem M.B.B.S. | 82846 | 06/12/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Kaufmann, Jeffrey Adam M.D. | 82868 | 06/15/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Kaushal, Ashutosh M.D. | 82709 | 05/27/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Kerr, Kristen M.D. | 82546 | 05/09/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Khan, Aizaz M.B.B.S. | 82884 | 06/17/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Khan, Muhammad Ali M.B.B.S. | 82815 | 06/09/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Khan, Muhammad Owais M.B.B.S. | 82904 | 06/18/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Kittisarapong, Natwalee D.O. | 82856 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Klein, Hannah Washington M.D. | 82722 | 05/28/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Klein, Steven Daniel M.D. | 82437 | 04/27/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Klostermeier, Timothy M.D. | 82613 | 05/18/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Koh, David M.D. | 82752 | 06/01/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Koren, Mikhail | 82922 | 06/22/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Kruger, Jeremy Ross M.D. | 82551 | 05/11/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Kuye, Ifedayo Olufemi M.D. | 82462 | 04/30/2026 | 07/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

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|---|---|---|---|---|
| Physician and Surgeon - IMLC | Kwota, Zakari M.D. | 82935 | 06/23/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Lacksen, Felicia M.D. | 82602 | 05/15/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Leavengood, Douglas Clinton M.D. | 82933 | 06/23/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Lee, Sung Ah D.O. | 82710 | 05/27/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Lemen, Tiffani Dawn M.D. | 82600 | 05/15/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Ley, Ryan Michael M.D. | 82923 | 06/22/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Linn, Alex James M.D. | 82681 | 05/22/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Lopez, Nilda Shiorkor M.D. | 82997 | 06/29/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | LoPresti, Philip John D.O. | 82818 | 06/09/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Lyerla, Rachael Ray Lyon M.D. | 82910 | 06/22/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Mai, Emmy M.D. | 82665 | 05/21/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Malakooti, Nima M.D. | 82893 | 06/18/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Maneevese, Michelle Nguyen M.D. | 82823 | 06/10/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Markel, Byron M.D. | 82750 | 06/01/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Martin, Gerard M.D. | 82844 | 06/12/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Martin, Nicolle Venetta M.D. | 82459 | 04/29/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Masouem, Shahryar M.D. | 82552 | 05/11/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Mathura, Zahra Iskra M.B., B.Ch. | 82620 | 05/18/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | McGarry, Thomas Francis M.D. | 82727 | 05/28/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | McMillan, Tyler M.D. | 82954 | 06/25/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Medrado Dias Silveira, Andressa | 82730 | 05/28/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Meir-Levi, David D.O. | 82834 | 06/11/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Mills, William Robert M.D. | 82463 | 04/30/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Mina, Michelle Ruiz M.D. | 82831 | 06/11/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Mittapalli, Amar Kant M.D. | 82848 | 06/12/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Moise, Mireille Astrid M.D. | 82863 | 06/15/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Mojoko, Ethel M.D. | 82536 | 05/08/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Moreau, Peter Barton M.D. | 82872 | 06/16/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Muhammad, Saad M.B.B.S. | 82855 | 06/15/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Narayanan, Meenalochani M.B.B.S. | 82447 | 04/27/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Neiman, Richard Braden M.D. | 82550 | 05/11/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Nelson, Joshua M.D. | 82543 | 05/09/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Neuenschwander, James F M.D. | 82632 | 05/20/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Nguyen, Dang M.D. | 82999 | 06/29/2026 | 09/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon - IMLC | Nicely, Christopher Cory M.D. | 82668 | 05/22/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Nichols, David M M.D. | 82937 | 06/23/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Nisar, Shahbaz Shahid M.D. | 82792 | 06/04/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Nordquist, Luke Thomas M.D. | 82786 | 06/04/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Noskin, Olga M.D. | 82505 | 05/06/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Nyberg, Eric MacKenzie M.D. | 82849 | 06/12/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Ojevwe, Cindy M.D. | 82573 | 05/14/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Ojewale, Samuel M.D. | 82621 | 05/18/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Oluwato, Nwamaka Oluwato M.D. | 82449 | 04/27/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Oni, Monisola M.B.B.S. | 82544 | 05/09/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Ott, Monica Lynn M.D. | 82689 | 05/22/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Pabarue, Hugh P M.D. | 82853 | 06/15/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Pandit, Keta Joshipura M.D. | 83000 | 06/29/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Parchuri, Hima Bindu D.O. | 82906 | 06/18/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Park, Hyeun Sik M.D. | 82492 | 05/04/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Patel, Arth Manoj M.D. | 82813 | 06/09/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Patel, Bhumin Jagdish M.D. | 82641 | 05/20/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Patel, Nand M.D. | 82434 | 04/27/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Patel, Pragneshkumar M.B.B.S. | 82761 | 06/01/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Paz, Pablo Alejandro | 82708 | 05/27/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Pepen, John M.D. | 82869 | 06/15/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Perez, Stephen Wayne M.D. | 82611 | 05/18/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Pettigrew, Adam Joseph M.D. | 82618 | 05/18/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Piduru, Erica T M.D. | 82905 | 06/18/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Pinnock, Christina Anieta M.D. | 82858 | 06/15/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Plummer, Darren R M.D. | 82631 | 05/20/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Posar, Steven Laurence M.D. | 82559 | 05/11/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Poskar, Steven Jay M.D. | 82644 | 05/20/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Prasad, Keerthi D M.D. | 82614 | 05/18/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Puchferran, Christopher M.D. | 82970 | 06/26/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Rafael, Justin Matthew M.D. | 82816 | 06/09/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Ramirez, Albert M.D. | 82587 | 05/15/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Rashid, Rashid M.D. | 68491 | 06/15/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Rathore, Geetanjali Singh M.B.B.S. | 82487 | 05/04/2026 | 08/31/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon - IMLC | Raza, Syed Asad M.B.B.S. | 82760 | 06/01/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Reddy, Hari Racherla M.D. | 82633 | 05/20/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Reed, Jennifer Ann M.D. | 82431 | 04/27/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Reiter, Payton McClellan M.D. | 82763 | 06/03/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Rivas Velasquez, Kenya Maria | 82490 | 05/04/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Roman, Jorge M.D. | 82817 | 06/09/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Rosado, Melissa M.D. | 82829 | 06/11/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Rose, Jennifer L M.D. | 82896 | 06/18/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Rosenblum, Richard Scott D.O. | 47561 | 06/09/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Roshon, Michael James M.D. | 82728 | 05/28/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Roy, Vibin M.D. | 82707 | 05/27/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Ruffin, Omari Adisa M.D. | 68546 | 05/14/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Ryan, Patrick D.O. | 82721 | 05/28/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Santo-Tomas, Minerva M.D. | 82847 | 06/12/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Sarrafi, Mahdis M.D. | 82561 | 05/11/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Saul, Turandot M.D. | 82883 | 06/17/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Saunders, Torys M.D. | 82667 | 05/21/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Savage, Frank William D.O. | 82568 | 05/13/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Schmidt, Sarah Foran M.D. | 82996 | 06/29/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Schrader, Megan Ann D.O. | 82570 | 05/13/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Sharma, Shephali Ashok D.O. | 82845 | 06/12/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Shastri, Shefali Mavani M.D. | 82673 | 05/22/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Shiller, Carla Van Burik M.D. | 82703 | 05/26/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Shu, Fred Ping-Hao M.D. | 82870 | 06/15/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Singh, Prabhjot M.D. | 82880 | 06/17/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Skaryak, Lynne Ann M.D. | 82948 | 06/24/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Slavkov, Rumen | 82674 | 05/22/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Smith, Elizabeth Leonora M.D. | 71505 | 06/29/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Soljic, Aldiana M.D. | 82998 | 06/29/2026 | 03/31/2027 |
| Physician and Surgeon - IMLC | Storey, Troy Farr M.D. | 82871 | 06/16/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Subramanian , Veena M.B.B.S. | 82835 | 06/11/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Sundaramoorthy, Abirammy M.D. | 82569 | 05/13/2026 | 10/31/2027 |
| Physician and Surgeon - IMLC | Swanson, Katherine Jean M.D. | 82878 | 06/17/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Taheri, Soha Peter | 82980 | 06/26/2026 | 09/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician and Surgeon - IMLC | Teles, Samuel David M.D. | 82460 | 04/29/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Thackeray, Bridget Yvonne D.O. | 82542 | 05/08/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Thaggert, Tammy Nicole M.D. | 82527 | 05/07/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Torlone, Ashley Michelle D.O. | 82691 | 05/22/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Tsang, Nicole Louie D.O. | 82857 | 06/15/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Tucker, Gary Jackson M.D. | 82839 | 06/11/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Urcuyo Llanes, Daniel M.D. | 82432 | 04/27/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Vangala, Pradeep K M.B.B.S. | 82969 | 06/26/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Vaughan, Andrew Joseph M.D. | 82877 | 06/16/2026 | 07/31/2027 |
| Physician and Surgeon - IMLC | Velasco, Andres Felipe | 82900 | 06/18/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Venkataramana, Anita Balepur M.B.B.S. | 82944 | 06/24/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Verson, Joshua M.D. | 82634 | 05/20/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Vickery, Christopher Lamar M.D. | 82885 | 06/17/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Viteritti, John Joseph D.O. | 82701 | 05/26/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Vollbrecht, Jill M.D. | 82917 | 06/22/2026 | 12/31/2026 |
| Physician and Surgeon - IMLC | Watkins, David Matthew M.D. | 82946 | 06/24/2026 | 05/31/2027 |
| Physician and Surgeon - IMLC | Wenger, Tara Lynn M.D. | 82502 | 05/04/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Wilczynski, Courtney P D.O. | 82453 | 04/29/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Wills, Cheryl D M.D. | 82762 | 06/02/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Winston, Tiffany Celeste M.D. | 82642 | 05/20/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Witt, Jacob M.D. | 82942 | 06/24/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Wynn-Williams, Harry M.D. | 82881 | 06/17/2026 | 09/30/2027 |
| Physician and Surgeon - IMLC | Yee, Megan Ann M.D. | 82533 | 05/07/2026 | 02/28/2027 |
| Physician and Surgeon - IMLC | Ylipelkonen, Sarah Elizabeth D.O. | 60086 | 06/22/2026 | 04/30/2027 |
| Physician and Surgeon - IMLC | Young, Jeffrianne M.D. | 82488 | 05/04/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Young, Timothy Paul M.D. | 82936 | 06/23/2026 | 08/31/2027 |
| Physician and Surgeon - IMLC | Younger, David George M.D. | 82535 | 05/08/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Younis, Hiba Mohamed M.D. | 74045 | 06/01/2026 | 01/31/2027 |
| Physician and Surgeon - IMLC | Zielinski, Steven Christopher | 82836 | 06/11/2026 | 06/30/2027 |
| Physician and Surgeon - IMLC | Zikry, Hashem Emad M.D. | 82898 | 06/18/2026 | 11/30/2027 |
| Physician and Surgeon - IMLC | Zubkus, Dmitriy M.D. | 82995 | 06/29/2026 | 08/31/2027 |
| Physician Assistant | Andvik, Vicki Lynette | 15804 | 06/04/2026 | 07/31/2027 |
| Physician Assistant | Annis, Davika Serene | 13152 | 04/27/2026 | 06/30/2027 |
| Physician Assistant | Armbruster, Kevin Michael | 15777 | 04/29/2026 | 10/31/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician Assistant | Bartol, Ryan Thomas | 15800 | 06/04/2026 | 06/30/2027 |
| Physician Assistant | Bettich, Alexander Valentin | 15775 | 04/27/2026 | 04/30/2027 |
| Physician Assistant | Bhalli, Muhammad Arshad | 13401 | 05/28/2026 | 04/30/2027 |
| Physician Assistant | Boehler, Bailey Matejka | 15807 | 06/08/2026 | 06/30/2027 |
| Physician Assistant | Burns, Dana Marie | 15790 | 05/21/2026 | 05/31/2027 |
| Physician Assistant | Carter-Prendergast, Hannah | 15796 | 05/29/2026 | 06/30/2027 |
| Physician Assistant | Chico, Ryan Timothy | 15788 | 05/21/2026 | 07/31/2027 |
| Physician Assistant | Cousin, Leslie Nicole | 15816 | 06/12/2026 | 09/30/2027 |
| Physician Assistant | Dahly, Eliza Shannon | 15808 | 06/08/2026 | 04/30/2027 |
| Physician Assistant | Dhruv, Shubh Devang | 15822 | 06/18/2026 | 09/30/2027 |
| Physician Assistant | Durkee, David Alan | 15827 | 06/25/2026 | 08/31/2027 |
| Physician Assistant | Eklund, Lillian Grace | 15802 | 06/04/2026 | 03/31/2027 |
| Physician Assistant | Ficker, Madison Elizabeth | 15823 | 06/18/2026 | 02/28/2027 |
| Physician Assistant | Garfoot, Emily Sue | 15828 | 06/25/2026 | 03/31/2027 |
| Physician Assistant | Gill, Adalee Katherine | 15824 | 06/18/2026 | 08/31/2027 |
| Physician Assistant | Groskopf, Haley Nicole | 15809 | 06/08/2026 | 03/31/2027 |
| Physician Assistant | Gunnare, Brooklyn Grace | 15826 | 06/24/2026 | 10/31/2027 |
| Physician Assistant | Hahn, Ingrid  Elizabeth | 15832 | 06/26/2026 | 03/31/2027 |
| Physician Assistant | Hanson, Alexa Nicole | 15825 | 06/18/2026 | 08/31/2027 |
| Physician Assistant | Hart, Marina Margaux | 15803 | 06/04/2026 | 02/28/2027 |
| Physician Assistant | Henderson, Gina Nicole | 15778 | 04/30/2026 | 03/31/2027 |
| Physician Assistant | Hicken, Wesley Mortimer | 15782 | 05/07/2026 | 12/31/2026 |
| Physician Assistant | Hired, Abdillahi Liban | 15829 | 06/25/2026 | 07/31/2027 |
| Physician Assistant | Hite, Sally Elizabeth | 15810 | 06/08/2026 | 05/31/2027 |
| Physician Assistant | Howe, Jason Dean | 15789 | 05/21/2026 | 03/31/2027 |
| Physician Assistant | Jennings, Cameron Taylor | 15812 | 06/11/2026 | 09/30/2027 |
| Physician Assistant | Johnson, Bryan Reuben | 12761 | 06/22/2026 | 03/31/2027 |
| Physician Assistant | Kedilaya, Preksha Herga | 15830 | 06/25/2026 | 06/30/2027 |
| Physician Assistant | Kriefall, Kaitlin Marie | 15817 | 06/12/2026 | 11/30/2027 |
| Physician Assistant | Krueger, Erin  Moore | 15831 | 06/25/2026 | 04/30/2027 |
| Physician Assistant | Kudrowitz, Jonathan Troy | 15779 | 04/30/2026 | 07/31/2027 |
| Physician Assistant | Lachenmayer, Lauren Anne | 15805 | 06/04/2026 | 08/31/2027 |
| Physician Assistant | Lamanna, Amanda Jean | 12040 | 05/01/2026 | 07/31/2027 |
| Physician Assistant | Lamanna, Timothy Aaron | 12041 | 05/29/2026 | 12/31/2026 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Physician Assistant | Liebl, Madalyn Rae | 15819 | 06/15/2026 | 05/31/2027 |
| Physician Assistant | Lindsey, Lauren Elizabeth | 15833 | 06/26/2026 | 02/28/2027 |
| Physician Assistant | Mannella, Felix August | 15798 | 06/03/2026 | 09/30/2027 |
| Physician Assistant | MATYSIAK, KRISTINE MARIE | 15811 | 06/09/2026 | 06/30/2027 |
| Physician Assistant | Matzoll, Amber Danielle | 15799 | 06/03/2026 | 11/30/2027 |
| Physician Assistant | McKenzie, Lisa Michelle | 15820 | 06/15/2026 | 06/30/2027 |
| Physician Assistant | McKibben, Djaninn Mae | 11613 | 06/15/2026 | 11/30/2027 |
| Physician Assistant | Meyer, Graham  Daniel | 15815 | 06/11/2026 | 06/30/2027 |
| Physician Assistant | Muscanto, Isaac Leon | 15806 | 06/04/2026 | 07/31/2027 |
| Physician Assistant | Nichols, Memorie Morgan | 15785 | 05/20/2026 | 04/30/2027 |
| Physician Assistant | NORTON, GABRIELLA CHRISTINA | 15783 | 05/14/2026 | 01/31/2027 |
| Physician Assistant | O'Neil, Kenneth Newton | 15794 | 05/28/2026 | 08/31/2027 |
| Physician Assistant | Reinoso, Jane Ann | 15780 | 05/04/2026 | 07/31/2027 |
| Physician Assistant | Ringhofer, Alexis Stephanie | 15834 | 06/26/2026 | 05/31/2027 |
| Physician Assistant | Ronk, Allison Marie | 15821 | 06/15/2026 | 10/31/2027 |
| Physician Assistant | Sanders, Cassidy J | 12305 | 05/04/2026 | 07/31/2027 |
| Physician Assistant | Schifano, Margaret Esther | 15795 | 05/28/2026 | 03/31/2027 |
| Physician Assistant | Sedighi, Nina | 15791 | 05/26/2026 | 02/28/2027 |
| Physician Assistant | Skorupski, Maciej | 15786 | 05/21/2026 | 02/28/2027 |
| Physician Assistant | Solheid, Luke William | 15814 | 06/11/2026 | 12/31/2026 |
| Physician Assistant | Stakeman, Ashley Anne | 15835 | 06/26/2026 | 11/30/2027 |
| Physician Assistant | Stewart, Emily Rita | 10780 | 05/21/2026 | 11/30/2026 |
| Physician Assistant | Storey, Alyssa Kristine | 15792 | 05/28/2026 | 01/31/2027 |
| Physician Assistant | Sullivan Almquist, Sophia Rae | 15781 | 05/04/2026 | 04/30/2027 |
| Physician Assistant | Swanson, Lydia  May | 15797 | 06/01/2026 | 07/31/2027 |
| Physician Assistant | Tamulynas, Rianna  L | 15784 | 05/15/2026 | 05/31/2027 |
| Physician Assistant | Torres, Joseph  Michael | 15818 | 06/15/2026 | 02/28/2027 |
| Physician Assistant | Vickery, Makenna Jean | 15801 | 06/04/2026 | 09/30/2027 |
| Physician Assistant | White, Jessica Lee | 15787 | 05/21/2026 | 03/31/2027 |
| Physician Assistant | Wiger, Sarah Elisabeth | 15813 | 06/11/2026 | 02/28/2027 |
| Physician Assistant | Yarborough, Ky Edwards | 15836 | 06/29/2026 | 04/30/2027 |
| Physician Assistant | Zaporzan, Gregg Terrance | 15793 | 05/28/2026 | 07/31/2027 |
| Physician Assistant | Zeng, Li Si | 15776 | 04/27/2026 | 05/31/2027 |
| Respiratory Therapist | Aded, Samira Abdikarim | 5954 | 06/17/2026 | 11/30/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Respiratory Therapist | Ahmed, Sumaya Yasir | 5967 | 06/26/2026 | 02/28/2027 |
| Respiratory Therapist | Callan, Benjamin Forster | 5942 | 06/04/2026 | 12/31/2026 |
| Respiratory Therapist | Champagne, Jacklyn Kaye | 4621 | 06/26/2026 | 01/31/2027 |
| Respiratory Therapist | Cianciarulo, Chrystal Lynn | 5945 | 06/08/2026 | 02/28/2027 |
| Respiratory Therapist | Clements, Emma Fern | 5932 | 05/07/2026 | 08/31/2027 |
| Respiratory Therapist | Dorado, Alexander Brandon Manuel | 5970 | 06/26/2026 | 02/28/2027 |
| Respiratory Therapist | Hartman, Beth Nichole | 5933 | 05/11/2026 | 08/31/2027 |
| Respiratory Therapist | Hassan, Ramlo Salad | 5951 | 06/17/2026 | 01/31/2027 |
| Respiratory Therapist | Hauck, Nicole Anne | 5966 | 06/26/2026 | 12/31/2026 |
| Respiratory Therapist | Haybe, Hamdi Deik | 5930 | 04/30/2026 | 10/31/2026 |
| Respiratory Therapist | Hunt, Aaron Scott | 5965 | 06/25/2026 | 04/30/2027 |
| Respiratory Therapist | Khalif, Sumayo Abdullahi | 5952 | 06/17/2026 | 01/31/2027 |
| Respiratory Therapist | Kinkler, Veronica Lei | 5931 | 04/30/2026 | 01/31/2027 |
| Respiratory Therapist | Koland, Heather Nicole | 4721 | 05/14/2026 | 03/31/2027 |
| Respiratory Therapist | Kue, Laylue | 5953 | 06/17/2026 | 08/31/2027 |
| Respiratory Therapist | Laporte, Mary Emilia | 5964 | 06/25/2026 | 01/31/2027 |
| Respiratory Therapist | Litzinger, Daryl Lee | 2543 | 06/09/2026 | 09/30/2027 |
| Respiratory Therapist | Maier, Jessie  Susan | 5944 | 06/08/2026 | 03/31/2027 |
| Respiratory Therapist | Matson, Areli | 5968 | 06/26/2026 | 01/31/2027 |
| Respiratory Therapist | Mejia Fernandez, Juliana Gabriela | 5969 | 06/26/2026 | 06/30/2027 |
| Respiratory Therapist | Miles, Emily Sutton | 5928 | 04/28/2026 | 09/30/2027 |
| Respiratory Therapist | Miller, Devin Jack | 5947 | 06/11/2026 | 10/31/2027 |
| Respiratory Therapist | Nguyen, Dylan  Phuc | 5950 | 06/15/2026 | 04/30/2027 |
| Respiratory Therapist | Nichols, Neo | 5960 | 06/22/2026 | 08/31/2027 |
| Respiratory Therapist | Olson, Robert Aaron | 5937 | 05/22/2026 | 10/31/2027 |
| Respiratory Therapist | Palm, Andrew Thomas | 5955 | 06/17/2026 | 03/31/2027 |
| Respiratory Therapist | Said, Yousuf Abdi | 5946 | 06/11/2026 | 11/30/2027 |
| Respiratory Therapist | Salat, Abass Abdinoor | 5949 | 06/15/2026 | 04/30/2027 |
| Respiratory Therapist | Scott, Dallas T | 5935 | 05/21/2026 | 08/31/2027 |
| Respiratory Therapist | Shetterly, Pearl Mei Song | 5957 | 06/18/2026 | 03/31/2027 |
| Respiratory Therapist | Soderstrom, Eric John | 5963 | 06/25/2026 | 12/31/2026 |
| Respiratory Therapist | Spanjers, Eliana Rae | 5936 | 05/21/2026 | 03/31/2027 |
| Respiratory Therapist | Stafne, Isaac Allan | 5956 | 06/18/2026 | 09/30/2027 |
| Respiratory Therapist | Stariha, Natalia Londyn | 5948 | 06/15/2026 | 02/28/2027 |

## New Licensee List - 04/25/2026 to 06/29/2026

| | | | | |
|---|---|---|---|---|
| Respiratory Therapist | Stewart, Taylor Lynn | 5962 | 06/25/2026 | 11/30/2027 |
| Respiratory Therapist | Strauss, Haley Dawn | 5934 | 05/21/2026 | 05/31/2027 |
| Respiratory Therapist | Sutera, Megan Marie | 5941 | 06/04/2026 | 10/31/2027 |
| Respiratory Therapist | Togbah, Martin | 5939 | 06/01/2026 | 07/31/2027 |
| Respiratory Therapist | Tubbs, Tracie  Leann | 5929 | 04/30/2026 | 01/31/2027 |
| Respiratory Therapist | Turnbull, Alec Lynn | 5961 | 06/25/2026 | 09/30/2027 |
| Respiratory Therapist | Vermillion , Kenneth  Daniel | 5959 | 06/18/2026 | 06/30/2027 |
| Respiratory Therapist | Vlaminck, Ashtan Kaylee | 5940 | 06/04/2026 | 07/31/2027 |
| Respiratory Therapist | Washenberger, Makayla Lynn | 5943 | 06/08/2026 | 11/30/2027 |
| Respiratory Therapist | Watton, Taylor Christine | 5958 | 06/18/2026 | 09/30/2027 |
| Respiratory Therapist | Xiong, Sarah Gao Hmong | 5938 | 05/26/2026 | 08/31/2027 |
| Telemedicine | Ahmed, Momina Muhammed | 3200 | 04/30/2026 | 12/31/2026 |
| Telemedicine | Akopians, Alin Lin | 3213 | 06/18/2026 | 12/31/2026 |
| Telemedicine | Balay, Kimberly Sierra | 3212 | 06/18/2026 | 12/31/2026 |
| Telemedicine | Bolanos, Luis Armando | 3216 | 06/29/2026 | 12/31/2026 |
| Telemedicine | Chen, Amery Cong | 3201 | 04/30/2026 | 12/31/2026 |
| Telemedicine | Faustin, Marcia  Ingrid | 3209 | 06/11/2026 | 12/31/2026 |
| Telemedicine | Fowler, James Deon | 3210 | 06/11/2026 | 12/31/2026 |
| Telemedicine | Huchun, Teresa | 3203 | 05/08/2026 | 12/31/2026 |
| Telemedicine | McElroy, Mitchell Sterling | 3211 | 06/11/2026 | 12/31/2026 |
| Telemedicine | Mir, Yasser Naveed | 3206 | 06/01/2026 | 12/31/2026 |
| Telemedicine | Phillips, Jim Jason | 3207 | 06/02/2026 | 12/31/2026 |
| Telemedicine | Rahmanou, Farzin | 3214 | 06/18/2026 | 12/31/2026 |
| Telemedicine | Rosenberg, Aaron M | 3204 | 05/11/2026 | 12/31/2026 |
| Telemedicine | Seastrunk, Thomas Gordon | 3215 | 06/25/2026 | 12/31/2026 |
| Telemedicine | Song, Xiao | 3202 | 05/04/2026 | 12/31/2026 |
| Telemedicine | Tulpule, Sunil | 3205 | 05/21/2026 | 12/31/2026 |
| Telemedicine | Waltz, Jeffrey  Thomas | 3208 | 06/08/2026 | 12/31/2026 |
| Traditional Midwife | Devens, Kristine Eve | 1070 | 05/28/2026 | 07/31/2027 |
| Traditional Midwife | Lindstrom, Abigail Mae | 1122 | 04/27/2026 | 11/30/2026 |
| Traditional Midwife | Parks, Emily Faith | 1123 | 05/22/2026 | 06/30/2027 |
| **TOTAL** | | **763** | | |

DATE: July 11, 2026

SUBJECT: May 20, 2026, Policy & Planning Committee Report & Motion

SUBMITTED BY: **Leopold Arko, IV., M.D. MS, FAANS, Committee Chair**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**Please review the below motions**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached is the agenda from the Policy and Planning Committee ("Committee") meeting from May 20, 2026, from which the Committee makes the following motions:

**Motion #1:**
*Adopt the following changes to the attestation questions asked on applications at time of initial licensure or registration and annual renewal:*

A: Proposed revisions to initial application attestation questions #1 and 2 as follows:

*Question #1:* Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affects your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.

*Question #2:* Does your use of alcohol or chemical substance(s), including prescription medications, in any way currently impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.

B: Proposed revisions to renewal application attestation questions #1 and 2 as follows:

*Question #1*: Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.

*Question #2: Current question:* Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety, and have not reported the condition or illness to the Health Professionals Services Program (HPSP)? If yes, please describe."

*Recommended Revision:* ~~Since your last renewal,~~ do you currently have any health condition that impairs your ability to practice with reasonable skill and safety? If you are enrolled in the Health Professionals Services Program (HPSP), you may answer "NO."

C: Proposed revisions to question #3 on renewal application as follows:

*Question #3:* ~~Since your last renewal, have you~~ Are you currently engaged in ~~any illegal use of controlled substances including~~ the use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription of a licensed health care provider)? If yes, please describe. ("Currently" means sufficiently recent to justify a reasonable belief that the use of the drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct.)

**Motion #2:**

A motion passed requesting that the full Board discuss adding a time frame to the Verification of Postgraduate Medical Training form used for physicians applying for initial licensure.

Question asked currently on the form as completed by the program director or graduate medical education representative: "Did the individual take a leave of absence or break during training?"

July 9, 2026

Minnesota Board of Medical Practice
Chaitanya Anand, M.B., B.S. , President
Elizabeth Huntley, Executive Director
335 Randolph Ave #120
St. Paul, MN 55102

Dear Dr. Anand, Ms. Huntley, and Members of the Minnesota Board of Medical Practice:

On behalf of the ALL IN: Wellbeing First for Healthcare coalition, which is led by the Dr. Lorna Breen Heroes' Foundation (LBF), we write with recommendations to support the health and wellbeing of licensed physicians in Minnesota. Minnesota's physicians already have benefited from the leadership of the Board to revise its licensing applications. The LBF and American Medical Association (AMA) commend the Board for those changes in 2021 and the continued communication to your licensees. The recommendations we now suggest reflect lessons learned in the ensuing years about how to further remove stigma from licensing applications.

**Background**

Throughout the nation—including Minnesota—the entire healthcare workforce is facing enormous challenges, including experiencing high levels of poor mental health days, burnout, and intent to change jobs, and being harassed with physical threats and violence. Health workers face these challenges at rates higher than any other workforce.[1] These stressors are exacerbated by the overburdened health systems that health workers work within as well as the significant administrative and other burdens that they experience daily.

Our work focuses on supporting physicians and other health workers to seek care before acute needs arise. This helps ensure health workers remain healthy and provide safe, quality care for patients. A healthy workforce is a safer workforce. We also know, however, that one of the reasons health workers hesitate or simply do not choose to receive care for a mental health condition or substance use disorder is based on the fear that their care will be used against them and their career.

Licensing and credentialing questions that mandate disclosure of treatment for a mental health condition or substance use disorder when there is no current impairment contribute to institutional and other stigma that discriminates against health workers and causes them to not seek care. For health workers, this contributes to fear of losing their jobs if they receive mental health or substance use disorder care, which also has become a top driver of why health workers

[1] *Health worker mental health crisis*. (2023, October 24). Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/health-worker-mental-health/index.html#:~:text=The%20study%20showed%20how%20symptoms,compared%20to%2032%25%20in%202018

die by suicide.[2] In fact, 4 in 10 physicians believe if they reveal a mental health diagnosis or treatment, their professional license to practice is in jeopardy.[3] Sadly, we have heard repeatedly from the surviving families of health workers who have died by suicide that stigma, inappropriate application questions, and other barriers were factors why they did not seek care.

Through the ALL IN Coalition's Wellbeing First Champion Challenge Program, we have seen tremendous progress across the country to destigmatize seeking care for a mental health condition or substance use disorder. As of May 15, 2026, 8 dental licensure boards, 44 state medical licensure boards, 9 nursing boards, and 11 pharmacy boards audited and changed their licensure applications—benefiting more than 2.8M licensed health workers. Additionally, 1,427 hospitals, freestanding emergency departments, and freestanding surgical centers, as well as 1,965 urgent care centers and independent primary care clinics have also audited and changed the intrusive language from their credentialing applications—benefiting more than 500,000 credentialed health workers. This includes facilities in Minnesota: https://drlornabreen.org/credentialing/#minnesota.

**Recommendations**

As noted above, the recommendations below are focused on continuing this momentum in Minnesota. The rationale for these recommendations are contained in the attached copy of the email exchange from May 1, 2025, which also are reflected in the materials provided to the Board. Without going into the level of detail in those materials, we highlight the following:

1. The LBF and AMA recommend a slight revision to the following question, which is on the initial and renewal application:

- *Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.*

The LBF and AMA recommend the following:

- Do you currently have any condition that is not being appropriately treated ~~which is likely~~ that impairs or adversely affects your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe."

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[2] *Suicide Prevention in the health care workforce | AHA*. (n.d.). American Hospital Association. https://www.aha.org/suicideprevention/health-care-workforce

[3] Heart of Safety Coalition, *Access to Mental Health Care Report*, (Stryker, 2024). https://www.stryker.com/content/dam/m/heart-of-safety-coalition/resources/research-and-reports/Access_to_Mental_Health_Care_Report_FINAL.pdf

Our reasoning, which is explained in detail in the Board's attached materials, focuses on the need to differentiate between the unknown possibility of a medical condition's potential recurrence of symptoms to a more objective presentation of whether a current impairment exists.

2. The LBF and AMA recommend a slight revision to the following question on the Board's initial application:

- *Does your use of alcohol or chemical substance(s), including prescription medications, in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.*

The LBF and AMA recommend the following:

- Does your use of alcohol or chemical substance(s), including prescription medications, ~~in any way~~ currently impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe"

Consistent with our recommendations to and changes made by several dozen additional medical boards, which are based on recommendations from the Federation of State Medical Boards, removing "in any way" and adding "currently" provides the applicant with further clarity and objectivity about the information sought. Additional reasoning is in the Board materials.

3. The third area focuses on the question the Board asks in its Verification of Postgraduate Medical Training form:

- *"Did the individual take a leave of absence or break during training?*

This question raises several issues. First, the LBF and AMA point out that an applicant's transcript and training records already will identify gaps in training. We understand that it is important to ensure that a trainee completed all training. If the trainee was placed on probation, suspended or removed from a training program, those events would be identified in the training record and through other questions asked by the Board. Our concern is that a gap in training may also be due to a medical event, such as during pregnancy or the post-partum period; physical or mental trauma; treatment for a mental health or substance-related condition. The LBF and AMA encourage medical boards and all others to distinguish between adverse events, gaps that may result in deterioration of skills compared to health-related issues that do not necessarily correlate with an applicant's current fitness to practice medicine. As such, we recommend that the Board identify a specific time period after which the Board would be concerned about a deterioration in skill. We note that there is no national consistency on this time period, but that 30, 60 and 90 days are often used.

4. The AMA and LBF recommend a slight revision to the following question on the renewal application:

- *Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and you have not reported the condition or illness to the Health Professionals Services Program (HPSP)? If yes, please describe."*

The LBF and AMA recommend the following revision:

- Since your last renewal, ~~have you been diagnosed with or treated for any substance use disorder that may affect~~ do you currently have any health condition that impairs your ability to practice with reasonable skill and safety ~~and have you not reported the condition or illness to the Health Professionals Services Program (HPSP)~~? If you are enrolled in the Health Professionals Services Program (HPSP), you may answer "NO."

Consistent with the above recommendations, the LBF and AMA urge a focus on whether a current impairment exists—not whether there has been a past diagnosis. With this question, we also highlight that the HPSP is statutorily obligated to ensure patient safety. Thus, rather than require disclosure from the applicant, we urge continued support on the proven record of the HPSP to ensure practitioner safety in Minnesota.

**Conclusion**

The LBF and AMA thank you for your consideration of these recommendations. We believe they are consistent with the direction that the Board already has taken, and by adopting these revisions, Minnesota will further demonstrate its national leadership in supporting physicians' health and well-being.

If you have any questions, please contact Melissa Zuckerman-Armstrong, Chief Experience Officer, Dr. Lorna Breen Heroes' Foundation at melissa@drbreenheroes.org or Daniel Blaney-Koen, JD, Senior Attorney, American Medical Association, at daniel.blaney-koen@ama-assn.org.

With great regard,

ALL IN: Wellbeing First for Healthcare coalition
Dr. Lorna Breen Heroes' Foundation

DR. LORNA BREEN HEROES' FOUNDATION

Shari Purpura <shari@drbreenheroes.org>

# Re: MN and Dr. Lorna Breen Heroes Foundation

1 message

**Melissa Zuckerman** <melissa@drbreenheroes.org> Thu, May 1, 2025 at 6:28 AM
To: "Huntley, Elizabeth (HLB)" <elizabeth.huntley@state.mn.us>
Cc: "shari@drbreenheroes.org" <shari@drbreenheroes.org>, Bob Manthy <bob@drbreenheroes.org>, Mark Staz <mstaz@fsmb.org>, Daniel Blaney-Koen <Daniel.Blaney-Koen@ama-assn.org>

Hi Elizabeth,

Hope your week is going well! Congratulations again for being recognized as a Wellbeing First Champion.

Since the Wellbeing First Champion badge was first awarded in 2022 to state physician licensing boards, changes have evolved. In 2022, standards were not as clearly established as they are today. Initially, the focus was primarily on mental health questions, which was sufficient at that time. Additionally, we were only verifying initial applications.

However, a lot has been learned since then, and concerns in licensing and credentialing questions now also include questions related to substance use disorder, treatment, monitoring programs, and state physician health programs (PHP's). It also includes ensuring renewal applications, peer reference forms, and other addendums are collectively consistent with best practices.

Our ALL IN team reviewed your applications to evaluate for consistency with the current best practices language recommended by the Dr. Lorna Breen Heroes' Foundation, American Medical Association, and Federation of State Medical Board to ensure wellbeing for our healthcare workforce.

**The good news is that your initial application is consistent with our recommendations; but we would like you to consider a few minor suggestions for further improvement. However, the renewal application is not consistent with our recommendations. See below for the detailed analysis and recommendations.**

If the information below is not clear, or if you have any further questions, please let us know. We would be more than happy to schedule a call to discuss our analysis with you or address any questions regarding our recommendations, especially as our work has evolved. Once we have the updated applications, we'll be able to honor Minnesota once again as a 2025 Wellbeing First Champion.

Thank you for your dedication to ensuring physicians in Minnesota have access to the mental health care and professional wellbeing support that they may need.  Please reach out if you have any questions.

With gratitude,
Melissa

**INITIAL APPLICATION**

The good news is that your initial application is consistent with our recommendations; however, we would like you to consider a few minor suggestions for further improvement:

**Attestation Questions**

**Question 1**: “Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.”

- **AMA Analysis**: While this question is largely consistent with our recommendations, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize “currently” and remove ”which is likely to” which raises the issue of subjectivity. In other state Board and health system applications, we commonly recommend removing the terms “could” or “may” because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of “could” or “may” would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting “could” or “may.” We recognize that the phrase “which likely to” is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of “is likely to” does not add meaningful information to the primary issue of knowing if there is a current impairment. The question can be made more clear and provide greater objectivity with the following minor revisions:

- **Recommended Revision**:

  *Do you currently have any condition that is not being appropriately treated ~~which is likely to~~ that impairs or adversely affects your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.*

**Question 2**: “Does your use of alcohol or chemical substance(s), including prescription medications, in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.”

- **AMA Analysis**: While this question is largely consistent with our recommendations, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize “currently” and remove ”in any way” which raises the issue of subjectivity. As pointed out in our analysis of the previous question, in other state Board and health system applications, we commonly recommend removing the terms “could” or “may” because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of “could” or “may” would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting “could” or “may.” We recognize that the phrase “in any way” is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of “in any way” does not add meaningful information to the primary issue of knowing if there is a current impairment. The question can be made more clear and provide greater objectivity with the following minor revisions:

- **Recommended Revision**:

  *Does your use of alcohol or chemical substance(s), including prescription medications, ~~in any way that~~ currently impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.*

**Verification of Postgraduate Medical Training**
**Question**: "Did the individual take a leave of absence or break during training?"

- **AMA Analysis**: On the surface, this question seems entirely reasonable. The medical board has an obligation to know if the trainee has completed their academic requirements. We are aware, however, that some trainees are reluctant to seek care because it will be disclosed as a break or a leave of absence. We do not have a specific recommendation for this question, but raise the issue because it continues to come up when we discuss the specific concerns of medical students and residents. The medical board may want to put a time certain requirement on this, such as a leave of absence or break for more than 30, 45, 60, or 90-days, or some other specific amount of time.

**RENEWAL APPLICATION**

The renewal application is not consistent with our recommendations. For Question 1, which is the same as in the initial application, we've provided similar comments, concerns and recommendations below. Additionally, we have the following recommendations for Questions 2 and 3 in the renewal application, and here's why:

**Question 1**: "Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe."

- **AMA Analysis**: As indicated in the initial application, this question is largely consistent with our recommendations; however, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize "currently" and remove "which is likely to" which raises the issue of subjectivity. In other state Board and health system applications, we commonly recommend removing the terms "could" or "may" because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of "could" or "may" would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting "could" or "may." We recognize that the phrase "which likely to" is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of "is likely to" does not add meaningful information to the primary issue of knowing if there is a current impairment. The question can be made more clear and provide greater objectivity with the following minor revisions:

- **Recommended Revision**:

  *Do you currently have any condition that is not being appropriately treated ~~which is likely to~~ that impairs or adversely affects your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe*.

**Question 2**: "Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and you have not reported the condition or illness to the Health

Professionals Services Program (HPSP)? If yes, please describe."

- **AMA Analysis**: This question is not consistent with our recommendations. As our work has evolved, we have increasingly stressed that physical, mental health and substance use disorders all encompass a wide range of conditions,
are treatable, and should not be subject to stigma. The issue before the board should not be whether an individual has been diagnosed with a potentially impairing condition, but whether an impairing condition exists. The Board makes the appropriate inquiry
on its initial application for licensure, and we recommend the Board maintain that question on the renewal application. As the MN Board has explained in public hearings, and its members have explained in other settings, the reasons for which the initial application
were changed included ensuring that the Board achieved the right balance between its required disclosures for determining applicants' fitness to practice and removing fear and stigma that comes with disclosing treatment for mental health or substance use when
there is no current impairment. We strongly support that balance and therefore recommend the following:

- **Recommended Revision**:

  ~~*Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and you have not reported the condition or illness to the Health Professionals Services Program (HPSP)? If yes, please describe.*~~

  *Since your last renewal, do you currently have any health condition that impairs your ability to practice with reasonable skill and safety? If you are enrolled in the Health Professionals Services Program (HPSP), you may answer "NO."*

**Question 3**: "Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription)? If yes, please describe."

- **AMA Analysis**: Rather than asking "Since your last renewal", we recommend placing the focus on whether there is "current" use. We believe the use of "currently" increases the objectivity of the question and ensures that
the focus is on the applicant's current ability to practice medicine. Additionally, the term "currently" has a broad definition, which we believe is appropriate. The initial application is consistent with our recommendations, and we encourage the medical
board to use the same question in the renewal application. The following changes reflect our suggested revision to this question:

- **Recommended Revision**:

  ~~*Since your last renewal, have you*~~ *Are you currently engaged in* ~~*any illegal use of controlled substances including*~~ *the use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription of a licensed health care provider )? If yes, please describe.*

While the above revisions are fine, we also suggest another option that includes the revised question and defines "Currently":

~~*Since your last renewal, have you*~~ *Are you currently engaged in* ~~*any illegal use of controlled substances including*~~ *the use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription of a licensed health care provider )? If yes, please describe. ("Currently" means sufficiently recent to justify a reasonable belief that the use of the drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct.)*

**Further analysis and feedback:**

Without going into extensive detail, we briefly note that your applications (initial and renewal) ask for a significant amount of other information relating to adverse experiences with respect to professional liability claims history. These types of questions do not raise any concerns and are common to all other applications we have received.

There also are multiple questions relating to investigations, sanctions, discipline, restrictions, fines, convictions, charges or other adverse actions in a wide variety of settings. These are reasonable lines of inquiry. In most cases, these actions may also be part of a public record or employment verification process.

Additionally, there are questions relating to employment records, character of the applicant, and other actions taken by a third party that are not directly related to an applicant's health status, but there may be health-related elements underlying the actions. We do not have concerns with these inquiries.

Your Board's licensing applications can be accessed with the following links:

Link to Initial Application
Link to Renewal Application

**Melissa Zuckerman** | Chief Experience Officer (CXO)
**Dr. Lorna Breen Heroes' Foundation**
561-714-7091 | melissa@drbreenheroes.org
drlornabreen.org | Facebook | Instagram | LinkedIn | X | YouTube
*#StandWithLorna*

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**From:** Huntley, Elizabeth (HLB) <elizabeth.huntley@state.mn.us>
**Sent:** Monday, April 21, 2025 9:50 AM
**To:** Melissa Zuckerman <melissa@drbreenheroes.org>; Mark Staz <mstaz@fsmb.org>
**Cc:** shari@drbreenheroes.org <shari@drbreenheroes.org>; Bob Manthy <bob@drbreenheroes.org>
**Subject:** Re: MN and Dr. Lorna Breen Heroes Foundation

Good morning,

We have not made any changes to our initial application or renewal application questions since 2023.

Have a great Monday!

Best,

Elizabeth

---

**From:** Melissa Zuckerman <melissa@drbreenheroes.org>
**Sent:** Monday, April 21, 2025 7:42 AM
**To:** Mark Staz <mstaz@fsmb.org>; Huntley, Elizabeth (HLB) <elizabeth.huntley@state.mn.us>
**Cc:** shari@drbreenheroes.org <shari@drbreenheroes.org>; Bob Manthy <bob@drbreenheroes.org>
**Subject:** Re: MN and Dr. Lorna Breen Heroes Foundation



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Thanks so much for the e-introduction Mark, it's lovely to meet you, Elizabeth! As Mark mentioned, we want to make sure we have the most current renewal application on file. Is there a newer version than 2023? If so, can you share it?

With gratitude,
Melissa

**Melissa Zuckerman** | Chief Experience Officer (CXO)
**Dr. Lorna Breen Heroes' Foundation**
561-714-7091 | melissa@drbreenheroes.org
drlornabreen.org | Facebook | Instagram | LinkedIn | X | YouTube
*#StandWithLorna*

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**From:** Mark Staz <mstaz@fsmb.org>
**Sent:** Friday, April 18, 2025 2:40 PM
**To:** Elizabeth Huntley, JD, CMBE <elizabeth.huntley@state.mn.us>
**Cc:** shari@drbreenheroes.org <shari@drbreenheroes.org>; Bob Manthy <bob@drbreenheroes.org>; Melissa Zuckerman <melissa@drbreenheroes.org>
**Subject:** MN and Dr. Lorna Breen Heroes Foundation

Hi Elizabeth - I learned today that I completely neglected to introduce you to my colleagues at the Dr. Lorna Breen Heroes Foundation when you responded to me last month. So sorry about this!

It turns out that they have MN licensing applications, but the version of the renewal that they have is from 2023. Is there a chance that there's a more recent version of that application that you're able to share with them?

They're looking forward to recognizing MN on Saturday morning at our Annual Meeting!

Many thanks, and again, sorry for missing the opportunity to make the introduction sooner!

**Mark Staz, MA** (he/him/his)
Chief Learning Officer

**Federation of State Medical Boards**
1775 Eye Street NW, Suite 410 | Washington, DC 20006
**o**. 202-601-7802 | mstaz@fsmb.org | fsmb.org

*The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.*

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**THE POLICY & PLANNING COMMITTEE OF THE MINNESOTA BOARD OF MEDICAL PRACTICE WILL MEET ELECTRONICALLY BY WEBEX:**
**To join the meeting,**
**go to:**
**https://minnesota.webex.com/minnesota/j.php?MTID=mc02160cc927dca75858296765532aa66**
**Meeting number (access code): 2487 404 0162**
**Meeting password: 23pyWUcQtP9**

**Join by phone**:
**Tap to call in from a mobile device (attendees only)**
**+1-415-655-0003 United States Toll**
**1-855-282-6330 United States Toll Free**

**Join from a video system or application**
**Dial 24874040162@minnesota.webex.com**
**You can also dial 173.243.2.68 and enter your meeting number**

**Need help? Go to http://help.webex.com**

**AGENDA FOR**
**THE MINNESOTA BOARD OF MEDICAL PRACTICE**
**POLICY & PLANNING COMMITTEE**
**MAY 20, 2026**
**11:00 A.M. – CST**

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11:00 a.m. 1. Roll Call of Policy & Planning Committee members

2. Approval of agenda for the May 20, 2026, meeting

3. Approval of minutes from the December 22, 2025, meeting

11:05 a.m. 4. Selection of a Committee Chairperson

11:10 a.m. 5. Presentation from Shari Purpura, Paralegal, Dr. Lorna Breen Heroes' Foundation and Daniel Blaney-Koen, JD, Senior Attorney, American Medical Association Advocacy Resource Center

a. Wellbeing First Champion Challenge 2026 Presentation
b. American Medical Association Advocacy Resource Center Issue Brief: Campaign to support medical student, resident and physician health and wellbeing, January 2026 update
c. Attestation questions | Initial Application for Credentials in Minnesota
d. Attestation questions | Annual Renewal Application in Minnesota
e. Verification of Postgraduate Medical Training Form | Initial Application
f. Summary of requested changes to the applications and the postgraduate medical training form

11:45 a.m. 6. Other business

12:00 noon 7. Adjourn

**MINNESOTA BOARD OF MEDICAL PRACTICE**
**POLICY & PLANNING COMMITTEE MINUTES**
**December 22, 2025 * 11:00 a.m.**

***The mission of the Minnesota Board of Medical Practice is to protect the public's health and safety by assuring that the people who practice medicine or as an allied health professional are competent, ethical practitioners with the necessary knowledge and skills appropriate to their title and role.***

The Board's Policy and Planning Committee ("Committee") of Kristina Krohn, M.D., Chairperson; Leopold Arko, IV; M.D., John (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; and Averi M. Turner, met on December 22, 2025, at 11:00 a.m. via Webex. Also in attendance was the Board's Executive Director, Elizabeth Huntley, and Board staff Kita Nelson, Tiernee Murphy and Eden Young. The Committee considered the following items:

**Agenda Adopted:** There was a motion made and a second was offered to approve the agenda for the December 22, 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

**Minutes Approval:** There was a motion made and a second was offered to approve the minutes from the June 18, 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

**Presentation from the Minnesota Society of Anesthesiologists: Certified Anesthesiologist Assistants:**

Jacob Eiler, M.D., and Lindsey Boucher, Certified Anesthesiologist Assistant, presented to the Committee about the work of Certified Anesthesiologist Assistants and their current effort underway to seek licensure in Minnesota.

**Presentations from the Minnesota Athletic Trainers' Association ("MATA"):**

Kate Taber, M.Ed., LAT, ATC, Government Affairs Chair, MATA, presented the model language developed in partnership with the Board of Certification (BOC) and the Council of State Governments for an interstate compact allowing for a privilege to practice in participating jurisdictions.

Mr. Manahan made a motion to take a position in support of the athletic trainer model compact language. Miss. Turner made a second to the motion which passed with unanimous consent.

Ms. Taber also offered a presentation on a few additional proposed changes to the Minnesota Athletic Trainers Act, Minn. Stat. §148.7801 - .7815, in response to bills introduced last session, specifically HF82 and SF962.

These amendments are a result of discussions with other groups, specifically the physical therapists, to strengthen language. The legislation includes the definition of athletic training, which is new to the practice act, was drafted in consultation with the Board of Certification (BOC) and is consistent from a national perspective. The amendments presented are supported by the physical therapists although the entirety of the bills introduced are not.

Dr. Krohn made a motion to take a neutral position on the additional changes to the Athletic Trainers Practice Act, specifically to the following sections: Minn. Stat. §§148.7802, subd. 6(a); 148.7806 (a), (b), and (e). Mr. Manahan made a second to the motion which passed with unanimous consent.

**Other business.** No other business was noted.


# Champion Equal Privacy in Mental Health Care for Health Workers

"THE TOP BARRIER BY FAR IS EXTERNAL STIGMA IN THE FORM OF STATE LICENSURE, MALPRACTICE INSURANCE AND HOSPITAL CREDENTIALING REQUIRING ANSWERS TO INVASIVE QUESTIONS REGARDING MENTAL HEALTH DIAGNOSIS OR TREATMENT EVEN FOR USUALLY SIMPLE AND VERY PREVALENT MENTAL HEALTH CONDITIONS SUCH AS ANXIETY OR DEPRESSION."

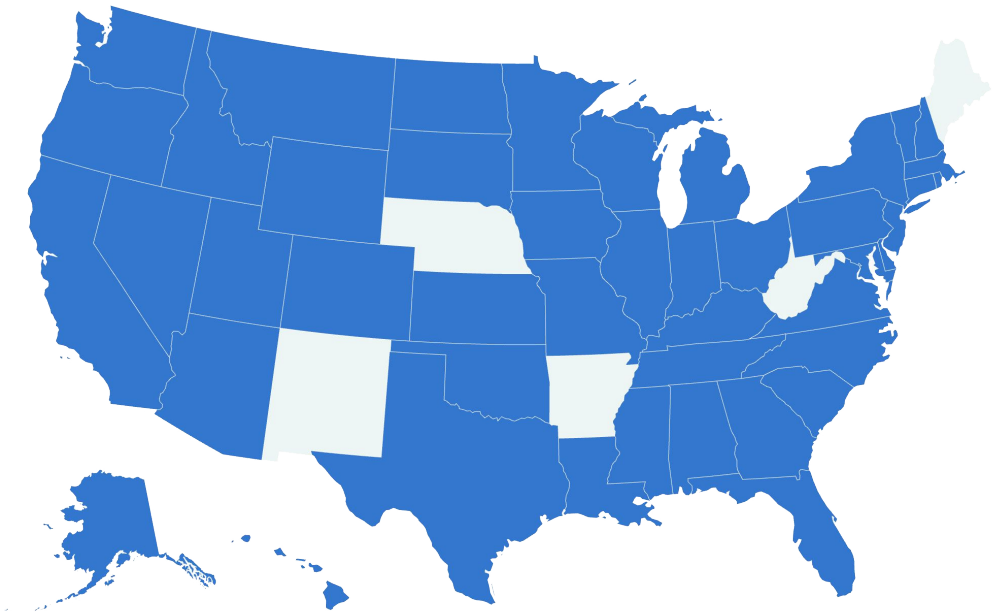
– HOSPITAL MEDICINE PHYSICIAN


# Together, We Can Change This!

# 3 Million Health Workers Can Access Mental Health Support Without Fear of Professional Repercussions


ALL IN
Wellbeing First for Healthcare
a coalition led by
DR. LORNA BREEN HEROES' FOUNDATION

# Our Impact
# Wellbeing First Champions for Credentialing

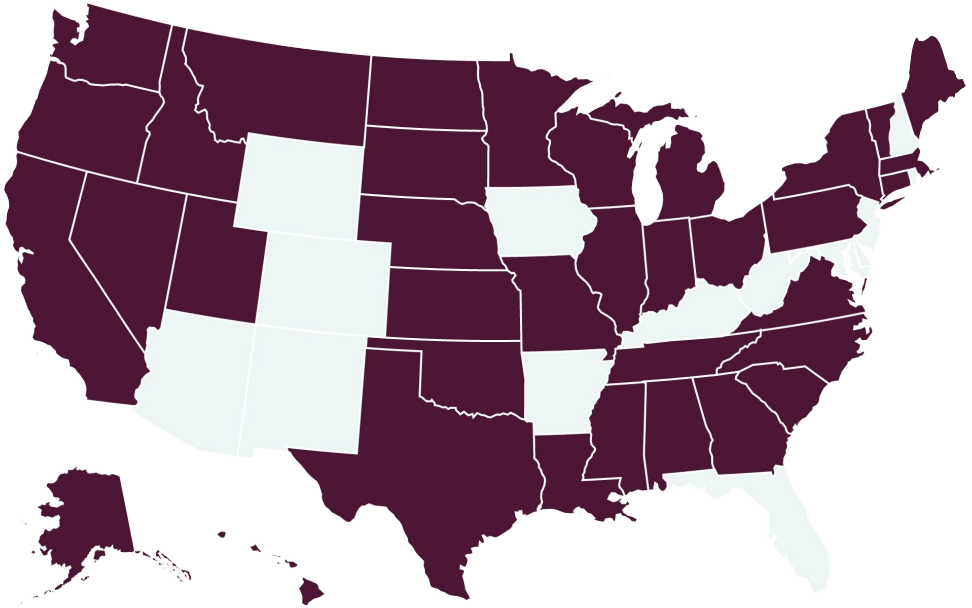


- **1,194 hospitals, freestanding emergency departments, and freestanding surgery centers** as well as **921 urgent care centers and independent primary care clinics** verified their credentialing applications do not include intrusive mental health questions—benefiting more than **438,000 credentialed health workers**.
- **10 medical/staffing groups, health plans, and professional liability insurers** verified their credentialing applications—benefiting nearly **115,000 credentialed health workers**.

***as of Jan. 26, 2026***

# Our Impact

## Wellbeing First Champions for Medical Licensing

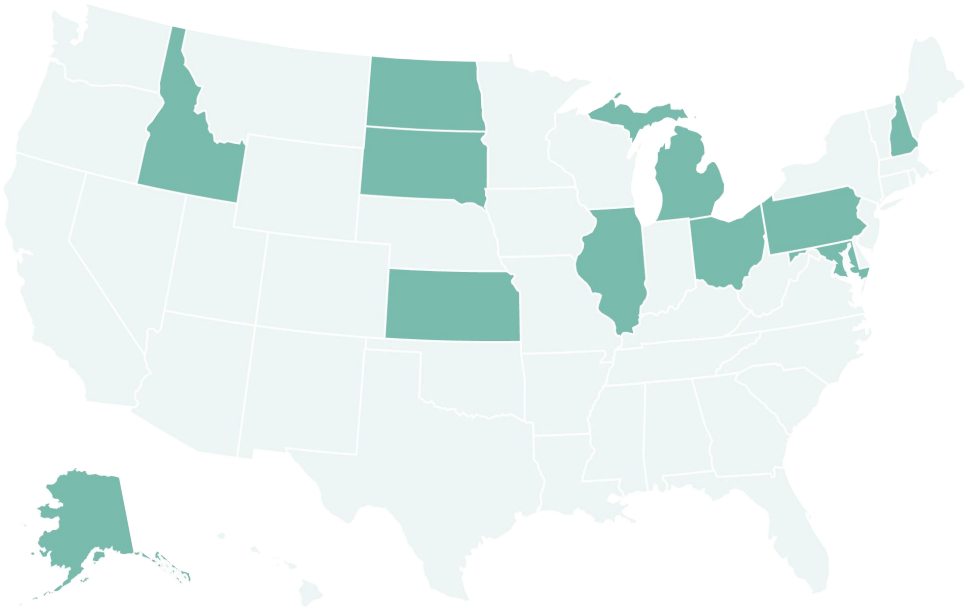


**43 medical licensure boards** verified their licensure applications do not include intrusive mental health questions—**benefiting nearly 1.1 million physicians**.

*as of Jan. 26, 2026*

# Our Impact

## Wellbeing First Champions for Pharmacy Licensing

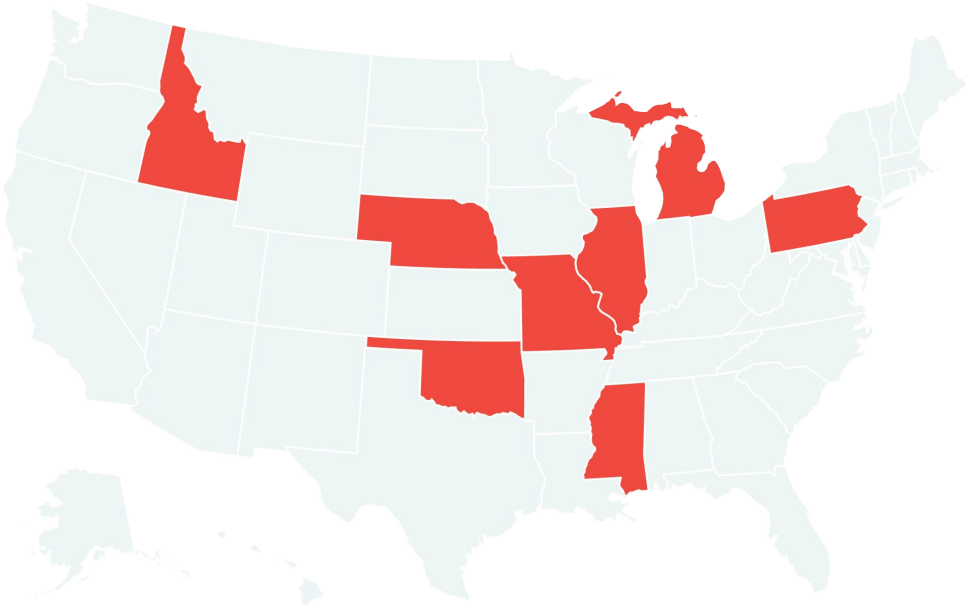


**11 pharmacy licensure boards** verified their licensure applications do not include intrusive mental health questions—**benefiting more than 362,000 pharmacy professionals**.

*as of Jan. 26, 2026*

# Our Impact

## Wellbeing First Champions for Nurse Licensing

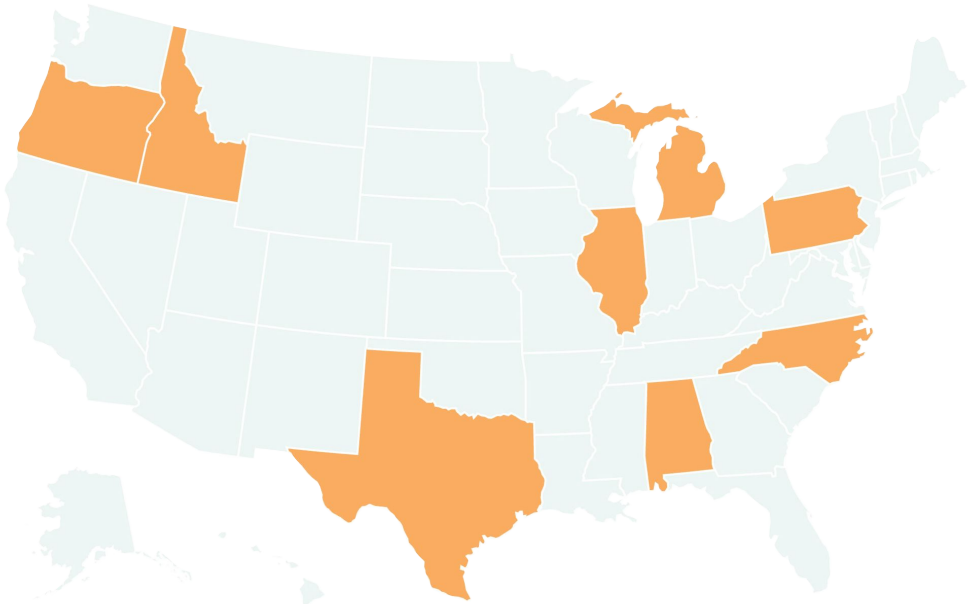


**8 nursing licensure boards** verified their licensure applications do not include intrusive mental health questions—**benefiting nearly 1.1 million nurses**.

*as of Jan. 26, 2026*

# Our Impact

## Wellbeing First Champions for Dental Licensing



**8 dental licensure boards** verified their licensure applications do not include intrusive mental health questions—**benefiting more than 113,000 dental professionals**.

*as of Jan. 26, 2026*


# Let's Make an Even Bigger Impact, Together!

1. Audit

2. Revise

3. Verify

4. Communicate

## How to Get Started

# 4 Step Journey

# 6 Key Principles

1. Focus on Current Impairment
2. Avoid Broad/Highly Subjective Language
3. Use Clear and Defined Terms
4. Combine Mental and Physical Health
5. Use Supportive Medical Terminology
6. Be Supportive and Transparent

# How to Conduct Your Self-Audit

# 5 Areas of Focus

1. Fitness to Practice/Ability to Perform Essential Functions
2. Past Diagnosis/Treatment for Mental Health Conditions
3. Professional/Physician Health Program (PHP) Participation
4. Use of Illegal Substances
5. Gaps in Service

## One Single Fitness to Practice Question

"Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)"

# What Questions Should Look Like

| Not Consistent | Consistent |
| --- | --- |
| During the last x years, have you suffered from any physical, psychiatric, or substance use disorder that could impair your ability to practice safely? | **Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)** |
| Have you ever been informed of any physical, mental, emotional, behavioral issues, or drug and/or alcohol dependencies the applicant has or had that may/could/might affect his/her ability to practice medicine? | **To your actual knowledge, is the applicant currently suffering from or experiencing any condition or health issue that impairs the applicant's judgment or that would otherwise affect the applicant's ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)**<br><br>**Responses to this question are confidential and used strictly for credentialing purposes. This question should not be answered if doing so would or could violate physician/patient obligations.** |

# What Questions Should Look Like

| Not Consistent | Consistent |
| --- | --- |
| Have you ever or are you currently using illegal drugs, including non-prescribed prescription medication? | **Are you currently engaged in the illegal use of drugs?**<br><br>• **"Currently" means sufficiently recent to justify a reasonable belief that the use of the drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct.**<br>• **"Illegal use of drugs" refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. § 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the Controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.** |

# What Questions Should Look Like

| Not Consistent | Consistent |
| --- | --- |
| Have you ever been hospitalized for a mental illness or substance use disorder that resulted in the inability to practice medicine for more than 30 days? | **Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?** |
| Have you been treated for or do you have a diagnosis for any mental health condition? | **Do you currently have a physical, mental, or emotional condition that adversely affects your practice?** |

1 Collaborate

2 Advocate

3 Accelerate

# Best Practices to Make Change Happen

1. Audit

2. Revise

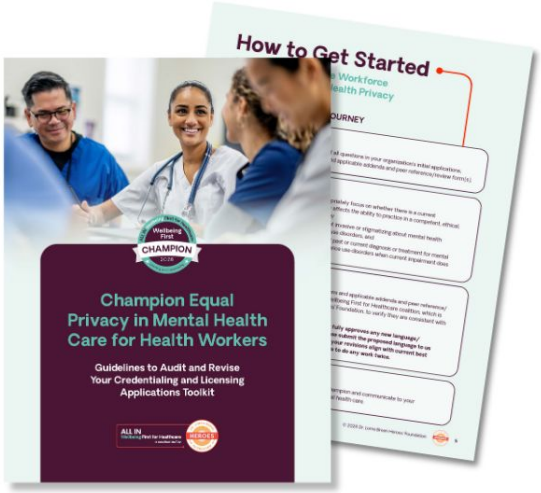
3. Verify

4. Communicate

# Our Verification & Recognition Approach

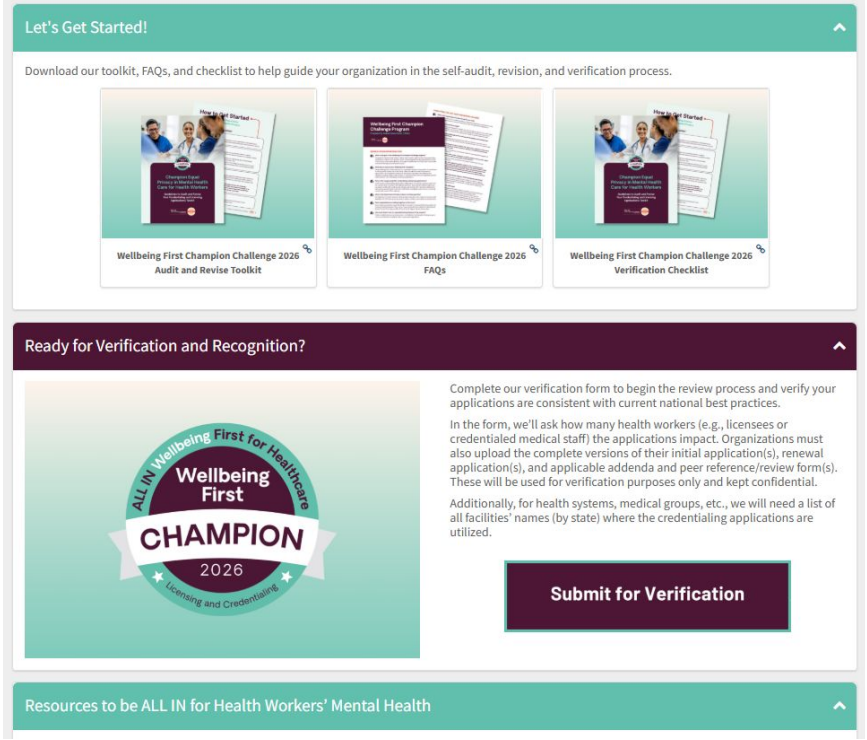
# 4 Step Journey

# Resources Available to Help You in the Self-Audit, Revision, and Verification Process





# Create a Free Account & Log In To Get Started!




# Champion Equal Privacy in Mental Health Care for Health Workers

AMA AMERICAN MEDICAL ASSOCIATION

ADVOCACY RESOURCE CENTER

Advocating on behalf of physicians and patients at the state level

# ARC Issue Brief: Campaign to support medical student, resident and physician health and wellbeing

(January 2026 update[1])

Removing stigmatizing language about treatment for mental illness and substance use from licensing and credentialing applications directly supports medical students, residents and practicing physicians. Removing such language encourages treatment, reduces stigma and supports patient safety. The AMA strongly urges all licensing boards, hospitals, health systems, medical schools and training programs, credentialing bodies, and professional liability insurance carriers to follow the recommendations in this issue brief to support medical students, residents and practicing physicians.

Identifying whether an applicant has a current impairment—whether physical, psychological or behavioral—is of paramount importance to ensure patient safety. Inquiries about past diagnosis or treatment, however, have little or no bearing on current fitness to practice medicine. The key inquiry on all credentialing, licensing, peer reference forms and other applications should be whether the impairment represents a current concern for patient safety and the physician's ability to provide safe, competent, professional care. The AMA supports the following language:

> *Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).*

This question was first recommended by the Federation of State Medical Boards (FSMB) and subsequently adopted as policy by the AMA. It also is supported by the Dr. Lorna Breen Heroes' Foundation (DLBHF), The Joint Commission, National Association of Medical Staff Services, the National Institute for Occupational Safety and Health at the Centers for Disease Control and Prevention, nearly all hospitals in the Commonwealth of Massachusetts, and the Federation of State Physician Health Programs. (See detailed descriptions below)

Working closely with the Dr. Lorna Breen Heroes' Foundation, there now are 43 medical boards and more than 2,100 hospitals, health systems and other health care facilities that have updated their licensing, credentialing and peer reference forms to be free from inappropriate, stigmatizing language about mental illness and substance use disorders. There are an additional 21 dental, pharmacy and nursing boards that have made these important updates. The process of removing stigmatizing language from credentialing applications is also a criterion in AMA's Joy in Medicine™ Health System Recognition Program. There are many reasons to act, including:

- Inquiries about past treatment and diagnosis of mental health care and substance use disorder treatment perpetuates stigma and are among the top reasons why medical students and physicians do not seek care.
- Inquiries about past diagnosis of mental health care and substance use disorder treatment are not a reliable indicator of current fitness to practice medicine.
- Burnout rates are changing, and innovative efforts are needed to help support physicians and trainees.
- More than 40 percent of medical students, residents and practicing physicians say that fear of disclosure of past mental health care or SUD treatment is a key reason why they do not seek treatment.
- More than half of all respondents agreed or strongly agreed that healthcare workers experience barriers that prevent them from accessing mental health care.
- Treating mental health or substance use conditions early helps prevent more acute and chronic disease.
- Inquiries about past diagnosis or treatment also may violate the Americans with Disabilities Act (ADA)

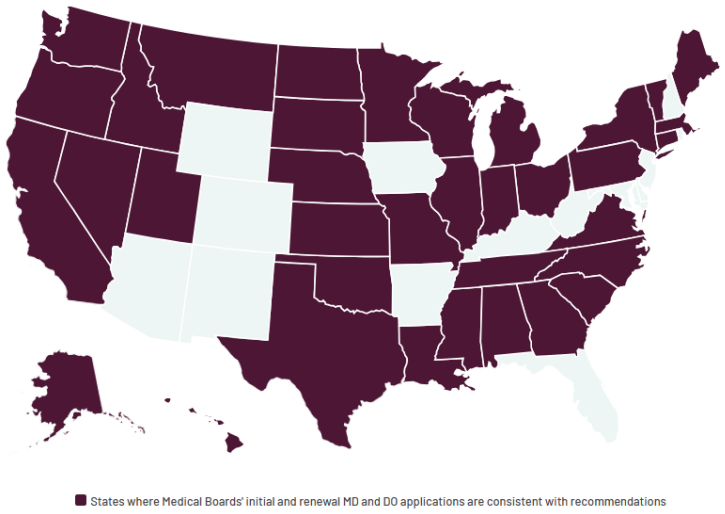
[1] The information and guidance provided in this document is believed to be current and accurate at the time of posting but it is not intended as, and should not be construed to be, legal, financial, medical, or consulting advice. Physicians and other health care practitioners should exercise their professional judgment and seek legal advice regarding any legal questions, including implementation of state laws and regulations. References and links to third parties do not constitute an endorsement or warranty by the AMA, and AMA disclaims any express and implied warranties of any kind.

## Take action to audit, revise and communicate changes

The AMA strongly urges all licensing boards, hospitals, health systems and credentialing bodies to follow the recommendations of the Dr. Lorna Breen Heroes' Foundation:

1. **Audit all applications** used for credentialing and licensing—including peer review forms, addendums and accessory or auxiliary forms—to identify where inappropriate inquiries may exist.
2. **Revise all inappropriate, stigmatizing language** in its applications to remove inquiries about past diagnosis or treatment of mental health care or substance use disorder treatment and focus only on whether a current impairment exists that would constitute a threat to patient safety or an applicant's ability to safely and competently practice medicine.
3. **Communicate the changes broadly** across the organization and undertake initiatives to ensure that all healthcare professionals are aware of the changes.

As of January 2026, **40+ medical licensure boards and more than 2,100 hospitals and other health care facilities** have taken action to ensure their applications do not include intrusive mental health or substance use questions—**benefiting more than 3 million physicians** and other clinicians.



States where Medical Boards' initial and renewal MD and DO applications are consistent with recommendations

## Intrusive questions about past diagnosis or treatment and the ADA

Intrusive questions on licensing and credentialing applications may violate the Americans with Disabilities Act (ADA).

- A 2014 settlement agreement between the U.S. Department of Justice (DOJ) and State Bar of Louisiana required the State Bar to remove intrusive questions about past mental health diagnosis and focus instead on whether there is current problematic conduct.
- The DOJ reiterated the key provisions of the 2014 agreement in a June 26, 2023 letter to several U.S. Senators, stating:

> *"It is clear that intrusive inquiries regarding an applicant's mental health history run afoul of the ADA to the extent that state medical boards use them as eligibility criteria to screen out applicants with disabilities and such inquiries are not necessary to determine whether an applicant is fit to practice medicine."*
> ~ June 26, 2023 U.S. Department of Justice.

- A 2024 lawsuit in Alaska alleging that licensing questions violated Title II of the Americans with Disabilities Act was settled, in part, when the licensing board agreed to change its question as follows:

| **Problematic question** (inconsistent with AMA, Breen Foundation recommendations) | **Revised question** (consistent with AMA, Breen Foundation recommendations) |
|---|---|
| *Within the past five years, are you now, or have you experienced, been diagnosed with, or been treated for bipolar disorder, schizophrenia, paranoia, or psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness?* | *Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice psychology in a competent, ethical and professional manner?* |

## Select examples of state medical boards that focus on "current" impairment rather than "past" diagnosis or treatment

- Washington state does not require disclosure about a any social, behavioral, physiological or psychological condition or disorder unless it limits or impairs an applicant's ability to practice medicine safely.
- Kansas asks: "Do you have any physical or mental health condition (including alcohol or substance use) that currently impairs your ability to practice your profession in a competent, ethical, and professional manner?"
- Texas asks, "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?"
- Idaho requires applicants to, "Disclose on the application form any condition that impairs your judgment or that would otherwise adversely affect your ability to practice your medical profession with reasonable skill or safety? Please note - If you are receiving appropriate treatment that allows you to practice safely and without impairment, you may answer No."
- Maine asks, "a. Do you have a medical condition that currently impairs your ability to safely and competently practice medicine? b. Do you currently use any chemical substance(s), including alcohol, which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?"

| Minnesota Board of Medical Practice | |
|---|---|
| ***Before*** | ***After*** |
| MN previously required release of medical records for "Applicants who have a medical condition during the last five years which, if untreated, would be likely to impair their ability to practice with reasonable skill and safety must have their treating physician complete this form." | As of Jan. 1, 2022, MN asks: "Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?" |

| Georgia Composite Medical Board | |
|---|---|
| ***Before*** | ***After*** |
| "During the last 7 years, have you suffered from any physical, psychiatric, or substance use disorder that could impair or require limitations on your functioning as a professional or has resulted in the inability to practice medicine for more than 30 days, or required court-ordered treatment or hospitalization? (If yes, provide treatment history documentation to include diagnosis, treatment regimen, hospitalization, and ongoing treatment/ medication to the Board. NOTE: If you are currently enrolled in GAPHP, you may check NO." | As of Feb. 2, 2023, the question now reads, "Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner? NOTE: If you are currently enrolled in Georgia PHP, you may answer NO." |

## AMA recommends revisions to focus on whether a current impairment exists

| Mandated disclosure of treatment when there is no impairment does not support health and wellness | Language that focuses on current impairment supports safety, health and wellness |
|---|---|
| • *Have you been treated for or do you have a diagnosis for any mental health or behavioral health condition? (If yes, please ask your treating provider to send a status letter as part of this application)*<br>• *Do you take any medication or drugs (legal/illegal) which could affect, your ability to perform your duties as a clinical staff or faculty member?* | • *Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner?*<br>• *Do you take any medications or drugs (legal/illegal) which adversely affect your ability to perform your duties as a clinical staff or faculty member?* |

## National organizations support removing stigmatizing questions about mental health and wellbeing

Dr. Lorna Breen Heroes' Foundation: Working in partnership with the AMA to encourage hospitals, health systems and licensing boards to audit credentialing and peer review applications and forms; revise those containing stigmatizing language; and broadly communicate those changes to physicians and other health care professionals. The Foundation's Toolkit for Hospitals and Health Systems provides multiple helpful suggestions and action steps.

Federation of State Medical Boards: The FSMB counsels that "Application questions must focus only on current impairment and not on illness, diagnosis, or previous treatment in order to be compliant with the Americans with Disabilities Act."

American Osteopathic Association: In addition to supporting a focus on "current impairment," the AOA "encourages medical educational and professional entities, as well organizations throughout the medical community, to support and educate students and physicians about confidential treatment and "safe haven non-reporting," to encourage individuals to seek appropriate treatment without fear of documentation, disciplinary action or other repercussions.

Federation of State Physician Health Programs: FSPHP supports licensing boards, credentialing agencies, board certification applications, and professional liability applications be adjusted, in alignment with the FSPHP Triad of Confidentiality, to exclude disclosure of potentially impairing conditions when individuals comply with a state-approved PHP.

National Association of Medical Staff Services updated 2024 Ideal Credentialing Standard adopts language supported by the AMA and Dr. Lorna Breen Heroes' Foundation to focus questions about mental health and substance use disorders only on whether a current impairment exists.

American Hospital Association: To address fear of seeking care, the AHA recommends "Eliminate credentialing questions and policies that stigmatize seeking behavioral health treatment or resources."

In its 2024 Impact Wellbeing Guide, the Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health urges removal of intrusive, stigmatizing questions. NIOSH and the Dr. Lorna Breen Heroes' Foundation designed the Impact Wellbeing Guide: Taking Action to Improve Healthcare Worker Wellbeing.

The U.S. Surgeon General urged medical boards and others to "Examine questions on applications and renewal forms for jobs and hospital credentialing so that health workers are not deterred from seeking mental health and substance use care."

The process of removing stigmatizing language from credentialing applications is a criterion in AMA's Joy in Medicine™ Health System Recognition Program

The National Center for Quality Assurance also has said that the following question—which is the same as the question recommended by the AMA and the organizations above—satisfies its requirements:

- **Sufficient question to inquire about practitioner's ability to perform essential functions:**
  - Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? (Yes/No).

The Joint Commission: "The Joint Commission does not require organizations to ask about a clinician's history of mental health conditions or treatment. We strongly encourage organizations to not ask about past history of mental health conditions or treatment. As an alternative, we support the recommendations of the Federation of State Medical Boards and the American Medical Association to limit inquiries to conditions that currently impair the clinicians' ability to perform their job."

# Medical boards and health systems can use an "attestation" model to support physician health and wellbeing

In addition to removing questions about diagnosis and treatment of mental health and substance use disorders when there is no current impairment, including an attestation on the application has multiple benefits, including clearly signaling to physicians and other health care professionals that seeking care for health and wellbeing is encouraged and will be supported. An attestation also provides an opportunity to promote the use of state physician health programs and other confidential treatment options that may be available in a state. Examples include:

## Mississippi Board of Medical Licensure (read more here)

| Before | After newly-adopted language |
|---|---|
| An applicant submitting an initial licensing application was met with the question of "*Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism, or voyeurism, bipolar disorder, sexual disorder, schizophrenia, paranoia or other psychiatric disorder?"* If a physician had sought any treatments for mental health issues, an answer of *yes* quite possibly could have drawn attention to their application.<br><br>For a renewal application, the original question was, "*From July 1, 2015, to the present, have you received treatment for psychiatric, addiction, or substance use related issues NOT known to the MPHP? (If you are an anonymous participant in the MPHP and are in compliance with your contract, you may answer NO to this question).*" | The edited language is responsive to the current needs of our practitioners and is as follows:<br><br>"*The Board recognizes that licensees may suffer from potentially impairing health conditions, just like their patients, including psychiatric or physical illnesses which may impact cognition, and substance use disorders. The Board expects its licensees to properly address their health concerns, both physical and mental, in a timely manner to ensure patient safety and to maintain the ability to meet the needs of patients. Licensees should seek appropriate medical care and should limit their medical practice when appropriate and as needed. The Board encourages licensees to utilize the services of the Mississippi Physician Health Program, a confidential resource which provides advocacy for licensees who may suffer from potentially impairing illnesses. The failure of a licensee to adequately address any health conditions which may impair their ability to practice medicine with reasonable skill and safety to patients, will likely result in the board acting against the licensee to practice medicine.*" |

## North Carolina Medical Board

*Important: "The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other healthcare providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking medical care, self-limiting the licensee's medical practice, and anonymously self-referring to the NC Physicians Health Program, a physician advocacy organization dedicated to improving the health and wellness of medical professionals in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice medicine within reasonable skill and safety to patients, can result in the Board taking action against the license to practice medicine."*

## Oregon Medical Board and Oregon Health Authority

The Oregon Medical Board and Oregon Health Authority updated and adopted changes with support from the Oregon Medical Association and the AMA, including using an attestation model, to their respective initial and renewal applications for medical licensure, credentialing and recredentialing. Read more here.

## Washington statewide practitioner application

Washington state recently updated the statewide application hospitals and health systems use for credentialing after sustained advocacy from the Washington Physician Health Program and Washington State Medical Association.

# State legislation on medical licensing and credentialing

The AMA has been proud to support legislative efforts led by physicians, state medical and specialty societies. Examples of best practices include:

## Requirements for medical and other regulatory boards: Virginia Senate Bill 970

- An Act to direct health regulatory boards within the Department of Health Professions to amend language related to mental health conditions and impairment in licensure, certification, and registration applications; emergency. Approved March 16, 2023

- § 1. That each health regulatory board within the Department of Health Professions shall amend its licensure, certification, and registration applications to remove any existing questions pertaining to mental health conditions and impairment and to include the following questions: (i) Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? and (ii) Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation?

- § 2. That an emergency exists and this act is in force from its passage.

## Requirements for entities that credential physicians: Minnesota Senate File 3531

Sec. 32. Minnesota Statutes 2022, section 62Q.097, is amended by adding a subdivision to read:
Subd. 3. **Prohibited application questions.**
An application for provider credentialing must not:
(1) require the provider to disclose past health conditions;
(2) require the provider to disclose current health conditions, if the provider is being treated so that the condition does not affect the provider's ability to practice medicine; or
(3) require the disclosure of any health conditions that would not affect the provider's ability to practice medicine in a competent, safe, and ethical manner.
**Effective Date.** This section applies to applications for provider credentialing submitted to a health plan company on or after January 1, 2025.

## "Safe haven" type laws, "current impairment," and confidential care for physician wellbeing

Legislative or regulatory changes can be made that create a "safe haven" through which physicians and other health care professionals could seek and obtain confidential care in ways that would not impact their careers. Legislative and regulatory changes could also require that medical licensing and credentialing applications inquire only about *current* impairment and not about past diagnoses.

Several states have enacted laws specifically intended to protect physicians seeking help with career fatigue and wellbeing. Virginia led the way in 2020 with H.B. 115. In 2021, Indiana and South Dakota enacted S.B. 365 and H.B. 1179, respectively. Arizona enacted H.B. 2429 in 2022. In 2023, Georgia enacted HB 455, Illinois enacted H.B. 3109, and Nebraska enacted L.B. 227. Provisions of Minnesota S.F. 3531 were enacted in 2024. Georgia enacted H.B 455 in 2024. In 2025, Colorado enacted H.B. 25-1176, Montana enacted S.B. 497, and Virginia added S.B. 629. Virginia also enacted H.B. 1636 (2025), which extended confidentiality and protections to additional healthcare providers.

Key elements of the laws:

- Enables physicians and other health care professionals to seek professional support to address career fatigue, burnout and behavioral health concerns with confidentiality and civil immunity protections.
- Supports physicians and other licensees to obtain confidential care and provides protections against disclosure to the medical board and other licensing boards when there is no threat to patient safety
- Focuses on "career fatigue and wellness" rather than "burnout.
- Provides qualified immunity for wellness programs and participating persons, facilities, and organizations.

Virginia's H.B. 115 expanded the civil immunity that currently exists for physicians serving as members of, or consultants to, entities that function primarily to review, evaluate, or make recommendations related to health care services, to include physicians serving as members of, or consultants to, entities that function primarily to address issues related to physician career fatigue and wellness.

Like H.B. 115, South Dakota's H.B. 1179 gives civil immunity to any person or facility participating in a wellness program if they act in good faith. Indiana's S.B. 365 states that wellness programs and their participants may not be named in a civil lawsuit if they acted in good faith and in furthering the work of the wellness program.

Virginia's 2024-2025 updates authorize programs to arrange for or provide outpatient care related to career fatigue and wellness, clarifies reporting obligations for hospitals and medical staff, and extends protections to all licensees regulated by the Department of Health Professions (DHP) and students in programs leading to DHP licensure.

## "Safe haven" type laws balance public safety with supportive care for wellbeing

- Virginia's H.B. 115 clarified that, absent evidence indicating a reasonable probability that a physician who is a participant in a PHP addressing issues related to career fatigue or wellness is not competent to continue in practice or is a danger to himself or herself, his or her patients, or the public, participation in such a PHP does not trigger the requirement that the physician be reported to the state, e.g., the state medical board.

- Under Indiana's S.B. 365, no person participating in a wellness program may reveal the content of any wellness program communication; record; or determination to any person or entity outside of the wellness program, and a physician's participation in a wellness program does not require reporting the physician to the board.

- South Dakota's H.B. 1179 states that any record of a person's participation in a physician wellness program is confidential unless the physician voluntarily provides for written release of the information or the disclosure is required to meet the physician's obligation to report a criminal charge or action, unprofessional or dishonorable conduct.

- Virginia's H.B. 115 exists in addition to the Virginia PHP, which remains a trusted source to help physicians in need of support. The Tennessee Medical Association and Tennessee Physician Health Program have worked together to identify multiple resources and advocacy help to support physicians. The Indiana State Medical Association Physician Assistance Program provides physicians with consultation, screening, referral and case management, as needed, for substance use and mental health disorders, behavioral issues, and physical illnesses.

- Arizona's H.B. 2429 provides that "a record of a health professional's participation in a health professional wellness program is confidential and not subject to discovery, subpoena or a reporting requirement to the applicable health profession regulatory board, unless either:
  1. The health professional voluntarily provides for written release of the information.
  2. The disclosure is required to meet a person's obligation:
     (a) to report criminal conduct;
     (b) to report an act of unprofessional conduct;
     (c) to report that the health professional is not able to safely practice;
     (d) to warn an individual of an imminent threat of harm."

- Georgia's H.B. 350 provides that "No person or entity shall be obligated to report information regarding a healthcare professional who is a participant in a professional program to his or her respective licensing board unless the person or entity has determined that there is reasonable probability that such participant is not competent to continue in practice or is a danger to himself or herself or to the health and welfare of his or her patients or the public, unless such person or entity is otherwise under a duty to report such information"

- Minnesota's law contains a provision that defines a "physician wellness program" as "a program of evaluation, counseling, or other modality to address an issue related to career fatigue or wellness related to work stress for physicians … administered by a statewide association that is exempt from taxation under

United States Code, title 26, section 501(c)(6), and that primarily represents physicians and osteopaths of multiple specialties. The term does not include the provision of services intended to monitor for impairment."

- Colorado's law provides that all regulatory boards under the state Department of Regulatory Agencies "must not require the disclosure of personal medical or health information that is not relevant to the applicant's ability at the time of application to provide safe, competent, and ethical patient care," and that the application must not include questions seeking information about past health-related conditions that do not impact an applicant's ability to practice safe, competent, and ethical patient care at the time of application."

- Pursuant to Virginia's SafeHaven statutes, the Medical Society of Virginia (MSV) administers SafeHaven™ for the Commonwealth. The program now protects *all* individuals licensed, registered, or certified by a board within the Department of Health Professions—along with students in programs leading to DHP licensure—by providing confidential access to wellbeing resources and, when needed, arranging or providing outpatient care related to career fatigue and wellness. MSV continues to collaborate with peer state societies to replicate SafeHaven models nationally.

## Physician Health Programs can provide evidence-based, confidential care

State Physician Health Programs (PHPs) are an evidence-based, comprehensive system supported by the AMA and state medical societies to help physicians with health conditions that may impact or impair safe practice. While not all referrals to a PHP result in time of out of practice, there is expertise in place to facilitate a safe return to practice. When time out of practice is indicated, PHPs have a successful track record of working with the physician and his/her treatment provider(s) to focus on how to safely return the physician to caring for his/her patients.

PHPs assist over 10,000 physicians per year through a highly confidential, therapeutically-oriented model that supports illness remission, ongoing health support, and trusted verification of safe practice and advocacy when needed. PHPs are in almost every state and many offer wellbeing programs and services to refer those in need to professional coaching, therapy and, other support services in a confidential, voluntary, safe manner. Read examples of physicians who have been helped here.

Research shows multiple benefits of PHP participation:

- Nearly 80 percent of physicians with a substance use disorder safely return to practice with the help of a PHP.
- PHPs provide a wide range of support for physicians with co-occurring illnesses.
- Successful PHPs offer a combination of identification, intervention, formal treatment, professional support, and accountability-based advocacy to effectively support physicians to safely return to practice.
- Sustained illness remission following program completion as well as more than three-quarters of participants saying they would recommend the care required under a PHP to other physicians.
- PHPs continue to study and advocate to improve employer and insurance coverage for the costs of the specialized care and fitness for duty evaluations that PHPs must often recommend. Eighty-five percent of respondents completing a PHP said the associated costs were "money well spent."
- "Treatment and monitoring is associated with a lowered risk of malpractice claims and suggests that patient care may be improved by PHP monitoring.

Not all PHPs are the same, however, and there are several overarching confidentiality principles recommended by the Federation of State Physician Health Programs:

- PHPs may receive reports of possible impairment in lieu of reporting to the disciplinary authority.
- Physicians or other individuals who refer a colleague to a PHP should enjoy full confidentiality protections as well as anti-retaliation protections.
- Physicians who participate in a PHP should not subject to punitive licensing board or credentialing sanctions as long as the individual is adherent to PHP program requirements and/or has been determined to be able to safely practice.

## Legislative and other considerations for PHPs

The AMA strongly encourages states to review their laws governing PHPs to ensure they provide strong confidentiality protections for PHP enrollees as well as help ensure a PHP's financial stability. Having a comprehensive definition of a PHP in state law is a good start. Washington state defines the PHP as follows: "Physician health program" means the program for the prevention, detection, intervention, referral for evaluation and treatment, and monitoring of impaired or potentially impaired physicians established by the [state]."

Additional provisions from states with strong PHP protections include:

- Voluntary referrals to the PHP. Indiana (844 IAC 5-2-8) allows for physicians who voluntarily refer themselves to the PHP or are being treated "for addiction, severe dependency upon alcohol or other drugs or controlled substances, or for psychiatric impairment" to be exempt from reports to the medical board so long as: (1) the practitioner is complying with the course of treatment; and (2) the practitioner is making satisfactory progress. If the physician fails to comply with the PHP's recommended course of treatment, the PHP is required to "promptly report such facts and circumstances to the medical licensing board."
- Mandated reporter exceptions. In situations where a physician is mandated by state law to report an impaired colleagues to the medical board, having an exception to refer the colleague to the PHP can help support treatment and recovery rather than immediate discipline. Massachusetts (243 CMR 2.07(23)) allows for such exceptions in limited circumstances and exempts the physician from filing such a report if all three of the following conditions are present: 1. Reasonable Basis to Believe Impairment; 2. No Allegation of Patient Harm; and 3. Confirmation of Compliance with the Treatment Program.
- Sustained funding. The success of the Washington state PHP (RCW 18.71:310) is due, in part, to the long-term commitment to ensure consistent funding. This includes a modest surcharge for all new and renewed licenses. Washington also ensures the funding is not diverted by providing that "the moneys shall be placed in the impaired physician account to be used solely to support the physician health program."
- Confidentiality protections for PHP enrollees when seeking medical licensure. Tennessee Senate Bill 359 this year added confidentiality protections that balance the medical board's obligations to protect patient safety while protecting PHP enrollees' status as confidential and not subject to public disclosure as long as the enrollee remains in compliance with his or her treatment program.
- Confidentiality of records. Georgia law (Rule 360-11-.05.) provides that "All records of the PHP shall be confidential and shall be used by the PHP and its employees and agents only in the exercise of the proper function of the PHP pursuant to its contract with the Board. Such information, interviews, reports, statements, memoranda, or other documents furnished to or produced by the PHP and any findings, conclusions, recommendations, or reports resulting from the monitoring or rehabilitation of health care professionals shall not be available for court subpoenas or for discovery proceedings.
- Protections for physicians who treat physicians. As part of New York law (See New York Public Health Law § 230(11)), there are strong protections for physicians to maintain confidentiality of the physicians they treat.
- Transparency with the public. While not necessarily legislative, the AMA supports efforts such as in Maine to provide an annual report to the public. Maine's recent report, for example, provides detailed information about intake and active participation demographics, discharged participants and toxicology results.
- Hospitals and other care facilities can help increase awareness of PHPs by updating policies to be consistent with the FSPHP Sample Hospital Policy: Referral and Consultation with Physician or Healthcare Professional Health Program (PHP).

## For more information

To learn more about how your state, hospital, health system or credentialing body can review, revise and communicate changes to licensing applications, credentialing and peer reference forms, as well as further engagement with state PHPs, please contact Daniel Blaney-Koen, JD, Senior Attorney, Advocacy Resource Center, at daniel.blaney-koen@ama-assn.org

**Attestation questions:** Please answer all questions by selecting Yes or No and provide an explanation when requested. If responses to questions change during the time your application is pending, you must make the board aware of the new information. If additional space is necessary, please attach a separate sheet.

Yes ☐ No ☐ 1. Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.

Yes ☐ No ☐ 2. Does your use of alcohol or chemical substance(s), including prescription medications, in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.

Yes ☐ No ☐ 3. Are you engaged in the use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)? If yes, please describe.

Yes ☐ No ☐ 4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? If yes, please describe.

Yes ☐ No ☐ 5. Have you ever been the subject of an investigation by any federal, state, or local agency having jurisdiction over controlled substances? If yes, please describe.

Yes ☐ No ☐ 6. Have you ever been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority? If yes, please describe.

Yes ☐ No ☐ 7. Has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e. by medical board order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a medical board or other licensing authority? If yes, please describe.

Yes ☐ No ☐ 8. Have you ever been notified of an investigation by a state medical board, medical society, or hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board? If yes, please describe.

Applicant Name_____ Last 4 digits of SSN _____ Date_____

Yes No 9. In the five-year period of active practice preceding the date of filing your application, have you been a defendant in any malpractice lawsuits, had any malpractice settlements, or have any pending? If yes, give a detailed clinical explanation of each case on the Malpractice Liability Claims Information form and provide documentation of the outcome (insurance papers or court documents).

Yes No 10. Have your hospital privileges ever been restricted or revoked? If yes, please describe.

_____

_____

Yes No 11. Have there ever been any criminal charges filed against you, whether the charges were misdemeanor, gross misdemeanor, or felony? This includes any offenses which have been expunged or otherwise removed from your record by executive pardon. If yes, submit a personal statement regarding the date of conduct, state and local jurisdiction in which the charges were filed, date of closure, what role you played, and the outcome. If the charge involved the use of alcohol or other chemicals, include in your personal statement whether a chemical dependency evaluation was done (and if so, submit results) and a description of your current drinking or other substance use habits.

Yes No 12. Have you ever voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances? If yes, please describe.

_____

_____

**Please answer all questions by selecting Yes or No and provide an explanation when requested.**

| | | |
|---|---|---|
| Yes | No | 1. Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe. |
| Yes | No | 2. Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and you have not reported the condition or illness to the Health Professionals Services Program (HPSP)? If yes, please describe. |
| Yes | No | 3. Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription)? If yes, please describe. |
| Yes | No | 4. Since your last renewal, have you been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? If yes, please describe. |
| Yes | No | 5. Since your last renewal, have you been the subject of an investigation by any federal, state, or local agency having jurisdiction over controlled substances? If yes, please describe. |
| Yes | No | 6. Since your last renewal, have you been denied a license, or the privilege of taking an examination before any medical examining board, or has a conditioned license been issued to you by any state medical board or licensing authority? If yes, please describe. |
| Yes | No | 7. Since your last renewal, has your license to practice medicine in any state or country been voluntarily or involuntarily (i.e., by medical board order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a medical board or other licensing authority? If yes, please describe. |
| Yes | No | 8. Since your last renewal, have you been notified of any investigations by any state medical board, medical society, or any hospital of any complaints against you relative to the practice of medicine, or have you been reprimanded or censured by any medical society or licensing board? If yes, please describe. |
| Yes | No | 9. Since your last renewal, are you aware of any malpractice actions pending against you or of any malpractice settlements or judgments against you? If yes, please describe. |
| Yes | No | 10. Since your last renewal, have your hospital privileges been restricted or revoked? If yes, please describe. |
| Yes | No | 11. Since your last renewal, have there been any criminal charges filed against you, whether the charges were misdemeanor, gross misdemeanor, or felony? This includes any offenses which have been expunged or otherwise removed from your record by executive pardon. If yes, submit a personal statement regarding the date of conduct, state and local jurisdiction in which the charges were filed, date of closure, what role you played, and the outcome. If the charge involved the use of alcohol or other chemicals, include in your personal statement |

| | | |
|---|---|---|
| | | whether a chemical dependency evaluation was done (and if so, submit results) and a description of your current drinking or other substance use habits. |
| Yes | No | 12. Since your last renewal, have you voluntarily or involuntarily surrendered your DEA certificate or the right to prescribe controlled substances? If yes, please describe. |

## -- NOTICE --

1. Your completed renewal application and application fee must be received or legibly postmarked on or before the current expiration date.
2. Applications are INCOMPLETE unless all required information including completion of forms, signature, and the correct fee are received or legibly postmarked on or before the current expiration date.
3. A late fee will be applied to all renewal applications if not received or legibly postmarked on or before the current expiration date.
4. Applications are INCOMPLETE when checks are not honored by your bank. Pursuant to Minn. Stat. §332.50, subd.2, issuance of a worthless (NSF) check will result in a service charge of $20.00.
5. Checks should be made payable to the Minnesota Board of Medical Practice. STATE OF MINNESOTA Taxpayer Identification Numbers are: 41-6007162 (Federal) and 9000001 (State). Foreign checks should state the fee in U.S. dollars. DO NOT SEND CASH BY MAIL.
6. Mail your completed application and proper fee in the envelope provided with your application. Be sure to apply proper postage as the postal service will not deliver parcels with inadequate postage.
7. Failure to renew will result in a lapse of your credentials. Practicing with lapsed credentials is grounds for disciplinary action under Minn. Stat. 147.091, subd. 1(x).
8. Minnesota law requires you to inform the Board of name and/or address changes within thirty days of a change. Further, the law requires that all such changes must be submitted to the Board in writing. If you have a name and/or address correction, please note the change on your application in the space provided.
9. Under the Minnesota Data Practices Act, an application accepted by the Board becomes a public record.
10. Effective March 9, 1999, infection control continuing education is no longer required. Physicians who have continuing education due March 31, 1999 or later do not need to obtain infection control continuing education.
11. A rule was promulgated in 1994 eliminating the CME Categories 2-5. The Board will only recognize courses which were formerly called Category 1 courses for physicians with 3-year cycles beginning on or after January 1, 1995. These courses are those: a) sponsored as Category 1 of the Physician Recognition Award Program of the American Medical Association; b) Category 1 equivalent courses offered by the American Osteopathic Association Bureau of Professional Education or the Royal College of Physicians and Surgeons of Canada or by organizations which have reciprocal agreements with AMA's Accreditation Council for Continuing Medical Education (ACCME). The 75-hour requirement for the three-year cycle remains unchanged.
12. Minn. Stat. §13.41, subd. 2 mandates that applicants or licensees designate a residence or business address and telephone number at which applicant or licensee can be reached regarding license matters.
13. To request a receipt, you must provide a written request and attach it to your renewal. The receipt will be mailed to the account holder at the address provided on the check.

____Yes ____No Do you dispense for profit prescription drugs in Minnesota that are to be administered orally, are ordinarily dispensed by a pharmacist, and are not a vaccine? This information is classified as public. It is unlawful to dispense these prescription drugs for profit in Minnesota after July 1, 1990 unless a statement has been filed with the Board of Medical Practice.

I certify that all information provided is accurate and correct.

X

Signature_____Date_____ *Last 4 digits Social Security #_____

** Telephone #_____

*Your social security number is private and you are required to submit it for renewal purposes. Your license will not be renewed without it. Minn. Stat. §147.091, subd. 7(d) mandates the use of the social security number for administration of the state tax code. If your social security number has been changed since last renewal, please provide full social security number.
** Your telephone number is public and you are required to submit it for renewal purposes. Your license will not be renewed without it. Minn. Stat. §13.41, subd. 2 mandates disclosure of telephone number at which licensee can be reached regarding license matters.

MINNESOTA
BOARD OF MEDICAL PRACTICE

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St. Paul, MN 55102
612.617.2130 (phone) | 612.617.2166 (fax)
medical.board@state.mn.us | mn.gov/boards/medical-practice

# VERIFICATION OF POSTGRADUATE MEDICAL TRAINING

(Copy this form for multiple programs)

This form is for verification of all US/Canadian post graduate medical training (i.e. internship, residency and fellowship) and **must be completed and emailed or mailed by the facility DIRECTLY** to the **Minnesota Board of Medical Practice**. The applicant's signature authorizes release of information, favorable or otherwise, **DIRECTLY** to the Board.

Print Name _____ Birthdate_____ Last 4 digits of SSN_____

Signature _____ Date_____

Training Dates (Month, Day, Year)_____

---

This section is to be completed by the Program Director or Graduate Medical Education Representative

It is hereby certified that:(Name of Applicant)_____

Received credit for post graduate training:(# Months)_____ from date:____/____/_____to date:____/____/_____

The program was accredited to provide graduate, clinical, medical training during the dates above by: (Check One)
ACGME☐ AOA☐ RCPSC☐ CFPC☐ None of the above☐ (explain)_____

at:(Name of Hospital or Institution)_____

located at_____
(Street Address, City, State, Zip, Country)

Affiliated Medical School Name_____Specialty_____PGY_____

Training Program (Check One): Internship☐ Resident☐ Chief Resident☐ Fellowship☐ Research☐

Did the applicant complete all required years of the post graduate training program?
☐ Program was completed ☐ Anticipated date of completion____/____/_____

☐ Program was not completed because_____

Was this individual issued a certificate as proof completion of training? ..... Yes ☐ No ☐

Did the individual take a leave of absence or break during training? ..... Yes* ☐ No ☐

Was this individual ever placed on probation or remediation?..... Yes* ☐ No ☐

Was this individual ever disciplined or placed under investigation? ..... Yes* ☐ No ☐

Were any limitations or special requirements placed upon this individual due to academic incompetence, disciplinary problems or any other reason? ..... Yes* ☐ No ☐

| Institutional Seal<br><br>If the institution does not have an official seal, the form must be notarized. |
|---|

Completed by Program Director or Graduate Medical Education Representative:

Print Name_____

Signature_____

Date_____ Phone_____

Fax_____ Email_____

*Attach letter of explanation

**Initial Application Attestation Questions**

**Question 1**: "Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe."

- **AMA Analysis**: While this question is largely consistent with our recommendations, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize "currently" and remove "which is likely to" which raises the issue of subjectivity. In other state Board and health system applications, we commonly recommend removing the terms "could" or "may" because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of "could" or "may" would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting "could" or "may." We recognize that the phrase "which likely to" is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of "is likely to" does not add meaningful information to the primary issue of knowing if there is a current impairment. The question can be made more clear and provide greater objectivity with the following minor revisions:
- **Recommended Revision**: Do you currently have any condition that is not being appropriately treated ~~which is likely to~~ **that** impair**s** or adversely affect**s** your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.

**Question 2**: "Does your use of alcohol or chemical substance(s), including prescription medications, in any way impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe."

- **AMA Analysis**: While this question is largely consistent with our recommendations, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize "currently" and remove "in any way" which raises the issue of subjectivity. As pointed out in our analysis of the previous question, in other state Board and health system applications, we commonly recommend removing the terms "could" or "may" because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of "could" or "may" would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting "could" or "may." We recognize that the phrase "in any way" is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of "in any way" does not add meaningful information to the primary issue of knowing if there is a current impairment. The

question can be made more clear and provide greater objectivity with the following minor revisions:

- **Recommended Revision**: Does your use of alcohol or chemical substance(s), including prescription medications, ~~in any way that~~ **currently** impair or limit your ability to practice medicine with reasonable skill and safety? If yes, please describe.

**Renewal Application Attestation Questions**

**Question 1**: "Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe."

- **AMA Analysis**: As indicated in the initial application, this question is largely consistent with our recommendations; however, we strongly recommend a slight revision to increase its clarity. Certain improvements could be made to more closely emphasize "currently" and remove "which is likely to" which raises the issue of subjectivity. In other state Board and health system applications, we commonly recommend removing the terms "could" or "may" because one symptom of chronic disease is often a recurrence of symptoms. If an individual with a chronic condition is stable, with or without treatment, and there is no current impairment, the use of "could" or "may" would require disclosure of a diagnosis or chronic medical condition. This is why we recommend deleting "could" or "may." We recognize that the phrase "which likely to" is slightly different. As noted, it is not necessarily inconsistent with our recommendations, however, in our analysis the use of "is likely to" does not add meaningful information to the primary issue of knowing if there is a current impairment. The question can be made more clear and provide greater objectivity with the following minor revisions:

- **Recommended Revision**: Do you currently have any condition that is not being appropriately treated ~~which is likely to~~ **that** impair**s** or adversely affect**s** your ability to practice medicine with reasonable skill and safety in a competent, ethical, and professional manner? If yes, please describe.

**Question 2**: "Since your last renewal, have you been diagnosed with or treated for any substance use disorder that may affect your ability to practice with reasonable skill and safety and you have not reported the condition or illness to the Health Professionals Services Program (HPSP)? If yes, please describe."

- **AMA Analysis**: This question is not consistent with our recommendations. As our work has evolved, we have increasingly stressed that physical, mental health and substance use disorders all encompass a wide range of conditions, are treatable, and should not be subject to stigma. The issue before the board should not be whether an individual has been diagnosed with a potentially impairing condition, but whether an impairing condition exists. The Board makes the appropriate inquiry on its initial application for licensure, and we recommend the Board maintain that question on the renewal application. As the MN Board

has explained in public hearings, and its members have explained in other settings, the reasons for which the initial application were changed included ensuring that the Board achieved the right balance between its required disclosures for determining applicants' fitness to practice and removing fear and stigma that comes with disclosing treatment for mental health or substance use when there is no current impairment. We strongly support that balance and therefore recommend the following:

- **Recommended Revision**: Since your last renewal, **do you currently have any health condition that impairs your ability to practice with reasonable skill and safety? If you are enrolled in the Health Professionals Services Program (HPSP), you may answer "NO."**

**Question 3**: "Since your last renewal, have you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription)? If yes, please describe."

- **AMA Analysis**: Rather than asking "Since your last renewal", we recommend placing the focus on whether there is "current" use. We believe the use of "currently" increases the objectivity of the question and ensures that the focus is on the applicant's current ability to practice medicine. Additionally, the term "currently" has a broad definition, which we believe is appropriate. The initial application is consistent with our recommendations, and we encourage the medical board to use the same question in the renewal application. The following changes reflect our suggested revision to this question:

- **Recommended Revisions**: ~~Since your last renewal, have you~~ **Are you currently** engaged in ~~any illegal use of controlled substances including~~ **the** use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription **of a licensed health care provider**)? If yes, please describe.

**OR**

~~Since your last renewal, have you~~ **Are you currently** engaged in ~~any illegal use of controlled substances including~~ **the** use of illegal controlled substances (e.g., heroin, cocaine) or illegal use of legal controlled substances (i.e., not obtained pursuant to a valid prescription **of a licensed health care provider**)? If yes, please describe. (**"Currently" means sufficiently recent to justify a reasonable belief that the use of the drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct**.)

**Other Application Form consideration: Verification of Postgraduate Medical Training**

**Question**: "Did the individual take a leave of absence or break during training?"

- **AMA Analysis**: On the surface, this question seems entirely reasonable. The medical board has an obligation to know if the trainee has completed their academic requirements. We are aware, however, that some trainees are reluctant to seek care because it will be disclosed as a break or a leave of absence. We do not have a specific recommendation for this question, but raise the issue because it continues to come up when we discuss the specific concerns of medical students and residents. The medical board may want to put a time certain requirement on this, such as a leave of absence or break for more than 30, 45, 60, or 90-days, or some other specific amount of time.

DATE: July 11, 2026

SUBJECT: May 12, 2026, Health Professionals Services Program, Program Committee Report

SUBMITTED BY: **Miss Averi Turner**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposes Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Please see the attached materials.

MINNESOTA
HEALTH PROFESSIONALS
SERVICES PROGRAM

1360 Energy Park Drive, Suite 220
St. Paul, MN 55108
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mn.gov/boards/hpsp

**PROGRAM COMMITTEE MEETING MINUTES**

**Date:** Tuesday, May 12, 2026
**Location:** Virtual and In-Person at 335 Randolph Avenue in the Minnehaha Conference Room
**Time:** 10:00 AM CST

I. **Meeting called to begin at 10:00 am by Chair Mary Noble**

II. **Introductions:**

| Board | Name | In Attendance? |
|---|---|---|
| Behavioral Health and Therapy | Bharati Acharya | Yes |
| Chiropractic Examiners | Mary Noble | Yes |
| Dentistry | Samuel Ankrah | Yes |
| Dept of Health | R. Dehler/D. Ponds/D. Thao | No |
| Dietetics & Nutrition | Susan Estes | Ruth Grendahl on behalf |
| Long Term Services & Supports | Steve Jobe | Yes |
| Marriage & Family Therapy | Jennifer Mohlenhoff | No |
| Medical Practice | Averi M. Turner | Elizabeth Huntley on behalf |
| Nursing | Tracy Sonterre-Rieger | Yes |
| Occupational Therapy | Karoline Pierson | Yes |
| Office of Emergency Medical Services | Amber Lage | Tanya Armstrong and Pattie Forsberg |
| Optometry | Britt Heglund | No |
| Pharmacy | Ben Maisenbach | Yes and with Barbara Jerry Klein |
| Physical Therapy | Allen Rasmussen | Yes |
| Podiatry | Cyndee Fields | No |
| Psychology | Michael Thompson | Yes |
| Social Work | Linda Gustafson | Yes |
| Veterinary Medicine | Jody Grote | No |

Other Attendees: Kim Navarre (HPSP – Director), Kerry Gibbons (HPSP – Office Manager), Eldaa Ferraro (HPSP Case Management Assistant), Andrew Leinen (HPSP Case Manager), Pang Yang (HPSP Case Manager) , Tracy Erfourth (HPSP Case Manager), Nichole Williams (HPSP Case Manager), Sarah Dirkson (with Occupational Therapy), Barara Jerry Klein (with Pharmacy), Caren Gaytko (with Nursing), Laurie McDowell (with Social Work), Rebecca Moscow (with Social Work), Jarius Ndulah (with Social Work), Vi Palmer (with Social Work), Elizabeth Huntley (with Medical

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Practice on behalf of Averi M. Turner), Joyce Nelson (with Dentistry), Dr. Hannah Brown (Toxicology Director HHC) , Anita Brown (Lab Supervisor HHC)

III. **Review: Minutes from February 10, 2026 meeting (Chair) – Allen R. Moved, 2nd Karoline P.**

IV. **Review: Proposed agenda (Chair) – Approved.**

V. **Public comments (Chair) – None**

**VI. Presentation: Toxicology with Dr. Hannah Brown from Hennepin Healthcare**

I. Presentation: Toxicology with Dr. Hannah Brown from Hennepin Healthcare

### II. Session Overview & Legislative Context

- Session covers HPSP toxicology processes and alternative testing matrices (oral fluid & hair).
- Brief overview of financial instability facing HHC and critical need for a repurposed sales tax to avoid closure of HHC which provides essential statewide services: level one trauma care, burn center, hyperbaric center, and academic research.
- Two state bills (House & Senate) aim to stabilize funding; vote takes place May 18.
- Senate bill includes onetime stabilization grant; political disagreement has caused gridlock (tie = no vote in MN House).
- Audience encouraged to contact legislators via prepared letter if they find HHC a valuable resource in community.

### III. Purpose of Drug Testing (HPSP Context)

- Drug testing ensures public safety, verifies abstinence, and supports safe practice for licensed professionals.
- Helps licensing boards and legal systems document ongoing sobriety.
- Core scientific principles: distinguish drugs accurately, minimize false positives, detect very low concentrations with high sensitivity/specificity.

### IV. HHC Toxicology Laboratory

- 24/7 tox testing; >18 staff; supports various entities including HPSP.
- Holds clinical and forensic certifications; HPSP uses their forensic chain of custody procedures.
- Mass spectrometry is one of the things making HHC unique - this enables detection of hundreds of substances, including emerging drugs not covered by immunoassays. (Only a few in the country)

### V. Alcohol Biomarkers

- Ethanol: short-term
- EtG/EtS: detect up to ~72 hours
- PEth: long-term (5–7 weeks), strong indicator of sustained abstinence; lab plans to bring testing inhouse.

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## VI. Panels, Collection, and Chain of Custody

- Lab offers broad drug panels and customizable combinations for HPSP Case Managers to choose from.
- HPSP samples are collected by mail-in kits or onsite (observed/unobserved)
    - **HPSP Observed vs. Unobserved Screens Guidelines - Unobserved = default.** Used for most participants; less intrusive and lower costs**.**
    - **Observed = only when needed.** Triggered by abnormal values, suspected tampering, Board request, or required by existing probation.
    - **Three observed screens** usually required when concerns arise.
    - **Confirmed tampering = discharge** with no reinstatement.
    - If urine integrity stays questionable, HPSP may use **Peth or further testing.**
- Bathrooms designed to deter tampering; water on/off, blue dye in toilets, video observation used only when warranted.
- **Full chain of custody tracking** from collection through lab analysis; every handoff is documented and matched to specimen seals.
- **Tamper evident packaging and locked storage** ensure samples stay secure until they reach the lab.
- **Restricted lab access**: only trained toxicology staff handle specimens to maintain forensic level control.
- **Multiple validity and quality checks** (creatinine, specific gravity, instrument review) before any result is released.
- **Final review by certifying scientists** ensures accuracy, defensibility, and adherence to forensic standards.

## VII. TDO - Toxicology Director Opinion

- A TDO is used when a test result needs expert clarification—such as distinguishing true substance use from environmental exposure, medication effects, or other claimed causes. It helps programs like HPSP, boards, and oversight bodies make informed decisions.

    - It is a formal, written expert interpretation provided by the laboratory's toxicology director that explains what a drug test result *means* based on:
    - Confirmed laboratory findings (often mass spectrometry)
    - Scientific literature and known pharmacology

        - Whether the claimed exposure scenario (provided by participant) can reasonably produce the result
        - Any alternative explanations that can or cannot be supported by science

- A TDO is used when a test result needs expert clarification—such as distinguishing true substance use from environmental exposure, medication effects, or other claimed causes. It helps programs like HPSP, boards, and oversight bodies make informed decisions.

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## VIII. Biological Matrices

- Conventional: whole blood, plasma/serum (cleaner samples), urine (most common; longer detection window).
- Alternative matrices benefits: less invasive collection, longer windows, useful in delayed or compromised samples, avoid postmortem redistribution.
- Technology advances allow lower detection limits and broader forensic capability.
- Oral Fluid
- Noninvasive, correlates well with blood, harder to tamper with, fewer interferences.
- Drug entry via blood filtration; acidic pH traps basic drugs (e.g., cocaine, amphetamines).
- Detection window: hours to a couple days.
- Challenges: variability in saliva, contamination risk, small volumes requiring sensitive methods.
- **Hair Testing**
- Shows long-term drug history (≈90 days), stable, noninvasive.
- Drugs incorporate via blood supply and external sources; growth like “tree rings.”
- Interpretation difficult: influenced by melanin, hair type, body region, environmental exposures, cosmetic treatments.
- Hair testing disproportionately affects people with darker, more textured hair due to higher melanin drug binding.
- Interpretation is unreliable: cannot show timing, dose, or distinguish use from exposure.
- Ethical concerns have led many experts to caution against using hair results for high stakes decisions.
- Cannot detect recent use (≈7day gap); digestion/extraction complex.
- Not currently part of HPSP testing.

**VII. HPSP Updates (Kim Navarre, Program Director) - None**

VIII. **Adjourn: Chair – 11:00AM Ruth G. Moved, Karoline P. 2nd**

**Next Meetings:**

August 11, 2026
November 10, 2026
February 9, 2026

DATE: July 11, 2026 SUBJECT: Executive Director's Report

SUBMITTED BY: **Elizabeth A. Huntley, JD, CMBE, Executive Director**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposes Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached is the Executive Director's Report of activities since the May 9, 2026, Board meeting.

**EXECUTIVE DIRECTOR'S REPORT**

**July 11, 2026**

## OPERATIONAL UPDATES:

June 30 closed out fiscal year 2026 and staff managed a smooth transition into fiscal year 2027. Board staff welcome this opportunity to reflect on operational efficiencies, reassess priorities and identify areas where additional transparency or accountability may be beneficial.

## LEGISLATIVE UPDATES:

HF3825, Health and Human Services Scope and Licensure bill, passed this session. The bill includes three Articles (attached to this report) that have a direct impact on providers regulated by this Board, including practice act modernization updates for both acupuncturists and athletic trainers, as well as a modification to the medical practice act making it unlawful for a person who is not a natural person to practice medicine in Minnesota.

## PARTNERSHIPS:

*Federation of State Medical Boards (FSMB)*

The FSMB continues to support the Board's strategic planning initiative. Staff are working closely with the FSMB team to compile the results of the survey completed by Board members and prepare them for further discussion and decision-making.

*Interstate Medical Licensure Compact Commission (IMLCC)*

On June 23, 2026, Alaska officially became the 44th member state, 46th member jurisdiction including DC and Guam, creating an expedited pathway to licensure for physicians who meet eligibility requirements to practice medicine in Alaska.

The IMLCC conducts an internal analysis of licensing data on an annual basis and in June 2026, it released its Year 9 Data Study based on applications completed between April 1, 2025, and March 31, 2026.

Link to the study: https://imlcc.com/wp-content/uploads/2026/06/IMLCC__Year9_DataStudyV5.pdf

*PA Compact*

The PA Compact Commission continues to make significant progress toward full operational readiness. There are currently 26 member states, with legislation pending in five additional states. The Commission and its committees meet regularly, and development of the data system is expected to begin soon. The Commission benefits from strong support from its partners, including the Council of State Governments, the National Commission on Certification of Physician Assistants, the American Academy of Physician Associates, and the Federation of State Medical Boards.

Link to the latest newsletter from the PA Compact: June newsletter

## OUTREACH/DEVELOPMENT:

While there were no major outreach or development activities over the last couple of months, staff continue to monitor and be mindful of interested party needs and maintain ongoing relationships with applicants and licenses, the public, professional associations, and other regulatory agencies. Work continues to strengthen relationships and engagement with medical schools and the Board's website refresh will bring an enhanced user experience and improved usability through a modern and welcoming design.

**OTHER BUSINESS:**

As shared at the May Board meeting, Dr. Emiru has relocated out of state and submitted her resignation earlier this week. The resulting Board vacancy has been posted on the Secretary of State's website.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

## ARTICLE 1
## ACUPUNCTURE AND HERBAL MEDICINE PRACTICE

Section 1. Minnesota Statutes 2024, section 146A.01, subdivision 4, is amended to read:

Subd. 4. **Complementary and alternative health care practices.** (a) "Complementary and alternative health care practices" means the broad domain of complementary and alternative healing methods and treatments, including but not limited to: (1) acupressure; (2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing; (9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12) Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism; (15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21) noninvasive instrumentalities; and (22) traditional ~~Oriental~~ practices, such as Qi Gong energy healing.

(b) Complementary and alternative health care practices do not include surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, the use of medical devices as defined in section 147A.01, any practice included in the practice of dentistry as defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations of joints or the spine as described in section 146.23 or 148.01.

(c) Complementary and alternative health care practices do not include practices that are permitted under section 147.09, clause (11), or 148.271, clause (5).

(d) This chapter does not apply to, control, prevent, or restrict the practice, service, or activity of lawfully marketing or distributing food products, including dietary supplements as defined in the federal Dietary Supplement Health and Education Act, educating customers about such products, or explaining the uses of such products. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments.

Sec. 2. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 2a. **Acupuncture.** "Acupuncture" means a unique treatment technique that uses modern and traditional medical methods of diagnosis and treatment. Acupuncture includes the insertion of filiform or acupuncture needles through the skin and may include the use of other biophysical methods of acupuncture point stimulation, including the use of heat, massage, or manual therapy techniques or electrical stimulation. Acupuncture includes but is not limited to therapies termed "dry needling," "trigger point therapy," "intramuscular therapy," "auricular detox treatment," and similar terms referring to the insertion of needles past the skin for pain management, disease or symptom modification, or other related treatments.

Sec. 3. Minnesota Statutes 2024, section 147B.01, subdivision 3, is amended to read:

Subd. 3. **Acupuncture and herbal medicine practice.** "Acupuncture and herbal medicine practice" means a unique and comprehensive system of health care ~~using Oriental medical theory and its unique methods of diagnosis and treatment. Its treatment techniques include the insertion of acupuncture needles through the skin and the use of other biophysical methods of acupuncture point stimulation, including the use of heat, Oriental massage techniques, electrical stimulation, herbal supplemental therapies, dietary guidelines, breathing techniques, and exercise based on Oriental medical principles~~ that uses traditional and modern diagnosis, methodology, and treatment techniques based on acupuncture and herbal medicine theory, principles, and methods. Treatment techniques include but are not limited to acupuncture, cupping, dermal friction, therapeutic massage, herbal therapies, dietary guidelines, mind-body exercises, and other appropriate techniques.

Sec. 4. Minnesota Statutes 2024, section 147B.01, subdivision 4, is amended to read:

Subd. 4. **Acupuncture needle.** "Acupuncture needle" means a needle designed exclusively for ~~acupuncture~~ the purposes of insertion past the skin to alleviate pain, provide symptom relief, or modulate disease processes. It has a solid core, with a tapered point, and is 0.12 mm to 0.45 mm in thickness. It is constructed of stainless steel, gold, silver, or other board-approved materials as long as the materials can be sterilized according to recommendations of the National Centers for Disease Control and Prevention.

Sec. 5. Minnesota Statutes 2024, section 147B.01, subdivision 5, is amended to read:

Subd. 5. **Acupuncture points.** "Acupuncture points" means specific anatomically described locations as defined by the recognized acupuncture reference texts. These texts are listed in the study guide to the examination for the ~~NCCAOM~~ NCBAHM certification exam.

Sec. 6. Minnesota Statutes 2024, section 147B.01, subdivision 9, is amended to read:

Subd. 9. **Breathing techniques.** "Breathing techniques" means ~~Oriental~~ breathing exercises taught to a patient as part of a treatment plan.

Sec. 7. Minnesota Statutes 2024, section 147B.01, subdivision 12, is amended to read:

Subd. 12. **Diplomate in acupuncture.** "Diplomate in acupuncture" means a person who is certified by the ~~NCCAOM~~ NCBAHM as having met the standards of competence established by the ~~NCCAOM~~ NCBAHM, who subscribes to the ~~NCCAOM~~ NCBAHM code of ethics, and who has a current and active ~~NCCAOM~~ NCBAHM certificate. Current and active ~~NCCAOM~~ NCBAHM certification indicates successful completion of continued professional development and previous satisfaction of ~~NCCAOM~~ NCBAHM requirements.

Sec. 8. Minnesota Statutes 2024, section 147B.01, subdivision 14, is amended to read:

Subd. 14. **Herbal therapies or herbal medicine.** "Herbal therapies" ~~are~~ or "herbal medicine" means the use of herbs and patent herbal remedies as supplements as part of the treatment plan of the patient.

Sec. 9. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 14a. **Low-level or cold laser.** "Low-level or cold laser" means a laser classified as a Class IIIa laser used for stimulation of acupuncture points or channels.

Sec. 10. Minnesota Statutes 2024, section 147B.01, is amended by adding a subdivision to read:

Subd. 14b. **Low-level or cold laser acupuncture.** "Low-level or cold laser acupuncture" means acupuncture performed by using a low-level or cold laser to stimulate acupuncture points or channels.

Sec. 11. Minnesota Statutes 2024, section 147B.01, subdivision 16, is amended to read:

Subd. 16. **~~NCCAOM~~ NCBAHM.** "~~NCCAOM~~ NCBAHM" means the National Certification ~~Commission for Acupuncture and Oriental Medicine~~ Board for Acupuncture and Herbal Medicine, a not-for-profit corporation organized under section ~~501(c)(4)~~ 501(c)(6) of the Internal Revenue Code.

Sec. 12. Minnesota Statutes 2024, section 147B.01, subdivision 16a, is amended to read:

Subd. 16a. **~~NCCAOM~~ NCBAHM certification.** "~~NCCAOM~~ NCBAHM certification" means a certification granted by the ~~NCCAOM~~ NCBAHM to a person who has met the standards of competence established for either ~~NCCAOM~~ NCBAHM certification in acupuncture or ~~NCCAOM~~ NCBAHM certification in ~~Oriental~~ herbal medicine.

Sec. 13. Minnesota Statutes 2024, section 147B.02, subdivision 4, is amended to read:

Subd. 4. **Exceptions.** (a) The following persons may practice acupuncture within the scope of their practice without an acupuncture license:

(1) a physician licensed under chapter 147;

(2) an osteopathic physician licensed under chapter 147;

(3) a chiropractor licensed under chapter 148;

(4) a person who is studying in a formal course of study so long as the person's acupuncture and herbal medicine practice is supervised by a licensed acupuncturist or a person who is exempt under clause (5);

(5) a visiting acupuncturist practicing acupuncture within an instructional setting for the sole purpose of teaching at a school registered with the Minnesota Office of Higher Education, who may practice without a license for a period of one year, with two one-year extensions permitted; and

(6) a visiting acupuncturist who is in the state for the sole purpose of providing a tutorial or workshop not to exceed 30 days in one calendar year.

(b) This chapter does not prohibit a person who does not have an acupuncturist license from practicing specific noninvasive techniques, such as acupressure, that are within the scope of practice as set forth in section 147B.06, subdivision 4.

Sec. 14. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 7, is amended to read:

Subd. 7. **Licensure requirements.** (a) An applicant for licensure must:

(1) submit a completed application for licensure on forms provided by the board, which must include the applicant's name and address of record, which shall be public;

(2) unless licensed under subdivision 6, submit evidence satisfactory to the board of current ~~NCCAOM~~ NCBAHM certification;

(3) sign a statement that the information in the application is true and correct to the best of the applicant's knowledge and belief;

(4) submit with the application all fees required; and

(5) sign a waiver authorizing the board to obtain access to the applicant's records in this state or any state in which the applicant has engaged in the practice of acupuncture.

(b) The board may ask the applicant to provide any additional information necessary to ensure that the applicant is able to practice with reasonable skill and safety to the public.

(c) The board may investigate information provided by an applicant to determine whether the information is accurate and complete. The board shall notify an applicant of action taken on the application and the reasons for denying licensure if licensure is denied.

Sec. 15. Minnesota Statutes 2025 Supplement, section 147B.02, subdivision 9, is amended to read:

Subd. 9. **Renewal.** (a) To renew a license an applicant must:

(1) annually, or as determined by the board, complete a renewal application on a form provided by the board;

(2) submit the renewal fee;

(3) provide documentation of current and active ~~NCCAOM~~ NCBAHM certification; or

(4) if licensed under subdivision 6, meet the same ~~NCCAOM~~ NCBAHM professional development activity requirements as those licensed under subdivision 7.

(b) An applicant shall submit any additional information requested by the board to clarify information presented in the renewal application. The information must be submitted within 30 days after the board's request, or the renewal request is nullified.

(c) An applicant must maintain a correct mailing address with the board for receiving board communications, notices, and license renewal documents. Placing the license renewal application in first-class United States mail, addressed to the applicant at the applicant's last known address with postage prepaid, constitutes valid service. Failure to receive the renewal documents does not relieve an applicant of the obligation to comply with this section.

(d) The name of an applicant who does not return a complete license renewal application, annual license fee, or late application fee, as applicable, within the time period required by this section shall be removed from the list of individuals authorized to practice during the current renewal period. If the applicant's license is reinstated, the applicant's name shall be placed on the list of individuals authorized to practice.

Sec. 16. Minnesota Statutes 2024, section 147B.02, subdivision 12, is amended to read:

Subd. 12. **Inactive status.** (a) A license may be placed in inactive status upon application to the board and upon payment of an inactive status fee. The board may not renew or restore a license that has lapsed and has not been renewed within two annual license renewal cycles.

(b) An inactive license may be reactivated by the license holder upon application to the board. A licensee whose license is canceled for nonrenewal must obtain a new license by applying for licensure and fulfilling all the requirements then in existence for the initial license to practice acupuncture in the state of Minnesota. The application must include:

(1) evidence of current and active ~~NCCAOM~~ NCBAHM certification;

(2) evidence of the certificate holder's payment of an inactive status fee;

(3) an annual fee; and

(4) all back fees since previous renewal.

(c) A person licensed under subdivision 5 who has allowed the license to reach inactive status must become ~~NCCAOM~~ NCBAHM certified.

Sec. 17. Minnesota Statutes 2024, section 147B.03, subdivision 1, is amended to read:

Subdivision 1. **~~NCCAOM~~ NCBAHM requirements.** Unless a person is licensed under section 147B.02, subdivision 6, each licensee is required to meet the ~~NCCAOM~~ NCBAHM professional development activity requirements to maintain ~~NCCAOM~~ NCBAHM certification. These requirements may be met through a board approved continuing education program.

Sec. 18. Minnesota Statutes 2024, section 147B.03, subdivision 2, is amended to read:

Subd. 2. **Board approval.** The board shall approve a continuing education program if the program meets the following requirements:

(1) it directly relates to the practice of acupuncture;

(2) each member of the faculty shows expertise in the subject matter by holding a degree or certificate from an educational institution, has verifiable experience in ~~traditional Oriental~~ acupuncture and herbal medicine, or has special training in the subject area;

(3) the program lasts at least one contact hour;

(4) there are specific written objectives describing the goals of the program for the participants; and

(5) the program sponsor maintains attendance records for four years.

Sec. 19. Minnesota Statutes 2024, section 147B.03, subdivision 3, is amended to read:

Subd. 3. **Continuing education topics.** (a) Continuing education program topics may include~~,~~ but are not limited to~~, Oriental medical~~ acupuncture and herbal medicine theory and techniques including ~~Oriental~~ massage; ~~Oriental~~ nutrition; ~~Oriental~~ herbology and diet therapy; ~~Oriental~~ exercise; ~~western sciences such as~~ anatomy, physiology, biochemistry, microbiology, psychology, ~~nutrition,~~ and history of medicine; and medical terminology or coding.

(b) Practice management courses are excluded under this section.

Sec. 20. Minnesota Statutes 2024, section 147B.03, subdivision 4, is amended to read:

Subd. 4. **Verification.** The board shall periodically select a random sample of acupuncturists and require the acupuncturist to show evidence of having completed the ~~NCCAOM~~ NCBAHM professional development activities requirements. Either the acupuncturist, the state, or the national organization that maintains continuing education records may provide the board documentation of the continuing education program.

Sec. 21. Minnesota Statutes 2024, section 147B.05, subdivision 1, is amended to read:

Subdivision 1. **Creation.** The advisory council to the Board of Medical Practice for acupuncture consists of seven members appointed by the board to three-year terms. Four members must be ~~licensed~~ acupuncture practitioners licensed in Minnesota, one member must be a licensed physician or osteopathic physician who also practices acupuncture, one

member must be a licensed chiropractor who is ~~NCCAOM~~ NCBAHM certified, and one member must be a member of the public who has received acupuncture treatment as a primary therapy from a ~~NCCAOM~~ NCBAHM certified acupuncturist.

Sec. 22. Minnesota Statutes 2024, section 147B.05, subdivision 3, is amended to read:

Subd. 3. **Duties.** The advisory council shall:

(1) advise the board on issuance, denial, renewal, suspension, revocation, conditioning, or restricting of licenses to practice acupuncture;

(2) advise the board on issues related to receiving, investigating, conducting hearings, and imposing disciplinary action in relation to complaints against acupuncture practitioners;

(3) maintain a register of acupuncture practitioners licensed under section 147B.02;

(4) maintain a record of all advisory council actions;

(5) prescribe registration application forms, license forms, protocol forms, and other necessary forms;

(6) review the patient visit records submitted by applicants during the transition period;

(7) advise the board regarding standards for acupuncturists;

(8) distribute information regarding acupuncture and herbal medicine practice standards;

(9) review complaints;

(10) advise the board regarding continuing education programs;

(11) review the investigation of reports of complaints and recommend to the board whether disciplinary action should be taken; and

(12) perform other duties authorized by advisory councils under chapter 214, as directed by the board.

Sec. 23. Minnesota Statutes 2024, section 147B.06, subdivision 1, is amended to read:

Subdivision 1. **Practice standards.** (a) Before treatment of a patient, an acupuncture practitioner shall ask whether the patient has been examined by a licensed physician or other professional, as defined by section 145.61, subdivision 2, with regard to the patient's illness or injury, and shall review the diagnosis as reported.

(b) The practitioner shall obtain informed consent from the patient, after advising the patient of the following information which must be supplied to the patient ~~in writing~~ before or at the time of the initial visit:

(1) the practitioner's qualifications including:

(i) education;

(ii) license information; and

(iii) outline of the scope of practice of acupuncturists in Minnesota; and

(2) side effects which may include the following:

(i) some pain in the treatment area;

(ii) minor bruising;

(iii) infection;

(iv) needle sickness; or

(v) broken needles.

(c) The practitioner shall obtain acknowledgment by the patient in writing that the patient has been advised to consult with the patient's primary care physician about the acupuncture treatment if the patient circumstances warrant or the patient chooses to do so.

(d) The practitioner shall inquire whether the patient has a pacemaker or bleeding disorder.

Sec. 24. Minnesota Statutes 2025 Supplement, section 147B.06, subdivision 4, is amended to read:

Subd. 4. **Scope of practice.** (a) The scope of practice of acupuncture and herbal medicine includes~~,~~ but is not limited to~~,~~ the following:

(1) ~~using Oriental medical theory to assess and diagnose a patient; and~~ evaluation, management, and treatment services using methods and techniques described in section 147B.01, subdivisions 2a, 3, and 14;

(2) ~~using Oriental medical theory to develop a plan to treat a patient. The treatment techniques that may be chosen include:~~ diagnostic examination, testing, and procedures, including physical examination, basic diagnostic imaging, and basic laboratory or other diagnostic tests for the purposes of guiding treatment within the scope of practice of acupuncture, herbal medicine, and herbal therapies, as described in section 147B.01, subdivisions 2a, 3, and 14. When results fall outside of the education, training, and expertise

of a licensed acupuncturist, or suggest serious or emergent conditions, the acupuncturist must facilitate referrals to other appropriate health care providers;

~~(i) insertion of sterile acupuncture needles through the skin;~~

~~(ii) acupuncture stimulation including, but not limited to, electrical stimulation or the application of heat;~~

~~(iii) cupping;~~

~~(iv) dermal friction;~~

~~(v) acupressure;~~

~~(vi) herbal therapies;~~

~~(vii) dietary counseling based on traditional Chinese medical principles;~~

~~(viii) breathing techniques;~~

~~(ix) exercise according to Oriental medical principles; or~~

~~(x) Oriental massage.~~

(3) services included in acupuncture and herbal medicine practice;

(4) stimulation of acupuncture points, areas of the body, or substances in the body using acupuncture needles, heat, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, electromagnetic energy, suction, or other devices in accordance with the training of an acupuncture practitioner;

(5) use of physical medicine modalities, procedures, and devices, including but not limited to cupping, dermal friction, acupressure, and massage, as described in section 147B.01, subdivisions 2a, 3, and 14;

(6) use of therapeutic exercises, breathing techniques, meditation, and biofeedback devices and other devices that utilize heat, color, light, infrared and ultraviolet, low-level or cold lasers, sound, vibration, pressure, magnetism, electricity, and electromagnetic energy for therapeutic purposes; and

(7) general dietary guidance that is provided for wellness and supportive purposes and that is consistent with the education and training of an acupuncture practitioner.

(b) Low-level or cold laser acupuncture must only be performed in accordance with all relevant acupuncture accreditation standards and federal laws, including Food and Drug Administration rules and regulations.

(c) Low-level or cold laser acupuncture performed on a patient's head must be outside the orbital rim.

Sec. 25. Minnesota Statutes 2024, section 147B.06, subdivision 5, is amended to read:

Subd. 5. **Patient records.** An acupuncturist shall maintain a patient record for each patient treated, including:

(1) a copy of the informed consent;

(2) evidence of a patient interview concerning the patient's medical history and current physical condition;

(3) evidence of ~~a traditional acupuncture~~ examination and diagnosis;

(4) record of the treatment including points treated; and

(5) evidence of evaluation and instructions given to the patient.

Sec. 26. Minnesota Statutes 2024, section 147B.06, is amended by adding a subdivision to read:

Subd. 8. **Licensed health care professionals.** Nothing in section 147B.01, subdivision 2a, shall be construed to expand or restrict the existing scope of practice of other licensed health care professionals.

Sec. 27. **REPEALER.**

Minnesota Statutes 2024, section 147B.01, subdivision 18, is repealed.

## ARTICLE 2

## ATHLETIC TRAINER PRACTICE

Section 1. Minnesota Statutes 2024, section 148.7802, subdivision 6, is amended to read:

Subd. 6. **Athletic trainer.** "Athletic trainer" means a person who engages in athletic training under section 148.7806 and is licensed under section 148.7808. Athletic trainers practice in health care settings and serve patient populations as identified by the Board of Certification for the Athletic Trainer or its recognized successor and by approved education programs.

Sec. 2. Minnesota Statutes 2024, section 148.7802, is amended by adding a subdivision to read:

Subd. 6a. **Athletic training.** "Athletic training" means the following actions performed for the purpose of treating emergent, acute, and chronic injuries and nonorthopedic conditions and performed within the professional training and experience provided by an approved education program and included in an athletic trainer credentialing examination:

(1) risk reduction, wellness, and health literacy;

(2) assessment, evaluation, and diagnosis;

(3) critical incident management;

(4) therapeutic intervention; and

(5) health care administration and professional responsibility.

Sec. 3. Minnesota Statutes 2024, section 148.7806, is amended to read:

**148.7806 ATHLETIC TRAINING.**

~~Athletic training by a licensed athletic trainer under section 148.7808 includes the activities described in paragraphs (a) to (e).~~

(a) An athletic trainer shall~~:~~ perform athletic training under the supervision of, on the prescription of, and in collaboration with, a primary physician:

(1) who is licensed in Minnesota to practice medicine, as defined in section 147.081; and

(2) whose license is in good standing.

~~(1) prevent, recognize, and evaluate athletic injuries;~~

~~(2) give emergency care and first aid;~~

~~(3) manage and treat athletic injuries; and~~

~~(4) rehabilitate and physically recondition athletic injuries.~~

~~The~~ (b) An athletic trainer ~~may use modalities such as cold, heat, light, sound, electricity, exercise, and mechanical devices~~ must use therapeutic interventions within the training and experience of the athletic trainer according to section 148.7802, subdivision 6a for the treatment and rehabilitation of ~~athletic injuries to athletes in the primary employment site~~ patients.

~~(b)~~ (c) The primary physician shall establish evaluation and treatment protocols to be used by the athletic trainer. The primary physician shall record the protocols on a form prescribed by the board. The protocol form must be updated yearly at the athletic trainer's license renewal time and kept on file by the athletic trainer.

~~(c)~~ (d) At the primary employment site, ~~except in a corporate setting,~~ an athletic trainer may evaluate and treat ~~an athlete for an athletic injury~~ a patient who was not previously diagnosed for not more than 30 days~~, or a period of time as designated by the primary physician on the protocol form,~~ from the date of the initial evaluation and treatment. ~~Preventative care after resolution of the injury is~~ Prevention, wellness, education, exercise, and reconditioning are not considered treatment. This paragraph does not apply to a person who is referred for treatment by a person licensed in this state to practice medicine as defined in section 147.081~~,~~; to practice chiropractic as defined in section 148.01~~,~~; to practice physical therapy as defined in section 148.65, except as provided in paragraph (f); to practice podiatry as defined in section 153.01~~,~~; or to practice dentistry as defined in section 150A.05, and whose license is in good standing.

~~(d)~~ (e) An athletic trainer ~~may~~:

(1) may organize and administer an athletic training program, including~~,~~ but not limited to~~,~~ educating and counseling ~~athletes~~ patients;

(2) must monitor the signs, symptoms, general behavior, and general physical response of ~~an athlete~~ a patient to treatment and rehabilitation, including~~,~~ but not limited to~~,~~ whether the signs, symptoms, reactions, behavior, or general response show abnormal characteristics that require a change in the plan of care or a referral; and

(3) must make suggestions to the primary physician or other treating provider for a modification in the treatment and rehabilitation of ~~an injured athlete~~ a patient based on the indicators in clause (2).

~~(e)~~ (f) In a clinical, corporate, and physical therapy setting, when the service provided is, or is represented as being, physical therapy, an athletic trainer may work only under the direct supervision of a physical therapist as defined in section 148.65.

Sec. 4. Minnesota Statutes 2024, section 148.7807, is amended to read:

**148.7807 LIMITATIONS ON PRACTICE.**

(a) An athletic trainer must not practice or claim to practice medicine as defined in section 147.081; acupuncture as defined in section 147B.01; chiropractic as defined in section 148.01; physical therapy as defined in section 148.65, except as provided under

section 148.7806, paragraph (f); podiatry as defined in section 153.01; occupational therapy as defined in section 148.6404; or any other licensed or registered health care profession, unless the athletic trainer also holds the appropriate license or registration to practice that profession.

(b) If an athletic trainer determines that a patient's medical condition is ~~beyond~~ outside the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a person licensed in this state to practice medicine as defined in section 147.081~~,~~; to practice chiropractic as defined in section 148.01~~,~~; to practice physical therapy as defined in section 148.65, except as provided under section 148.7806, paragraph (f); to practice podiatry as defined in section 153.01~~,~~; or to practice dentistry as defined in section 150A.05, and whose license is in good standing and in accordance with established evaluation and treatment protocols. An athletic trainer shall modify or terminate treatment of a patient that is not beneficial to the patient, or that is not tolerated by the patient.

Sec. 5. Minnesota Statutes 2024, section 148.7814, is amended to read:

**148.7814 APPLICABILITY.**

Sections 148.7801 to 148.7815 do not apply to ~~persons who are certified as~~ an athletic ~~trainers~~ trainer who is in Minnesota temporarily with an individual or group that is participating in a specific athletic event or series of athletic events if the athletic trainer is licensed, certified, or registered by another state or county, or is certified as an athletic trainer by the Board of Certification or the board's recognized successor ~~and come into Minnesota for a specific athletic event or series of athletic events with an individual or group~~.

Sec. 6. **REPEALER.**

Minnesota Statutes 2024, section 148.7802, subdivisions 4 and 5, are repealed.

## ARTICLE 12

## HEALTH-RELATED PROFESSIONS; PRACTICING WITHOUT A LICENSE

Section 1. Minnesota Statutes 2024, section 147.081, subdivision 1, is amended to read:

Subdivision 1. **Unlawful practice of medicine.** It is unlawful for any person who is not a natural person to practice medicine as defined in subdivision 3. It is unlawful for any natural person to practice medicine as defined in subdivision 3 in this state unless:

(1) the person holds a valid license issued according to this chapter; or

(2) the person is registered to provide interstate telehealth services according to section 147.032.

DATE: July 11, 2026 SUBJECT: New Business

SUBMITTED BY: **Chaitanya Anand, M.B.B.S., Board President**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposes Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Any other new business to be discussed.

DATE: July 11, 2026 SUBJECT: Corrective or Other Actions

SUBMITTED BY: **Complaint Review Committees**

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**For Informational Purposes Only**

MOTION BY: SECOND:

( ) PASSED ( ) PASSED AMENDED ( ) LAYED OVER ( ) DEFEATED

BACKGROUND:

Attached are copies of the Corrective or other actions that were implemented since the May 9, 2026, Board Meeting.

**BEFORE THE MINNESOTA**

**BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Dr. Okechukwu N. Osuebi
Year of Birth: 1975
License Number: 54543

**AGREEMENT FOR CORRECTIVE ACTION**

This Agreement for Corrective Action ("Agreement") is entered into by and between Dr. Okechukwu Ndubuisi Osuebi ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minnesota Statutes section 214.103, subdivision 6(a) (2024). Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent elected to be represented by Gregory E. Karpenko, Fredrickson & Byron, P.A, 60 South Sixth Street, Suite 1500, Minneapolis, Minnesota 55402-4400. The Committee was represented by Carly Rasmussen, Assistant Attorney General, 445 Minnesota Street, Suite 600, St. Paul, Minnesota 55101. Respondent and the Committee hereby agree as follows:

## FACTS

1. For the purpose of this Agreement, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on September 10, 2011. Respondent is board certified in obstetrics and gynecology.

b. In October 2024, the Board received a report that a malpractice settlement payment was made on Respondent's behalf related to his care of a patient ("Patient #1") and her

infant ("Infant #1") during Patient #1's labor and delivery of Infant #1. The malpractice complaint alleged that Respondent failed to promptly address Infant #1's bradycardia during labor and delivery, which resulted in permanent neurological injuries to Infant #1.

c. On January 22, 2026, Respondent appeared before the Committee to discuss the allegations. Respondent stated that Patient #1 was scheduled for an induction of Infant #1 due to Patient #1 being recently diagnosed with gestational hypertension. Shortly after admission, Patient #1 was given an epidural but her blood pressure was not rechecked until ten minutes after the epidural was placed. At that time, Patient #1 began to experience hypotension. Respondent attempted to treat Patient #1's hypotension with three doses of phenylephrine between 4:45 p.m. and 5:02 p.m. Respondent acknowledged that he should have been more aggressive in managing Patient #1's blood pressure, including considering administering a higher dose of the phenylephrine. At 4:58 p.m. and again at 5:05 p.m., Infant #1 experienced episodes of fetal bradycardia. By 5:15 p.m., Patient #1's blood pressure remained low, signaling that the medication was not working to treat her hypotension. By 5:24 p.m., Infant #1's fetal heart rate tracing still had not fully recovered. Respondent acknowledged that he should have proceeded with an emergency cesarean section delivery when Patient #1's blood pressure remained low and Infant #1's fetal heart rate tracing continued to be abnormal. Respondent admitted he lost track of time with Infant #1's fetal bradycardia because he was focused on Patient #1's health.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1 (k) (engaged in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established) and (s) (inappropriate prescribing of or failure to properly prescribe a drug or device) (2024), and Respondent agrees that

the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action under these statutes.

## CORRECTIVE ACTION

3. Respondent agrees to address the concerns referred to in paragraphs 1 and 2 by taking the following corrective action:

a. Within six months of the date of the Agreement, Respondent shall successfully complete pre-approved coursework in:

i. Obstetric Emergencies; and

ii. Epidural Management and Monitoring.

b. Within three months of successful completion of the above-referenced coursework, he shall write and submit a paper, for review and approval by the Committee, discussing what he has learned from the coursework and how he will implement this knowledge into his practice; and

c. This Agreement shall be satisfied upon Respondent's successful completion of the terms of the Agreement.

4. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Respondent successfully completes the terms of the Agreement. Successful completion shall be determined by the Committee. Upon Respondent's signature and the Committee's execution of this Agreement, the Committee agrees to close the complaints resulting in the information referred to in paragraphs 1 and 2. Respondent understands and further agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraphs 1 and 2, the Committee may reopen the closed complaint.

5. If Respondent fails to satisfy the terms of the Agreement, the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 14, 147, and 214. Failure to satisfy the terms of the Agreement constitutes failure to cooperate under Minnesota Statutes section 147.091, subdivision 1(u). In any subsequent proceeding, the Committee may use this Agreement as proof that Respondent's conduct, cited in the Facts above, justified action under these statutes.

6. Respondent understands that this Agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data for purposes of Minnesota Statutes sections 13.02, subdivision 15, and 13.41, subdivision 5 (2024). Data regarding this Agreement may be provided to data banks as required by federal law or consistent with Board policy.

7. Respondent acknowledges reading and understanding this Agreement and entering into it voluntarily. This Agreement contains the entire agreement between the Committee and Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

Dated: 05-06-2026

Dr. Okechukwu N. Osuebi
Respondent

Dated: 5/9/2026

FOR THE COMMITTEE

**BEFORE THE MINNESOTA**

**BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Daniel J. Growney, M.D.
Year of Birth: 1959
License Number: 73902

**AGREEMENT FOR CORRECTIVE ACTION**

This Agreement for Corrective Action ("Agreement") is entered into by and between Daniel John Growney, M.D. ("Respondent"), and the Complaint Review Committee of the Minnesota Board of Medical Practice ("Committee") pursuant to the authority of Minnesota Statutes section 214.103, subdivision 6(a) (2024). Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent elected to be represented by Jennifer M. Waterworth, Lind, Jensen, Sullivan & Peterson, P.A, 901 Marquette Avenue South, Suite 1900, Minneapolis, Minnesota 55402. The Committee was represented by Carlos Figari, Assistant Attorney General, 445 Minnesota Street, Suite 600, St. Paul, Minnesota 55101. Respondent and the Committee hereby agree as follows:

**FACTS**

1. For the purpose of this Agreement, the Board may consider the following facts as true:

a. Respondent was licensed by the Board to practice medicine and surgery in the State of Minnesota on April 7, 2023.

b. On January 15, 2025, Respondent reported that he had settled a civil matter initiated by a patient ("Patient #1"). The underlying allegations concerned Respondent's examination of Patient #1 performed in the visual presence of other attending staff personnel

during a procedure with sedation on September 21, 2020. In his written response to the Board, Respondent stated the examination was conducted with consent and denied that it was unauthorized.

c. On January 5, 2026, Respondent appeared before the Committee to discuss the allegations. Respondent stated he and Patient #1 had a longstanding professional and social relationship, and he had served as Patient #1's primary care provider for many years. Respondent reported that, prior to the procedure, he obtained verbal informed consent from Patient #1 to perform the examination. Respondent acknowledged that he did not document obtaining informed consent or the results of the examination in Patient #1's medical record. Respondent further acknowledged that he did not maintain complete medical records for Patient #1 and stored Patient #1's records in a manner different from other patients and not readily accessible to other healthcare providers, and did not document Patient #1's medication trials prior to prescribing controlled substances.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1 (g)(5) (conduct that may create unnecessary danger to any patient's life, health, or safety, in any of which cases, proof of actual injury need not be established); (k) (engaged in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice in which case proof of actual injury need not be established); and (o) (improper management of medical records, including failure to maintain adequate medical records) (2024), and Respondent agrees that the conduct cited above constitutes a reasonable basis in law and fact to justify corrective action under these statutes.

**CORRECTIVE ACTION**

3. Respondent agrees to address the concerns referred to in paragraphs 1 and 2 by taking the following corrective action:

a. Within nine months of the date of the Agreement, Respondent shall successfully complete pre-approved coursework in:

i. Professional Boundaries; and

ii. Medical Record Keeping.

b. Within three months of successful completion of the above-referenced coursework, he shall write and submit a paper, for review and approval by the Committee, discussing what he has learned from the coursework and how he will implement this knowledge into his practice; and

c. This Agreement shall be satisfied upon Respondent's successful completion of the terms of the Agreement.

4. This Agreement shall become effective upon execution by the Committee and shall remain in effect until Respondent successfully completes the terms of the Agreement. Successful completion shall be determined by the Committee. Upon Respondent's signature and the Committee's execution of this Agreement, the Committee agrees to close the complaints resulting in the information referred to in paragraphs 1 and 2. Respondent understands and further agrees that if, after the matter has been closed, the Committee receives additional complaints similar to the information in paragraphs 1 and 2, the Committee may reopen the closed complaint.

5. If Respondent fails to satisfy the terms of the Agreement the Committee may, in its discretion, reopen the investigation and proceed according to Minnesota Statutes chapters 14, 147, and 214. Failure to satisfy the terms of the Agreement constitutes failure to cooperate under Minnesota Statutes section 147.091, subdivision 1(u). In any subsequent proceeding, the

Committee may use this Agreement as proof that Respondent's conduct, cited in the Facts above, justified action under these statutes.

6. Respondent understands that this Agreement does not constitute disciplinary action. Respondent further understands and acknowledges that this Agreement and any letter of satisfaction are classified as public data for purposes of Minnesota Statutes sections 13.02, subdivision 15, and 13.41, subdivision 5 (2024). Data regarding this Agreement may be provided to data banks as required by federal law or consistent with Board policy.

7. Respondent acknowledges reading and understanding this Agreement and entering into it voluntarily. This Agreement contains the entire agreement between the Committee and Respondent, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

Dated: May 8, 2026

Daniel J. Growney, M.D.
Respondent

Dated: 5/14/2026

FOR THE COMMITTEE

BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE

In the Matter of the
Physician Assistant License of
Elizabeth V. Balaj, P.A.
Year of Birth: 1998
License Number: 15162

**FINDINGS OF FACT, CONCLUSIONS, AND FINAL ORDER**

The Minnesota Board of Medical Practice ("Board") Complaint Review Committee ("Committee") initiated a contested case proceeding in this matter pursuant to a Notice and Order for Prehearing Conference and Hearing ("Notice of Hearing"), served and filed on October 31, 2025, to determine whether discipline should be imposed against the physician assistant license of Elizabeth V. Balaj, P.A. ("Respondent"). This matter was scheduled for a prehearing conference at the Minnesota Court of Administrative Hearings on December 8, 2025, before Administrative Law Judge Suzanne Todnem ("ALJ"). Carly Rasmussen, Assistant Attorney General, appeared at the prehearing conference on behalf of the Committee. There was no appearance at the prehearing conference by, or on behalf of, Respondent.

On December 9, 2025, the ALJ issued an Order to Show Cause notifying Respondent that she failed to appear and that the Committee had moved for default. Respondent did not contact the Court of Administrative Hearings as directed in the Order to Show Cause. On March 23, 2026, the ALJ issued Findings of Fact, Conclusions of Law, and Recommendation Upon Default ("ALJ's Report"), recommending that the Board take disciplinary action against Respondent's license. (A true and accurate copy of the ALJ's Report is attached and incorporated as Exhibit A.)

The Board convened to consider the matter at a regularly scheduled meeting of the Board on May 9, 2026. The Board's business address is 335 Randolph Avenue, Suite 140, St. Paul, Minnesota 55102. The following Board members were present: Chaitanya Anand M.B., B.S.,

Bruce Anderson, Leopold Arko IV, M.D., M.S., F.A.A.N.S., Sarah Carter, M.D., Pamela Gigi Chawla, M.D., M.H.A., Tenbit Emiru, M.D., Ph.D., M.B.A., Peter Henry, M.D., Anne Pereira, M.D., M.P.H., F.A.C.P., Allen Rasmussen M.A., Bruce Sutor, M.D., Karen Thullner, M.F.A., Duane Wallace, R.Ph., Jane Willett, D.O., and Cherie Zachary, M.D., A.B.A.I.

Carly Rasmussen, Assistant Attorney General, appeared on behalf of the Board's Complaint Review Committee. Respondent did not appear before the Board. Hans Anderson, Assistant Attorney General, was present as legal advisor to the Board.

The following Board members did not participate in deliberations: Pamela Gigi Chawla, M.D., M.H.A., Chaitanya Anand M.B., B.S., Allen Rasmussen M.A., and Jane Willett, D.O. Board staff who assisted the Committee did not participate in the deliberations.

## FINDINGS OF FACT

The Board has reviewed the record of this proceeding and accepts the March 23, 2026 ALJ's Report, and adopts and incorporates the ALJ's Report as findings of fact herein.[1] Paragraphs 4 and 5 of the ALJ's Conclusions of Law state:

> 4. Under Minn. R. 1400.6000, Respondent is in default because of her failure to appear at the scheduled prehearing conference and her failure to comply with the December 9, 2025, Order to Show Cause.
>
> 5. Under Minn. R. 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Judge therefore deems the allegations to be true.

The Notice and Order for Prehearing Conference and Hearing states as follows:

[1] The Findings of Fact and Conclusions of Law in the ALJ's Report have been non-substantively altered to conform to the Board's standard practices for orders.

1. In February 2022, Respondent was convicted of driving while impaired in Michigan. As a result, Respondent's driver's license was suspended, and she was ordered to undergo a chemical use risk assessment for alcohol. Respondent continued to consume alcohol following the conviction.

2. On October 28, 2024, the Board granted Respondent a license to practice as a physician assistant in the State of Minnesota. Also in October 2024, the Board referred Respondent to the Health Professionals Services Program ("HPSP") for evaluation based on the above conduct.

3. On November 22, 2024, the HPSP closed Respondent's file after she failed to complete the intake process for the HPSP.

4. On December 2, 2024, January 9, 2025, and February 5, 2025, the Board sent letters to the address that Respondent placed on file with the Board requesting Respondent's written response regarding her failure to complete the HPSP intake process. Respondent failed to respond.

5. On February 24, 2025, the Board sent an email to the email address that Respondent placed on file with the Board enclosing the prior letters and requesting Respondent's response. Respondent again failed to respond.

6. On August 19, 2025, Respondent was served with a Notice of Conference with the Board's Complaint Review Committee at her address on file with the Board. The Notice scheduled a conference for September 25, 2025 and required Respondent's written response. Respondent failed to appear at the scheduled conference or provide a response.

## CONCLUSIONS

The Board has reviewed the record of this proceeding and accepts the March 23, 2026 ALJ's Report and adopts and incorporates the conclusions of law therein. Accordingly, the Board makes the following Conclusions:

1. The Board and the Administrative Law Judge have jurisdiction in this matter pursuant to Minnesota Statutes sections 14.50 and 147A.13.[2]

2. Respondent received timely and proper notice of the prehearing conference in this matter when the Board sent the Notice and Order for Hearing to Respondent's last known address.

3. The Committee and the Board have complied with all relevant procedural requirements of statute and rule.

4. Under Minnesota Rule 1400.6000, Respondent is in default because of her failure to appear at the scheduled prehearing conference and her failure to comply with the December 9, 2025, Order to Show Cause.

5. Under Minnesota Rule 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Board therefore deems the allegations to be true.

6. Minnesota Statutes sections 147A.13, .16 provide that the Board may discipline a licensee who engages in conduct that violates the rules or law applicable to a licensee.[3]

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[2] This Conclusion of Law has been modified to reference Minnesota Statutes chapter 147A.
[3] This Conclusion of Law has been modified to reference Minnesota Statutes chapter 147A.

7. The Notice and Order for Prehearing Conference and Hearing alleged that Respondent exhibited conduct constituting the following grounds for disciplinary action under Minnesota Statutes section 147A.13:[4]

a. Engaging in unethical conduct, including conduct likely to deceive, defraud, or harm the public in which case proof of actual injury need not be established, in violation of Minnesota Statutes section 147A.l3, subdivision l(7);

b. Failing to make reports as required by Minnesota Statutes section 147A.14 or to cooperate with an investigation of the board as required by section 147A.15, subdivision 3, in violation of Minnesota Statutes section 147A.13, subdivision l(19).

8. Based upon the allegations contained in the Notice and Order for Hearing, the Board has grounds to take disciplinary action against Respondent's license.

9. An order by the Board taking disciplinary action against Respondent's license is in the public interest.

**ORDER**

Based on the foregoing Findings of Fact and Conclusions, the Board issues the following Order:

1. NOW, THEREFORE, IT IS HEREBY ORDERED that Respondent's license to practice as a physician assistant in Minnesota is **REPRIMANDED**.

2. IT IS FURTHER ORDERED that Respondent's license is **INDEFINITELY SUSPENDED**.

[4] This Conclusion of Law has been added to specify the statutory grounds for disciplinary action against Respondent's license.

3. During the period of suspension, Respondent shall not, in any manner, practice as a physician assistant in Minnesota.

4. Upon petitioning for reinstatement, Respondent shall appear before the Committee to discuss her petition, progress in recovery, and practice plans. Upon hearing her petition, the Committee may recommend that the Board continue, modify, or remove the suspension or impose conditions or restrictions as deemed necessary.

Dated: 5/11/2026

MINNESOTA BOARD OF
MEDICAL PRACTICE

BRUCE SUTOR, M.D.
Vice President

CAH 23-0903-41282

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS

FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the Physician Assistant License of Elizabeth V. Balaj, P.A. License No. 15162

**FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION UPON DEFAULT**

This matter came on for a prehearing conference before Administrative Law Judge Suzanne Todnem on December 8, 2025.

Carly Rassmussen, Assistant Attorney General, appeared on behalf of the Board of Medical Practice's (Board) Complaint Review Committee (Committee). There was no appearance by or on behalf of Elizabeth V. Balaj, P.A. (Licensee).

At the prehearing conference, the Committee moved to proceed by finding Licensee in default for failing to appear at the prehearing conference pursuant to Minn. R. 1400.6000 (2025). The Judge took the motion under advisement. Following issuance of an Order to Show Cause, the record closed on December 29, 2025.

## STATEMENT OF THE ISSUES

1. Did Licensee engage in unethical conduct, including conduct likely to deceive, defraud, or harm the public in which case proof of actual injury need not be established, in violation of Minn. Stat. § 147A.13, subd. 1(7)?

2. Did Licensee fail to make reports as required by Minn. Stat. § 147A.14 or to cooperate with an investigation of the board as required by § 147A.15, subd. 3, in violation of Minn. Stat. § 147A.13, subd. 1(19)?

## SUMMARY OF RECOMMENDATION

Licensee is in default and the Judge recommends that the allegations in the Notice and Order for Prehearing Conference and Hearing (Notice and Order for Hearing) be accepted as true and deemed proven.

Based on the evidence in the hearing record, the Administrative Law Judge makes the following:

EXHIBIT A-1

## FINDINGS OF FACT

1. On October 31, 2025, a Notice and Order for Hearing in this matter was mailed to Licensee at her last known address.[1]

2. The Notice and Order for Hearing indicated that a prehearing conference would be held in this matter on December 8, 2025, at 1:30 p.m., by telephone conference.[2]

3. In conformity with Minn. R. 1400.5700 (2025), the Notice and Order for Hearing requires that any party intending to "appear at the Prehearing Conference and Hearing must file a Notice of Appearance form and return it to the Administrative Law Judge within twenty (20) days of the date of service" of the Notice and Order for Hearing.[3]

4. In conformity with Minn. R. 1400.6000, the Notice and Order for Hearing in this matter also includes the following statement:

> Your failure to appear at the Prehearing Conference, Settlement Conference, or Hearing may result in a finding that you are in default. A default means that the allegations contained in this Notice of Hearing may be taken as true or deemed proved without further evidence needing to be presented. If the allegations are taken as true or deemed proved, the Committee may recommend disciplinary action, which may be imposed by the full Board.[4]

5. Licensee did not file a Notice of Appearance with the undersigned.

6. No one appeared at the December 8, 2025, Prehearing Conference on behalf of Licensee. No request was made for a continuance, nor was any communication received by the undersigned from Licensee prior to the December 8, 2025, Prehearing Conference.

7. Licensee's failure to appear at the prehearing conference was without consent of the Administrative Law Judge.

8. On December 9, 2025, the Administrative Law Judge issued an Order to Show Cause notifying Licensee that she had failed to appear, and that the Committee requested that she be held in default. The Order to Show Cause required Licensee to contact the Court of Administrative Hearings no later than 4:30 p.m. on December 29, 2025, to explain her failure to appear. The Order to Show Cause also advised Licensee that:

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[1] Attachment A at Certificate of Service.
[2] Attachment A at 2.
[3] *Id.* at 4.
[4] *Id.* at 3.



EXHIBIT A-2

> Under Minn. R. 1400.6000 (2025), default occurs when a party fails to appear without the prior consent of the judge at a prehearing conference, settlement conference, or a hearing or fails to comply with any interlocutory orders of the judge. Upon default, the allegations of or the issues set out in the notice of and order for hearing or other pleading may be taken as true or deemed proven without further evidence.

9. Licensee did not contact the Court of Administrative Hearings as directed in the Order to Show Cause. As of the date of this Recommendation, the Court of Administrative Hearings has not received any contact from Licensee.

10. Licensee is in default as a result of her failure to appear at the prehearing conference and because she failed to comply with the Order to Show Cause.

11. Pursuant to Minn. R. 1400.6000, the allegations contained in the Notice and Order for Hearing, appended hereto as Attachment A, are taken as true, deemed proven without further evidence, and incorporated by reference into these Findings of Fact.

Based on the Findings of Fact, the Administrative Law Judge makes the following:

## CONCLUSIONS OF LAW

1. The Board and the Administrative Law Judge have jurisdiction in this matter pursuant to Minn. Stat. §§ 14.50 and 147.141 (2024).

2. Licensee received timely and proper notice of the prehearing conference in this matter when the Board sent the Notice and Order for Hearing to Licensee's last known address.

3. The Committee and the Board have complied with all relevant procedural requirements of statute and rule.

4. Under Minn. R. 1400.6000, Licensee is in default because of her failure to appear at the scheduled prehearing conference and her failure to comply with the December 9, 2025, Order to Show Cause.

5. Under Minn. R. 1400.6000, when a party defaults by failing to appear at a prehearing conference without the prior consent of the judge, the allegations and the issues set out in the Notice and Order for Prehearing Conference and Hearing may be taken as true and deemed proven. The Judge therefore deems the allegations to be true.

6. Minn. Stat. §§ 147.091, .141 provide that the Board may discipline a licensee who engages in conduct that violates the rules or law applicable to a licensee.

7. Based upon the allegations contained in the Notice and Order for Hearing, the Board has grounds to take disciplinary action against the Licensee's license.

8. An order by the Board taking disciplinary action against Licensee's license is in the public interest.

Based upon the foregoing Conclusions of Law, the Administrative Law Judge makes the following:

**RECOMMENDATION**

The Board should take disciplinary action against the license of Elizabeth Victoria Balaj, P.A.

Dated: March 23, 2026

SUZANNE TODNEM
Administrative Law Judge

Reported: Default

**NOTICE**

This Report is a recommendation, not a final decision. The Board of Medical Practice (Board) will make the final decision after a review of the record. The Board may adopt, reject or modify these Findings of Fact, Conclusions, and Recommendations. Under Minn. Stat. § 14.61 (2024), the Board shall not make a final decision until this Report has been made available to the parties to the proceeding for at least ten calendar days. The parties may file exceptions to this Report and the Board must consider the exceptions in making a final decision. Parties should contact the Executive Director of the Minnesota Board of Medical Practice, Suite 140, 335 Randolph Avenue, St. Paul, MN 55102, telephone (612) 548-2150, to ascertain the procedure for filing exceptions or presenting argument.

The record closes upon the filing of exceptions to the Report and the presentation of argument to the Board, or upon the expiration of the deadline for doing so. The Board must notify the parties and the Administrative Law Judge of the date the record closes. If the Board fails to issue a final decision within 90 days of the close of the record, this Report will constitute the final agency decision under Minn. Stat. § 14.62, subd. 2a (2024). In order to comply with this statute, the Board must then return the record to the Administrative Law Judge within ten working days to allow the Judge to determine the discipline to be imposed.



EXHIBIT A-4

Under Minn. Stat. § 14.62, subd. 1 (2024), the Board is required to serve its final decision upon each party and the Administrative Law Judge by first-class mail or as otherwise provided by law.



EXHIBIT A-5

ATTACHMENT A

***THIS DOCUMENT IS NOT PUBLIC*** CAH Docket No. 23-0903-41282

STATE OF MINNESOTA
COURT OF ADMINISTRATIVE HEARINGS
FOR THE BOARD OF MEDICAL PRACTICE

In the Matter of the
Physician Assistant License of
Elizabeth V. Balaj, P.A.
Year of Birth: 1998
License Number: 15162

**NOTICE AND ORDER FOR PREHEARING CONFERENCE AND HEARING**

TO: Elizabeth Victoria Balaj, P.A. ("Respondent"), 48646 Stanford Drive, Shelby Township, Michigan 48317.

**NOTICE**

1. **A CONTESTED CASE HEARING REGARDING YOUR LICENSE WILL BE HELD AT A DATE AND TIME TO BE DETERMINED AT THE PREHEARING CONFERENCE SCHEDULED BELOW**. The Minnesota Board of Medical Practice ("Board") Complaint Review Committee ("Committee") has initiated a contested case proceeding to determine whether it should impose discipline against your license. A contested case hearing is a trial-like proceeding before an Administrative Law Judge. The Committee's allegations against you are listed below. Do not throw these papers away. They are official papers that affect your rights. You have the right to contest the allegations and to provide evidence, testimony, and argument at the Hearing.

2. **YOU MUST APPEAR FOR THE PREHEARING CONFERENCE AND THE HEARING TO PROTECT YOUR RIGHTS.** The Prehearing Conference is an opportunity for you to ask any questions you may have and to schedule deadlines. The Hearing is your opportunity to tell your side of the story and to challenge the Committee's allegations. A Notice of Appearance form is enclosed with this Notice. You must sign and send the Notice of Appearance to the Court of Administrative Hearings within twenty (20) days of the date of service of this Notice. You must also send the Notice of Appearance to the Committee's attorney.

3. **YOU MAY LOSE YOUR CASE IF YOU DO NOT APPEAR FOR THE PRE-HEARING CONFERENCE OR THE HEARING**. You are required to appear for the Pre-Hearing Conference and the Hearing. If you do not appear, the Committee will ask the Judge to find you in default. A default means that the Judge could deem the allegations contained in this Notice to be true and proven, which would allow the Board to take further disciplinary action against your license.

EXHIBIT A-6

4. **YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER.** You may wish to get legal help from a lawyer. A lawyer may be able to advise you of your rights and to represent you at the Hearing. If you do not have a lawyer, the Court of Administrative Hearings may have information about places where you can get legal assistance. Helpful information is available on the Court of Administrative Hearings' website at *https://mn.gov/oah/self-help/administrative-law-overview*. The website helps describe the "contested case hearing" process and provides sample forms for your reference. **Even if you cannot get legal help, you must still appear for the Hearing or you may lose your case.**

## ORDER

IT IS HEREBY ORDERED that a telephonic Prehearing Conference will be held on **December 8, 2025 at 1:30 p.m.** To participate in the telephonic Prehearing Conference, dial **+1 651-395-7448**, and enter conference code **241 069 454#.**

The Chief Administrative Law Judge for the Court of Administrative Hearings has assigned this matter to the Honorable Suzanne Todnem, Administrative Law Judge. **The Administrative Law Judge may be contacted by mail at P.O. Box 64620, St. Paul, Minnesota 55164-0620, or through the Administrative Law Judge's assistant Cara Hunter at 651-361-7970 or Cara.Hunter@state.mn.us**.

The purpose of the Hearing is to determine whether the facts in this matter, if proven by a preponderance of the evidence, constitute a violation under Minnesota Statutes chapter 147A, entitling the Board to impose disciplinary action against your license.

The date, time, and location of the Hearing will be decided by the Administrative Law Judge at the Prehearing Conference. The Hearing will be conducted under the contested case procedures set out in Minnesota Statutes sections 14.57-.62 and in Minnesota Rules 1400.5010-.8400. Minnesota Statutes sections 147A.001-.35, 214.10, and 214.103 may also apply to this proceeding. These laws are available on the internet at *www.revisor.mn.gov*.

The attorney for the Committee, Carly Rasmussen, Assistant Attorney General, may be contacted if you have any questions regarding the process or to discuss settlement options as follows:

Carly Rasmussen, Assistant Attorney General
445 Minnesota Street, Suite 600
St. Paul, Minnesota 55101-2125
(651) 300-7821
Carly.Rasmussen@ag.state.mn.us



EXHIBIT A-7

## ALLEGATIONS

1. In February 2022, Respondent was convicted of driving while impaired in Michigan. As a result, Respondent's driver's license was suspended, and she was ordered to undergo a chemical use risk assessment for alcohol. Respondent continued to consume alcohol following the conviction.

2. On October 28, 2024, the Board granted Respondent a license to practice as a physician assistant in the State of Minnesota. Also in October 2024, the Board referred Respondent to the Health Professionals Services Program ("HPSP") for evaluation based on the above conduct.

3. On November 22, 2024, the HPSP closed Respondent's file after she failed to complete the intake process for the HPSP.

4. On December 2, 2024, January 9, 2025, and February 5, 2025, the Board sent letters to the address that Respondent placed on file with the Board requesting Respondent's written response regarding her failure to complete the HPSP intake process. Respondent failed to respond.

5. On February 24, 2025, the Board sent an email to the email address that Respondent placed on file with the Board enclosing the prior letters and requesting Respondent's response. Respondent again failed to respond.

6. On August 19, 2025, Respondent was served with a Notice of Conference with the Board's Complaint Review Committee at her address on file with the Board. The Notice scheduled a conference for September 25, 2025 and required Respondent's written response. Respondent failed to appear at the scheduled conference or provide a response.

## ISSUES

1. Engaged in unethical conduct, including conduct likely to deceive, defraud, or harm the public in which case proof of actual injury need not be established, in violation of Minnesota Statutes section 147A.13, subdivision 1(7);

2. Failed to make reports as required by Minnesota Statutes section 147A.14 or to cooperate with an investigation of the board as required by section 147A.15, subdivision 3, in violation of Minnesota Statutes section 147A.13, subdivision 1(19).

## ADDITIONAL NOTICE

1. Your failure to appear at the Prehearing Conference, Settlement Conference, or Hearing may result in a finding that you are in default. A default means that the allegations contained in this Notice of Hearing may be taken as true or deemed proved without further evidence needing to be presented. If the allegations are taken as true or deemed proved, the Committee may recommend disciplinary action, which may be imposed by the full Board.

2. If any party has good cause for requesting a delay of the Hearing, the request must be made in writing to the Administrative Law Judge at least five (5) days prior to the Prehearing Conference or Hearing. A copy of the request must be served on the other party.

3. Any party intending to appear at the Prehearing Conference and Hearing must file a Notice of Appearance form and return it to the Administrative Law Judge within twenty (20) days of the date of service of this Notice and Order for Hearing. A copy must be served on the Board's Committee attorney. A Notice of Appearance form is enclosed.

4. At the Hearing, all parties have the right to be represented by legal counsel, by themselves, or by a person of their choice (if not prohibited as the unauthorized practice of law). The parties are entitled to ask the Administrative Law Judge to issue subpoenas to compel witnesses to attend the Hearing. The parties will have the opportunity to be heard orally, to present evidence and cross-examine witnesses, and to submit evidence and argument. Ordinarily the Hearing is tape-recorded. The parties may request that a court reporter record the testimony at their expense.

5. Persons attending the Hearing should bring all evidence bearing on the case, including any records or other documents. If data that is not public is admitted into the record, it may become public data unless an objection is made and relief is requested under Minnesota Statutes section 14.60, subdivision 2. The Board's disciplinary hearings are closed to the public.

6. Requests for subpoenas for the attendance of witnesses or the production of documents at the Hearing shall be made in writing to the Administrative Law Judge pursuant to Minnesota Rule 1400.7000. A copy of the subpoena request shall be served on the other parties. A subpoena request form is available at *https://mn.gov/oah/self-help/administrative-law-overview/subpoenas.jsp* or by calling (651) 361-7900.

7. This case may be appropriate for mediation. The parties are encouraged to consider requesting the Chief Administrative Law Judge assign a mediator so that mediation can be scheduled promptly.

8. The Court of Administrative Hearings conducts contested case proceedings in accordance with the Minnesota Rules of Professional Conduct and the Professionalism Aspirations adopted by the Minnesota Supreme Court. A Guide to Participating in Contested Case Proceedings at the Court of Administrative Hearings is available at *https://mn.gov/oah/self-help/administrative-law-overview* or by calling (651) 361-7900.

9. Any party who needs an accommodation for a disability in order to participate in this hearing process may request one. Examples of reasonable accommodations include wheelchair accessibility, an interpreter, or Braille or large-print materials. If any party requires an interpreter, including a foreign language interpreter, the Administrative Law Judge must be promptly notified. To arrange for an accommodation or an interpreter, contact the Court of Administrative Hearings at P.O. Box 64620, St. Paul, Minnesota 55164-0620, or call (651) 361-7900 (voice) or (651) 361-7878 (TTY).

10. You may review the laws that apply to this process on the internet by going to *www.revisor.mn.gov*. The laws that govern the Contested Case Proceeding are contained in Minnesota Statutes sections 14.57-.62 and in Minnesota Rules 1400.5010-.8400. The laws regulating the profession of physician assistants are contained in Minnesota Statutes chapter 147A. You may also find helpful information by going to the Court of Administrative Hearings' website at *https://mn.gov/oah/self-help/administrative-law-overview*. If you have any other questions, you may contact the Committee's attorney.

Dated this 30th day of October 2025.

COMPLAINT REVIEW COMMITTEE OF THE MINNESOTA BOARD OF MEDICAL PRACTICE

By: _____

ELIZABETH A. HUNTLEY
Executive Director of the
Minnesota Board of Medical Practice



EXHIBIT A-10

**BEFORE THE MINNESOTA**

**BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Daniel A.P. Smith, M.D.
Year of Birth: 1957
License Number: 31955

**STIPULATION TO CEASE PRACTICING MEDICINE**

TO: Daniel A.P. Smith, M.D., 28306 Jewel Trail, Park Rapids, Minnesota, by and through his attorney, Mike Hatch, Swanson Hatch, P.A., 431 South Seventh Street, Suite 2545, Minneapolis, Minnesota.

WHEREAS, on July 9, 1988, Respondent was licensed by the Minnesota Board of Medical Practice ("Board") to practice medicine and surgery in the State of Minnesota;

WHEREAS, by Stipulation and Order dated November 9, 2024, Respondent voluntarily surrendered his license to practice medicine and surgery in the State of Minnesota based on findings that Respondent violated Minnesota Statutes section 147.091, subdivisions 1 (g) and (l) (2024);

WHEREAS, beginning in May 2025 and continuing through February 2026, Respondent submitted an application and supporting materials in support of the reinstatement of his license to practice medicine and surgery in the State of Minnesota;

WHEREAS, by Stipulation and Order dated May 9, 2026, the Minnesota Board of Medical Practice ("Board") reinstated Respondent's license to practice medicine and suspended his license but stayed the suspension contingent on Respondent's compliance with specified terms and conditions;

WHEREAS, as of January 5, 2026, Respondent was no longer board certified in surgery or subcertified in surgical critical care;

WHEREAS, more than ten years have elapsed since Respondent passed a comprehensive initial licensure examination;

WHEREAS, Respondent does not currently satisfy requirements for licensure set forth in Minnesota Statutes, section 147.02, subdivision 1(c);

NOW, THEREFORE, IT IS HEREBY STIPULATED AND AGREED, by and between Respondent and the Board, by and through its Licensure Committee, that:

1. During all times herein, Respondent has been and now is subject to the jurisdiction of the Board from which he holds a license to practice medicine and surgery in the State of Minnesota.

2. Respondent has been advised by Board representatives that he may choose to be represented by legal counsel in this matter. Respondent elected to be represented by Mike Hatch, Swanson Hatch, P.A.

3. Respondent agrees to refrain from practicing medicine in any manner in the State of Minnesota and shall neither offer nor provide any medical services of any nature within the State, unless and until he is certified in general surgery and in Surgical Critical Care by the American Board of Surgery.

4. Upon certification by the American Board of Surgery Respondent shall give notice of the re-certification to the Board's Licensure Committee. Upon receiving such notice the Licensure Committee shall review whether the Respondent has satisfied the requirements for licensure and, if so, the Licensure Committee may rescind this Stipulation and Cease Practicing Medicine and the Respondent's license shall be subject to the terms and the conditions of the Stipulation and Order dated May 9, 2026, which will remain in full force and effect.

5. Respondent's violation of this Stipulation to Cease Practicing Medicine shall be considered a violation of Minnesota Statutes Chapter 147 and constitute independent grounds for

disciplinary action.

6. Respondent agrees that should he violate the terms of this Stipulation to Cease Practicing Medicine, the following actions may be taken:

a. The Board may, pursuant to Minnesota Statutes Chapter 14 (2024) and Minnesota Rules 1400.5100 to 1400.8400 (2024), refer any alleged violation of this Stipulation to Cease Practicing Medicine to the Court of Administrative Hearings.

b. Should a violation be alleged, Respondent agrees that the issue before the administrative law judge may be limited as to whether a violation of this Stipulation to Cease Practicing Medicine did in fact occur and whether there was sufficient or reasonable cause to excuse such violation. If the administrative law judge finds that there has been a violation and there is not sufficient or reasonable cause to excuse such, he or she may make a recommendation of discipline.

c. Respondent agrees that in the event the Board receives findings of the administrative law judge that there has been a violation of this Stipulation to Cease Practicing Medicine, the Board may order a suspension or revocation of Respondent's license to practice medicine or such lesser action or remedy as the Board deems appropriate.

d. Upon application of the Board, any appropriate court may enter a decree enforcing the terms of this Stipulation to Cease Practicing Medicine and prohibiting Respondent's

practice of medicine until and unless the conditions of this Stipulation to Cease Practicing Medicine are fulfilled.

7. This Stipulation to Cease Practicing Medicine shall be classified as public data for purposes of Minnesota Statutes sections 13.02, subdivision 15, and 13.41, subdivision 5 (2024). Data regarding this Stipulation to Cease Practicing Medicine may be provided to data banks as required by federal law or consistent with Board policy.

8. The Stipulation and Order dated May 9, 2026, remains in effect in its entirety and all terms and conditions.

MINNESOTA BOARD OF MEDICAL PRACTICE

Daniel A.P. Smith, M.D.

Elizabeth A. Huntley
Executive Director

Dated: 6/17/26, 2026

Dated: June 22, 2026

MINNESOTA
BOARD OF MEDICAL PRACTICE

**PUBLIC DOCUMENT**

June 30, 2026

Jasleen Kaur, M.B., B.S.
1800 Washington Ave S, Apt 502
Minneapolis, MN 55454

RE: Agreement for Corrective Action, Dated December 11, 2025

Dear Dr. Kaur:

The Complaint Review Committee of the Minnesota Board of Medical Practice has reviewed your Agreement for Corrective Action and documentation in support of satisfaction of the terms contained therein. The Committee concluded that the Agreement has been satisfied.

Thank you for your cooperation with this matter.

Sincerely,

Elizabeth Huntley
Executive Director



335 Randolph Avenue, Suite 140 ■ Saint Paul, MN 55102
Telephone (612) 617-2130 ■ Fax (612) 617-2166 ■ https://mn.gov/boards/medical-practice
MN Relay Service for Hearing Impaired (800) 627-3529

MINNESOTA
BOARD OF MEDICAL PRACTICE

**Personal and Confidential**

July 7, 2026

Gayle Leen, P.A.
9255 127th Street S.
Clear Lake, MN 55319

**RE: Physician Assistant License No. 9471**
**Cancellation of License Under Disciplinary Order**

Dear Ms. Leen:

The Board's Complaint Review Committee has decided to offer you the option of administratively cancelling your license to practice as a physician assistant in Minnesota. This cancellation shall be reported as a cancellation while under discipline pursuant to Minn. Stat. §147.0381, based on your July 8, 2017, Stipulation and Order ("Board Order"). This cancellation is non-disciplinary and will not be reported as disciplinary action taken against your license.

Please sign and date this letter and return it to the Board as soon as possible.

Once we have received and processed this signed form, the conditions of your Board Order will discontinue, and your license will be cancelled.

If you decide to resume practicing as a physician assistant in Minnesota after your license has been cancelled, you must apply for a new license and meet whatever requirements are in existence at that time.

Please contact Sonia Lipker at 612-548-2189 if you have any questions. The Board would like to take the opportunity to thank you for your past service.

I understand that by signing this letter, I am resigning my license to practice as a physician assistant in the State of Minnesota, and I must reapply for a new credential if I wish to practice as a physician assistant in Minnesota.

Signed Gayle Leen Date: 7/8/2026

Sincerely,

Elizabeth A. Huntley
Executive Director

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