

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
JANUARY 10, 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?MTID=md562be254054bef765dd39d18a0257a2>

Meeting Number (access code): 2490 743 2198

Meeting Password: muMrv2mp25e

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 24907432198@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) January 10, 2026, Board Meeting Agenda |
| | B) Minutes of the November 8, 2025, Board Meeting |
| 9:10 – 9:15 | 3. Report of New Credentials, November 4, 2025, to January 1, 2026 |
| 9:15 – 9:45 | 4. December 22, 2025, Policy & Planning Committee Report and Motions |
| | A) Athletic Training Practice Act 2026 Legislative Session PowerPoint |
| | B) Model Compact Language |
| | C) Amendment to HF82, changes to the AT Practice Act |
| 9:45 – 9:50 | 5. Campaign Finance & Public Disclosure Form Completion Requirement |
| 9:50 – 10:10 | 6. Federation of State Medical Boards Updates |
| | A) Annual Meeting – April 30 – May 2, 2026, in Baltimore, MD |
| | B) Voting Delegate |
| | C) Call for Resolutions |
| 10:10 – 10:25 | 8. Executive Director's Report |
| 10:25 – 10:30 | 9. New Business |
| 10:30 – 10:35 | 10. Corrective or Other Actions |

Executive Session – Closed to Public

- A) Review Proposed Disciplinary Actions

Minnesota Board of Medical Practice

**ROLL CALL
JANUARY 10, 2026
BOARD MEETING**

<u>NAME</u>	<u>CONGRESSIONAL DISTRICT</u>	<u>APPOINTMENT FROM</u>	<u>TO</u>
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., M.H.A.	5	06/29/20	1/28
EMIRU, Tenbit, M.D., Ph.D., M.B.A.	At Large	03/03/21	1/29
HENRY, Peter, M.D.	8	06/22/22	1/26
KROHN, Kristina, M., M.D.	At Large	06/22/22	1/26
MANAHAN, John M. (Jake), J.D.	3	09/19/18	1/26
PAZDERNIK, Julie A., M.D.	7	09/25/24	1/29
RASMUSSEN, Allen, M.A.	8	06/19/24	1/28
THULLNER, Karen, M.F.A.	4	06/22/22	1/26
TURNER, Averil M.	5	06/22/22	1/26
ZACHARY, Cherie Y., M.D., ABAI	3	01/05/21	1/29

DATE: January 10, 2026

SUBJECT: Approve the January 10, 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 of the January 10, 2026, Board Meeting

MOTION BY:

SECOND:

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

BACKGROUND:

DATE: January 10, 2026

SUBJECT: Approve the Minutes of the November 8, 2025,
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 minutes of the November 8, 2025, Board Meeting 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
November 8, 2025 * 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 November 8, 2025. 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 Session, unless otherwise indicated: Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

Chaitanya Anand, M.B.B.S.; Peter Henry, M.D.; and Cherie Zachary, M.D., ABAI.; 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, Pamela Gigi Chawla, M.D., M.H.A.

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. Chawla conducted a roll call.

Board members, Chaitanya Anand, M.B.B.S.; Peter Henry, M.D.; and Cherie Zachary, M.D., ABAI.; were absent from roll call.

Agenda Item 2: Approve

A) November 8, 2025, Board Meeting Agenda

A motion to approve the agenda for the November 8, 2025, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

B) Minutes of the September 13, 2025, Board Meeting

A motion to approve the minutes from the July 12, 2025, Board meeting was made, a second to the motion was offered and the motion was passed with unanimous consent by the following Board members:

Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina

Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

Agenda Item 3: Presentation: “Undergraduate and Postgraduate Medical Education Assessment” by Susan Culican, M.D., PhD, Kathleen Lane, M.D., and Rachel Poeppelman, M.D. (tentative)

Dr. Chawla introduced Kathleen Lane, M.D., and Susan Culican, M.D., PhD. whom are both professors at the University of Minnesota Medical School. Dr. Lane provided a presentation on “Readiness for Residency – Assessing Medical Students at the University of Minnesota” talking about the spectrum of preparing medical school students for residency. Dr. Culican provided a presentation on “Readiness for Independent Practice – GME Assessment” and talked specifically about the differences between medical school and graduate medical education, including the goals of the training and assessing success and noted the importance of that in relation to ensuring physicians are ready for an independent practice.

During and following the presentations, Drs. Lane and Culican answered several questions from Board Members.

Agenda item 4: Report of New Credentials, September 5, 2025, to November 3, 2025

The Board’s agenda included an informational report of the 537 new credentials issued between September 5, 2025, and November 3, 2025.

Agenda Item 5: Election of Board Officers for Calendar Year 2026

The Nominating Committee of Pamela Gigi Chawla, M.D., M.H.A., John (Jake) Manahan, J.D., and Miss Averil Turner, met on October 21, 2025, and moves the following slate of candidates for elected office for 2026.

- President: Chaitanya Anand, M.B., B.S.
- Vice President: Bruce Sutor, M.D.
- Secretary: Jane Willett, D.O.

The motion passed with unanimous consent to nominate Dr. Anand as the Board’s President, Dr. Sutor as the Board’s Vice President, and Dr. Willett as the Board’s Secretary for 2026 by the following Board Members:

Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

Agenda Item 6: Recommendation for Commissioner to the Interstate Medical Licensure Compact Commission

The Nominating Committee of Pamela Gigi Chawla, M.D., M.H.A., John (Jake) Manahan., and Miss Averil Turner, met on October 21, 2025, and made the recommendation to share with the Governor and his appointments staff their support of Leopold Arko, IV, M.D., MS., FAANS as a Commissioner to the Interstate Medical Licensure Compact Commission.

The motion passed with unanimous consent to recommend Dr. Arko as a Commissioner to the Interstate Medical Licensure Compact Commission by the following Board Members:

Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

Agenda Item 7: 2025 Federation of State Medical Boards Call for Elected Position Nominations

Ms. Huntley encouraged Board members who are interested in or curious about leadership positions with the Federation of State Medical Boards to submit their application by the deadline of December 15, 2025.

Agenda Item 8: Campaign Finance & Public Disclosure Form Completion Requirement

Board members are required to complete a Campaign Finance and Public Disclosure form online in January 2026 and will receive a written notice from the Campaign Finance and Public Disclosure Board with details for completing the report. As a reminder, failure to complete the form could result in a fine.

Agenda Item 9: Education Presentation for Upcoming Board Meetings

Board members discussed topics they would like to receive presentations on at future meetings. Some of the topics included telemedicine, USMLE and COMLEX-USA step/level attempt limits, controlled substances, a representative from Federation of State Medical Boards about their services and engagement opportunities, media and navigating social media, training from the AGO, presentations from the Health Professionals Services Program and Office of Cannabis Management, and how other Health Regulatory Boards operate.

Agenda Item 10: Executive Director's Report

Ms. Huntley presented her Executive Director's Report.

Operational Updates – Ms. Huntley recognized that Mr. Manahan's second term on the Board ends in early January and asked if Board members know anyone interested in applying for a public member seat on the Board, to apply through the Secretary of State website. If applicants have questions, please have them reach out directly to Ms. Huntley. Ms. Huntley also noted that the seats held by Dr. Henry, Ms. Thullner and Ms. Turner are also posted and all three qualify for appointment to a second term.

Legislative Updates – Ms. Huntley talked about the new limited physician license with an effective date off January 1, 2026. Ms. Huntley thanked, Kita Nelson, Paul Luecke, Mark Chu and Tiernee Murphy for their time and effort creating the required application and making sure it will be live by January 1, 2026.

Partnerships –

Federation of State Medical Boards (FSMB) – The Annual Meeting for 2026 will be held in Baltimore, Maryland from April 30, 2026, through May 2, 2026. More information about the meeting will be shared and discussed at the January Board Meeting.

Elizabeth Huntley, Tiernee Murphy, Bryan Shirley, Hans Anderson and Nicholas Lienesch recently attended a two-day Board Attorney Workshop in Philadelphia, Pennsylvania, sponsored by the FSMB. This workshop is a great for relationship building to learn from other medical boards what legislative and legal issues they are navigating. Ms. Huntley thanked the Board for their support for continuing professional development, the opportunity for engagement and the ability to build and maintain trusted partnerships with our colleagues from other state medical boards.

Administrators in Medicine (AIM) – AIM will be holding their fall forum later in November and Ms. Huntley will present on a panel discussing the organizational structure of medical boards. Ms. Huntley is also

providing a presentation reflecting on her time at the IAMRA meeting, a meeting she was able to attend in large part because of a scholarship received from the AIM Foundation.

Interstate Medical Licensure Compact Commission (Commission) – The Commission will be holding its annual meeting later in November that will be chaired by our very own Board member, Mr. Manahan, Chair, Interstate Medical Licensure Compact Commission. The meeting will include reports from several committees that support the work of the Commission, election of officers for 2026, and an update on the application programming interface and the enhanced physician portal for the data management systems.

Ms. Huntley took a few minutes to recognize Mr. Manahan for his leadership to the IMLCC as it continues its transition as a key partner in licensing physicians. Mr. Manahan provided the support for continued growth and innovative. On behalf of the Board, Ms. Huntley thanked Mr. Manahan for his work on and commitment to the Commission.

Outreach/Development – Ms. Huntley and Kim Navarre, Program Director, Health Professionals Services Program are working with Dr. Sutor and the Mayo Medical School to present to the 4th year medical students in February 2026.

Other Business – Ms. Huntley recognized Dr. Zachary's absence from the Board meeting was because she was being inducted as the President of the American College of Allergy, Asthma and Immunology.

Ms. Huntley thanked Dr. Chawla for her incredible leadership this past year. Dr. Chawla's commitment to the board's mission of public protection is unwavering and recognized in her work chairing both a complaint review committee and this Board.

Agenda Item 11: Establish 2026 & 2027 Board Meeting & Contested Case Dates

2026 REGULAR BOARD MEETINGS

January 10
March 14
May 9
July 11
September 12
November 14

2026 CONTESTED CASE DATES

February 14
April 11
June 13
August 8
October 10
December 12

2027 REGULAR BOARD MEETINGS

January 9
March 13
May 8
July 10
September 11
November 13

2027 CONTESTED CASE DATES

February 13
April 10
June 12
August 14
October 9
December 11

A motion to approve the 2026 and 2027 Board Meeting & Contested Case/Hearing dates was made, a second to the motion was offered and motion passed with unanimous consent by the following Board Members:

Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averil M. Turner; and Jane Willett, D.O.

Agenda Item 12: PA Compact Commission Annual Report

Ms. Huntley shared that the PA Compact Commission Annual Report included in the agenda is for informational purposes only and noted that 19 member states are now part of the PA Compact and the timeline for issuing privileges is looking hopeful for early 2027.

Agenda Item 13: IMLCC FY25 Annual Report

Ms. Huntley shared that the Interstate Medical Licensure Compact Reports included in the agenda are for informational purposes only.

Agenda Item 14: New Business

No other new business was discussed.

Agenda Item 15: Corrective or Other Actions

Corrective and other actions implemented since the last Board meeting were presented for Board Information purposes only.

Dr. Chawla 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: Pamela Gigi Chawla, M.D., M.H.A., (President); Karen Thullner, M.F.A., (Secretary); Bruce Anderson; Leopold Arko IV, M.D., MS., FAANS.; Sarah Carter, M.D.; Tenbit Emiru, M.D., Ph.D., M.B.A.; Kristina Krohn, M.D.; John M. (Jake) Manahan, J.D.; Julie Pazdernik, M.D.; Allen Rasmussen, M.A.; Bruce Sutor, M.D.; Averi M. Turner; and Jane Willett, D.O.

Chaitanya Anand, M.B.B.S.; Peter Henry, M.D.; and Cherie Zachary, M.D., ABAI.; were absent from the Executive Session.

Seth W. Gregory, 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 Reprimand, signed by Dr. Gregory.

Jason J. Emer, 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 Reprimand and a Conditioned License, signed by Dr. Emer.

Jeffrey P. Sanderson, 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 an Indefinite Suspension, signed by Dr. Sanderson.

Saba F. Osmani, B.M., B.S.

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

Debra C. Newell, M.D.

On recommendation of the Complaint Review Committee, the Board approved the Stipulation and Order disciplining and conditioning her license to practice in Minnesota that includes a Reprimand, signed by Dr. Newell. Dr. Krohn recused.

Jody A. Sherman, P.A.

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

A handwritten signature in black ink, appearing to read "Karen Thullner", with a horizontal line extending from the end of the signature.

Karen Thullner, M.F.A.
Secretary
Minnesota Board of Medical Practice

12/30/2025

DATE: January 10, 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 November 4, 2025, to January 1, 2026.

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

License Type	Count
Acupuncturist	10
Athletic Trainer	8
Genetic Counselor	6
Naturopathic Doctor	1
Physician and Surgeon	103
Physician and Surgeon - IMLC	197
Physician Assistant	48
Respiratory Therapist	11
Telemedicine	11
Traditional Midwife	1
TOTAL	396

License Type	Name	License Number	Grant Date	Expire Date
Acupuncturist	Amundson, Sara Jane	2134	12/15/2025	10/31/2026
Acupuncturist	Cauduro Esper, Lidia	2136	12/19/2025	02/28/2027
Acupuncturist	Crowley , Nathalie Isis	2135	12/16/2025	01/31/2027
Acupuncturist	Forster, Gretchen Nicole	2133	12/12/2025	04/30/2027
Acupuncturist	Ho, Jesse Ya	2137	12/22/2025	12/31/2026
Acupuncturist	Hoff, Steven Benjamin	2129	11/26/2025	08/31/2026
Acupuncturist	Nessa, Karlyn Soetebier	2131	12/09/2025	07/31/2026
Acupuncturist	Rock, Kristin Clark	2132	12/10/2025	10/31/2026
Acupuncturist	Soleimani, Jalal	2130	12/08/2025	07/31/2026
Acupuncturist	Watters, Jennifer Mei	2128	11/06/2025	05/31/2026
Athletic Trainer	Bernecker, Mary Stockton	3936	12/01/2025	06/30/2026
Athletic Trainer	Champagne , Jordan Marie	3935	11/13/2025	06/30/2026
Athletic Trainer	Davy, Cecelia Ann	3940	12/31/2025	06/30/2026
Athletic Trainer	markham, kiana vina	3939	12/18/2025	06/30/2026
Athletic Trainer	McGaver, Mary Edward	2085	11/24/2025	06/30/2026
Athletic Trainer	Nelson, Kathryn Ann	3937	12/03/2025	06/30/2026
Athletic Trainer	Sevigny, Gracie Clare	3934	11/13/2025	06/30/2026
Athletic Trainer	Zimmerman, Matthew Allen	3938	12/04/2025	06/30/2026
Genetic Counselor	Aguero, Erin Lindsey	1750	12/01/2025	08/31/2026
Genetic Counselor	Anand, Akash	1749	11/19/2025	06/30/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Genetic Counselor	Borden, Kylie Suzanne	1747	11/05/2025	01/31/2027
Genetic Counselor	Peterson, Marcus Robert	1748	11/06/2025	10/31/2026
Genetic Counselor	Pfeffer, Julie Angela	1751	12/01/2025	05/31/2027
Genetic Counselor	Platt, Dylan Michael	1752	12/16/2025	11/30/2026
Naturopathic Doctor	Zvereva, Kseniya Anatolyevna	1164	11/06/2025	09/30/2026
Physician and Surgeon	Abraham, Akhil D.O.	81449	12/12/2025	05/31/2027
Physician and Surgeon	Abu Saleh, Walid Khalid M.B., B.S.	81309	11/19/2025	04/30/2027
Physician and Surgeon	Agarwal, Divyansh M.D.	81310	11/19/2025	07/31/2026
Physician and Surgeon	Alloush, Ferial Tammam M.D.	81512	12/30/2025	01/31/2027
Physician and Surgeon	Ashbrook, Caleb Quinn M.D.	81295	11/17/2025	12/31/2026
Physician and Surgeon	Balajadia, Maria Kristina Salas D.O.	81499	12/24/2025	05/31/2027
Physician and Surgeon	Bamgbola, Oluwatoyin Fatai M.B., B.S.	81369	12/01/2025	05/31/2027
Physician and Surgeon	Barbee, Nicole Lea M.D.	81519	12/30/2025	05/31/2027
Physician and Surgeon	Bayan, Claire-Audrey Yasmine M.D.	81458	12/17/2025	05/31/2027
Physician and Surgeon	Beam, Michael Joseph M.D.	81454	12/15/2025	11/30/2026
Physician and Surgeon	Bernstein, Leslie Erin M.D.	81350	11/24/2025	10/31/2026
Physician and Surgeon	Beruke, Hanna M.D.	81491	12/22/2025	07/31/2026
Physician and Surgeon	Bhandari, Rekha M.B., B.S.	81291	11/14/2025	05/31/2026
Physician and Surgeon	Bharani, Tina M.D.	81370	12/01/2025	10/31/2026
Physician and Surgeon	Brown, Michael William M.D.	81455	12/15/2025	05/31/2027
Physician and Surgeon	Calaf, Salvador Federico M.D.	81525	12/31/2025	01/31/2027
Physician and Surgeon	Ceranske, Alexandria Marie D.O.	81296	11/17/2025	03/31/2027
Physician and Surgeon	Chandra, Abhishek M.D.	81326	11/20/2025	02/28/2027
Physician and Surgeon	Cheung, Arnold Chung Wai M.D.	81503	12/29/2025	12/31/2026
Physician and Surgeon	Clark, Jennifer Elizabeth M.D.	62492	12/04/2025	11/30/2026
Physician and Surgeon	Clark, Mary Johanna D.O.	81375	12/01/2025	02/28/2027
Physician and Surgeon	Coba, Victor Enrique M.D.	81277	11/12/2025	10/31/2026
Physician and Surgeon	Colantonio, Mark Alexander M.D.	81501	12/29/2025	07/31/2026
Physician and Surgeon	Cunningham, Brent Burness D.O.	81308	11/18/2025	03/31/2027
Physician and Surgeon	DeMatio, Vincent Edward M.D.	81451	12/12/2025	06/30/2026
Physician and Surgeon	Desai, Abhishek Abhik M.D.	81389	12/04/2025	02/28/2027
Physician and Surgeon	Devlin, Danielle Kelly M.D.	81493	12/23/2025	07/31/2026
Physician and Surgeon	DiCianni, Anthony Dismas D.O.	81524	12/31/2025	12/31/2026
Physician and Surgeon	Diebes, Anthony M.D.	81428	12/10/2025	01/31/2027

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon	Durgin, Celine Shao-Jung M.D.	81465	12/18/2025	01/31/2027
Physician and Surgeon	Ebert, Bridget Elizabeth M.D.	81323	11/20/2025	06/30/2026
Physician and Surgeon	El-Rayes, Dina Diaa El-Deen MB. BCh	81274	11/10/2025	12/31/2026
Physician and Surgeon	Emukah-Brown, Praise Uche M.D.	81301	11/17/2025	09/30/2026
Physician and Surgeon	Fath, Ayman Refaat Mohammed M.B., B.Ch.	81464	12/18/2025	02/28/2027
Physician and Surgeon	Flores Navarro, Monica Renee M.D.	81401	12/04/2025	03/31/2027
Physician and Surgeon	Fronek, Lisa Faye D.O.	81275	11/10/2025	06/30/2026
Physician and Surgeon	Gale, Jonathan James D.O.	81482	12/22/2025	02/28/2027
Physician and Surgeon	Garrison, Benjamin James D.O.	81450	12/12/2025	03/31/2027
Physician and Surgeon	Gray, Tonya Lynn M.D.	81324	11/20/2025	05/31/2026
Physician and Surgeon	Hagman, Samuel Eric D.O.	81367	11/26/2025	10/31/2026
Physician and Surgeon	Hawker, Rachel Marie M.D.	81429	12/10/2025	07/31/2026
Physician and Surgeon	Hediger, Lacie Marie D.O.	81390	12/04/2025	08/31/2026
Physician and Surgeon	Henry, Antonia Jocelyn M.D.	81325	11/20/2025	08/31/2026
Physician and Surgeon	Holloway, William Edward M.D.	81273	11/10/2025	07/31/2026
Physician and Surgeon	Holm, Adrian Nathan D.O.	47673	11/17/2025	02/28/2027
Physician and Surgeon	Hu, Alvin M.D.	81500	12/29/2025	08/31/2026
Physician and Surgeon	Isaacson, Laura Jean D.O.	81251	11/06/2025	11/30/2026
Physician and Surgeon	Islam, Sarah M.D.	81452	12/12/2025	04/30/2027
Physician and Surgeon	Janjua, Waleed Sarwar M.D.	81357	11/24/2025	07/31/2026
Physician and Surgeon	Jha, Amita Deepak M.B., B.S.	81463	12/18/2025	11/30/2026
Physician and Surgeon	Johnson, Chelsea Dawn M.D.	81374	12/01/2025	02/28/2027
Physician and Surgeon	Kaczmarczik, Kyra Danielle M.D.	81409	12/08/2025	01/31/2027
Physician and Surgeon	Kim, Minji D.O.	81466	12/18/2025	10/31/2026
Physician and Surgeon	Kotek, Brittany Suzanne M.D.	81252	11/06/2025	10/31/2026
Physician and Surgeon	Lazarus, Sarah Katherine M.D.	81417	12/09/2025	05/31/2027
Physician and Surgeon	Lee, Kristen Sueyun M.D.	81378	12/01/2025	08/31/2026
Physician and Surgeon	Lewis, Dana Marie D.O.	81453	12/12/2025	02/28/2027
Physician and Surgeon	Light, Naomi Grace M.D.	81407	12/05/2025	08/31/2026
Physician and Surgeon	Loneman, Derek Michael M.D.	81520	12/30/2025	07/31/2026
Physician and Surgeon	Long, Brit Jeffrey M.D.	81418	12/09/2025	08/31/2026
Physician and Surgeon	Martinez, Matthew William M.D.	45052	12/31/2025	08/31/2026
Physician and Surgeon	Marvel, Jeffrey Blaine M.D.	81433	12/10/2025	08/31/2026
Physician and Surgeon	McFarland, Ryan Douglas M.D.	81292	11/14/2025	05/31/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon	Mohamoud, Abdilahi Ali M.B., B.S.	81379	12/01/2025	07/31/2026
Physician and Surgeon	Monterrosa, Oscar Mauricio M.D.	81498	12/24/2025	02/28/2027
Physician and Surgeon	Neren, Daniel Rupert M.D.	81408	12/05/2025	07/31/2026
Physician and Surgeon	O'Hayer, Patrick John M.D.	81481	12/19/2025	10/31/2026
Physician and Surgeon	Osborn, Nathaniel Syster D.O.	81438	12/11/2025	12/31/2026
Physician and Surgeon	Palecek, Gabriela	81257	11/06/2025	10/31/2026
Physician and Surgeon	Patel, Neel Maheshchandra M.D.	81290	11/14/2025	08/31/2026
Physician and Surgeon	Patel, Nikita Mohan M.D.	81419	12/09/2025	10/31/2026
Physician and Surgeon	Pechenko, Irina MIKHAYLOVNA M.D.	81490	12/22/2025	11/30/2026
Physician and Surgeon	Powell, Monica Janine Alexis M.D.	81339	11/21/2025	03/31/2027
Physician and Surgeon	Rangu, Sruthi M.D.	81494	12/23/2025	01/31/2027
Physician and Surgeon	Remily, Ethan Alton D.O.	81363	11/25/2025	01/31/2027
Physician and Surgeon	Riehm, Joseph Michael M.D.	81380	12/01/2025	09/30/2026
Physician and Surgeon	Rivas, Jane Alison M.D.	81258	11/06/2025	11/30/2026
Physician and Surgeon	Roth, Kristina Rae M.D.	81475	12/18/2025	12/31/2026
Physician and Surgeon	Santos Rodrigues, Diego Vinnicyus M.D.	81371	12/01/2025	02/28/2027
Physician and Surgeon	Scully, Hilary Palm M.D.	81303	11/17/2025	12/31/2026
Physician and Surgeon	Seawright, Kala Antoinette M.D.	81521	12/31/2025	04/30/2027
Physician and Surgeon	Severson, Erik Arlen M.D.	45853	12/01/2025	02/28/2027
Physician and Surgeon	Shankar, Sruthi M.D.	81372	12/01/2025	06/30/2026
Physician and Surgeon	Smith-Bronstein, Virginia Ann M.D.	81253	11/06/2025	05/31/2026
Physician and Surgeon	Solseng, Theoren Mark M.D.	81286	11/13/2025	11/30/2026
Physician and Surgeon	Stickney, Emily Ann M.D.	81271	11/10/2025	10/31/2026
Physician and Surgeon	Tamboli, Ellen Dzierzak D.O.	81396	12/04/2025	02/28/2027
Physician and Surgeon	Tan, Debbie Lim M.D.	81351	11/24/2025	06/30/2026
Physician and Surgeon	Thatigutla, Abishek B.M., B.S.	81435	12/11/2025	01/31/2027
Physician and Surgeon	Tiskaoglu, Nesime Setge M.B., Ch.B.	81473	12/18/2025	05/31/2027
Physician and Surgeon	Tsai, Cindy Hsinten M.D.	81436	12/11/2025	09/30/2026
Physician and Surgeon	Vagha, Sahil Rajesh D.O.	81293	11/14/2025	06/30/2026
Physician and Surgeon	Vavilin, Ilan M.D.	81522	12/31/2025	09/30/2026
Physician and Surgeon	Vearrier, Jared Matthew M.D.	81254	11/06/2025	02/28/2027
Physician and Surgeon	Venugopal, Nitin M.D.	81523	12/31/2025	02/28/2027
Physician and Surgeon	Wade, Alexander Donald M.D.	81397	12/04/2025	10/31/2026
Physician and Surgeon	Weidner, Tiffany Kay M.D.	81314	11/20/2025	09/30/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon	Williams, Ryan Elizabeth D.O.	52124	12/01/2025	05/31/2027
Physician and Surgeon	Williams, Tatum Sophia M.D.	81255	11/06/2025	11/30/2026
Physician and Surgeon	Winchester, Zachary Boice M.D.	81437	12/11/2025	04/30/2027
Physician and Surgeon	Wride, Noah Lynn M.D.	81272	11/10/2025	03/31/2027
Physician and Surgeon	Yang, George Liu M.D.	81285	11/13/2025	01/31/2027
Physician and Surgeon	Zolyan, Anna M.D.	81256	11/06/2025	04/30/2027
Physician and Surgeon - IMLC	Adams, Zachary Alexis M.D.	81282	11/13/2025	09/30/2026
Physician and Surgeon - IMLC	Alexianu, Maria Eliza	81526	12/31/2025	08/31/2026
Physician and Surgeon - IMLC	Alhamoud, Issa M.D.	81260	11/07/2025	01/31/2027
Physician and Surgeon - IMLC	Andrews, Danielle M.D.	81383	12/02/2025	02/28/2027
Physician and Surgeon - IMLC	Angel, Jonathan Patrick M.D.	81504	12/29/2025	08/31/2026
Physician and Surgeon - IMLC	Antipin, Angela Oh-Park M.D.	81266	11/07/2025	07/31/2026
Physician and Surgeon - IMLC	Arslanian, Kyle M.D.	81462	12/17/2025	05/31/2027
Physician and Surgeon - IMLC	Baker, Theodore Dulaney M.D.	81489	12/22/2025	04/30/2027
Physician and Surgeon - IMLC	Banka, Ajaz Ahamad M.B.B.S.	81509	12/30/2025	05/31/2027
Physician and Surgeon - IMLC	Baraki, Austin Nizar M.D.	81393	12/04/2025	07/31/2026
Physician and Surgeon - IMLC	Barrios, Jose Luis M.D.	81313	11/20/2025	05/31/2026
Physician and Surgeon - IMLC	Barrow, William Charles M.D.	81248	11/05/2025	09/30/2026
Physician and Surgeon - IMLC	Bayley, Christopher Thomas M.D.	81267	11/10/2025	10/31/2026
Physician and Surgeon - IMLC	Bender, Sean Patrick M.D.	81459	12/17/2025	11/30/2026
Physician and Surgeon - IMLC	Bennington, Nathan Daniel D.O.	70779	11/19/2025	03/31/2027
Physician and Surgeon - IMLC	Bernett, John M.D.	81439	12/12/2025	05/31/2027
Physician and Surgeon - IMLC	Bernstein, Andrew M.D.	81242	11/04/2025	06/30/2026
Physician and Surgeon - IMLC	Berzon, Baruch M.D.	81246	11/05/2025	11/30/2026
Physician and Surgeon - IMLC	Bess, Daniel William M.D.	81376	12/01/2025	08/31/2026
Physician and Surgeon - IMLC	Bhar Jaswindar Singh, Avinesh M.B., B.S.	81335	11/21/2025	10/31/2026
Physician and Surgeon - IMLC	Birr, Andrew M.D.	81262	11/07/2025	03/31/2027
Physician and Surgeon - IMLC	Bowers, Megan Colleen M.D.	81345	11/24/2025	08/31/2026
Physician and Surgeon - IMLC	Brown, Jennifer Ann M.D.	81297	11/17/2025	04/30/2027
Physician and Surgeon - IMLC	Brown, Zachary Edward M.D.	81342	11/24/2025	06/30/2026
Physician and Surgeon - IMLC	Buchanan, Amy Hagan M.D.	81421	12/10/2025	02/28/2027
Physician and Surgeon - IMLC	Burns, Tuesday M.D.	81432	12/10/2025	05/31/2027
Physician and Surgeon - IMLC	Byrnes, Matthew Christopher M.D.	49686	12/08/2025	08/31/2026
Physician and Surgeon - IMLC	Calabrese, Marc D.O.	81497	12/23/2025	10/31/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon - IMLC	Caldwell, Laura M.D.	81344	11/24/2025	02/28/2027
Physician and Surgeon - IMLC	Cannavo, Matthew David M.D.	81377	12/01/2025	04/30/2027
Physician and Surgeon - IMLC	Cavataio, Antonino M.D.	81381	12/02/2025	08/31/2026
Physician and Surgeon - IMLC	Chabak, Mickey Steven M.D.	81387	12/03/2025	09/30/2026
Physician and Surgeon - IMLC	Chandler, Nathan Chase M.D.	81400	12/04/2025	10/31/2026
Physician and Surgeon - IMLC	Chang, Alexander M.D.	81484	12/22/2025	02/28/2027
Physician and Surgeon - IMLC	Charles, Lisa-Gail Thomas M.D.	81517	12/30/2025	07/31/2026
Physician and Surgeon - IMLC	Chavda, Shailendra Natvar M.D.	81447	12/12/2025	06/30/2026
Physician and Surgeon - IMLC	Christian, Bill Rimando M.D.	81423	12/10/2025	01/31/2027
Physician and Surgeon - IMLC	Clark, Paige Davis M.D.	81265	11/07/2025	01/31/2027
Physician and Surgeon - IMLC	Cohen, Victoria Marie D.O.	81513	12/30/2025	10/31/2026
Physician and Surgeon - IMLC	Connolly, Samuel Thomas M.D.	81333	11/21/2025	06/30/2026
Physician and Surgeon - IMLC	Conrad, Nikola Cengelova M.D.	81487	12/22/2025	01/31/2027
Physician and Surgeon - IMLC	Cook, Benjamin Robert D.O.	81328	11/20/2025	05/31/2026
Physician and Surgeon - IMLC	Cox, Paul E M.D.	81247	11/05/2025	08/31/2026
Physician and Surgeon - IMLC	Craig, Julie M.D.	81483	12/22/2025	01/31/2027
Physician and Surgeon - IMLC	Crawford, Courtney Maurice M.D.	81373	12/01/2025	08/31/2026
Physician and Surgeon - IMLC	Davis, Peter Glenn M.D.	81424	12/10/2025	08/31/2026
Physician and Surgeon - IMLC	Dearie, Joseph Charles M.D.	81347	11/24/2025	11/30/2026
Physician and Surgeon - IMLC	Denis, Emily Yanez M.D.	81384	12/02/2025	05/31/2027
Physician and Surgeon - IMLC	Diamond, Mark M.D.	81269	11/10/2025	01/31/2027
Physician and Surgeon - IMLC	Diaz, Michael M.D.	81329	11/21/2025	11/30/2026
Physician and Surgeon - IMLC	Drake, Kevin Knight M.D.	81403	12/04/2025	08/31/2026
Physician and Surgeon - IMLC	Edwards-Bennett, Sophia M.D.	81349	11/24/2025	05/31/2026
Physician and Surgeon - IMLC	Farahmand, Foad M.D.	81410	12/08/2025	10/31/2026
Physician and Surgeon - IMLC	Farha, Rashad M.D.	81440	12/12/2025	11/30/2026
Physician and Surgeon - IMLC	Fayz, Frank Mohammed M.D.	81354	11/24/2025	05/31/2026
Physician and Surgeon - IMLC	Feig, Kevin Paul M.D.	81392	12/04/2025	09/30/2026
Physician and Surgeon - IMLC	Feldman, Lindsey Jule D.O.	81456	12/16/2025	03/31/2027
Physician and Surgeon - IMLC	Fenzel, Christopher M.D.	81361	11/25/2025	10/31/2026
Physician and Surgeon - IMLC	Foote, Steven Daniel D.O.	81394	12/04/2025	05/31/2027
Physician and Surgeon - IMLC	Fouse, Tammy Sue D.O.	81515	12/30/2025	01/31/2027
Physician and Surgeon - IMLC	Ganesh, Malini M.B.B.S.	81467	12/18/2025	11/30/2026
Physician and Surgeon - IMLC	Gange, Steven Norris M.D.	81327	11/20/2025	08/31/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon - IMLC	Gardner, Katherine Wonneberger M.D.	81505	12/29/2025	07/31/2026
Physician and Surgeon - IMLC	Geddes, Andrea M.D.	81425	12/10/2025	06/30/2026
Physician and Surgeon - IMLC	Geller, Felix Aron M.D.	81386	12/03/2025	01/31/2027
Physician and Surgeon - IMLC	Giang, William M.D.	81294	11/17/2025	04/30/2027
Physician and Surgeon - IMLC	Gonzalez Otarula, Karina Anabel	81426	12/10/2025	06/30/2026
Physician and Surgeon - IMLC	Graham, James Wagter M.D.	81399	12/04/2025	05/31/2027
Physician and Surgeon - IMLC	Graham, Octavia Lawton M.D.	81321	11/20/2025	06/30/2026
Physician and Surgeon - IMLC	Gulli, Farris Farid M.B., Ch.B.	81486	12/22/2025	07/31/2026
Physician and Surgeon - IMLC	Gupta, Anurag M.D.	81382	12/02/2025	05/31/2027
Physician and Surgeon - IMLC	Gurwitz, Avraham Aharon M.D.	81368	11/26/2025	02/28/2027
Physician and Surgeon - IMLC	Habib, Tehmina M.B., B.S.	81283	11/13/2025	11/30/2026
Physician and Surgeon - IMLC	Hager, Barbara Ewa M.D.	81395	12/04/2025	10/31/2026
Physician and Surgeon - IMLC	Hall, Jon M.D.	81320	11/20/2025	07/31/2026
Physician and Surgeon - IMLC	Hammock, John Willis D.O.	81332	11/21/2025	04/30/2027
Physician and Surgeon - IMLC	Han, Bing M.B.B.S.	81411	12/08/2025	06/30/2026
Physician and Surgeon - IMLC	Haq, Muhammad ShehzadUI M.B.B.S.	81413	12/09/2025	03/31/2027
Physician and Surgeon - IMLC	Haridas, Arjun M.B.B.S.	81460	12/17/2025	10/31/2026
Physician and Surgeon - IMLC	Haryani, Ajay M.D.	81442	12/12/2025	08/31/2026
Physician and Surgeon - IMLC	Hatley, Ha Thuy M.D.	81427	12/10/2025	10/31/2026
Physician and Surgeon - IMLC	Haywood, Trent Tyrone M.D.	81479	12/19/2025	08/31/2026
Physician and Surgeon - IMLC	Hollibaugh, Becky Fay D.O.	81264	11/07/2025	12/31/2026
Physician and Surgeon - IMLC	Hopkins, Harvey Anthony Jones M.D.	81457	12/16/2025	11/30/2026
Physician and Surgeon - IMLC	Hughes, Meghan Cantlon M.D.	81276	11/12/2025	02/28/2027
Physician and Surgeon - IMLC	Ibrahim, John-Mina M.D.	81414	12/09/2025	02/28/2027
Physician and Surgeon - IMLC	Itersky, Pavel D.O.	81488	12/22/2025	09/30/2026
Physician and Surgeon - IMLC	Jackson, Heather Maria D.O.	81391	12/04/2025	06/30/2026
Physician and Surgeon - IMLC	Jennis, Richard Scott M.D.	81315	11/20/2025	05/31/2026
Physician and Surgeon - IMLC	Johnston, Christopher Robert D.O.	81461	12/17/2025	02/28/2027
Physician and Surgeon - IMLC	Jokerst, Thomas Foster D.O.	81415	12/09/2025	04/30/2027
Physician and Surgeon - IMLC	Jones, Jason Michael M.D.	50868	12/08/2025	08/31/2026
Physician and Surgeon - IMLC	Juro, Kevin Eliot M.D.	81444	12/12/2025	05/31/2027
Physician and Surgeon - IMLC	Kamau, Kinya Cyrus M.B., Ch.B.	81514	12/30/2025	09/30/2026
Physician and Surgeon - IMLC	Kara, Aynah M.D.	81492	12/22/2025	06/30/2026
Physician and Surgeon - IMLC	Keith, Kevin Correll M.D.	81422	12/10/2025	01/31/2027

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon - IMLC	Keith, Philip M.D.	81359	11/24/2025	02/28/2027
Physician and Surgeon - IMLC	Kersbergen, Suzanne Nicole D.O.	81476	12/19/2025	12/31/2026
Physician and Surgeon - IMLC	Khalil, Ramy Paul M.D.	81358	11/24/2025	05/31/2026
Physician and Surgeon - IMLC	Khan, Sarah M.D.	81278	11/13/2025	08/31/2026
Physician and Surgeon - IMLC	Klos, Stephen Scott M.D.	81280	11/13/2025	07/31/2026
Physician and Surgeon - IMLC	Kozanek, Michal	81508	12/29/2025	10/31/2026
Physician and Surgeon - IMLC	Krish, Madhulika M.D.	81263	11/07/2025	04/30/2027
Physician and Surgeon - IMLC	Kubik, Craig D.O.	81365	11/25/2025	03/31/2027
Physician and Surgeon - IMLC	Kumari, Divya M.D.	81527	12/31/2025	05/31/2027
Physician and Surgeon - IMLC	Labac, Mindy Marie M.D.	81331	11/21/2025	01/31/2027
Physician and Surgeon - IMLC	Lake, Adam Christopher M.D.	81279	11/13/2025	04/30/2027
Physician and Surgeon - IMLC	Lakhmani, Puneet Gurmukh M.D.	81348	11/24/2025	07/31/2026
Physician and Surgeon - IMLC	Lazzaro, Carlo Roberto M.D.	81312	11/20/2025	09/30/2026
Physician and Surgeon - IMLC	Leblanc, Anthony M.D.	81362	11/25/2025	11/30/2026
Physician and Surgeon - IMLC	Lederman, Matthew M.D.	81305	11/17/2025	07/31/2026
Physician and Surgeon - IMLC	Lee, Patricia Colleen M.D.	81341	11/21/2025	03/31/2027
Physician and Surgeon - IMLC	Leschke, John Matthew M.D.	63051	12/18/2025	05/31/2027
Physician and Surgeon - IMLC	Levine, Brett D.O.	81300	11/17/2025	09/30/2026
Physician and Surgeon - IMLC	Liu, Xinwei M.D.	81507	12/29/2025	06/30/2026
Physician and Surgeon - IMLC	Livingston, Robert Terence M.D.	81336	11/21/2025	03/31/2027
Physician and Surgeon - IMLC	Iluyomade, Adedapo M.D.	81480	12/19/2025	10/31/2026
Physician and Surgeon - IMLC	Loury, MyKela Karole M.D.	81441	12/12/2025	06/30/2026
Physician and Surgeon - IMLC	Luecker, Stephani Simon D.O.	81337	11/21/2025	01/31/2027
Physician and Surgeon - IMLC	Mahesh, Krithika D.O.	81318	11/20/2025	06/30/2026
Physician and Surgeon - IMLC	Malaty, Ramez M.D.	81448	12/12/2025	09/30/2026
Physician and Surgeon - IMLC	Martinez Fernandez, Lady Aura Caridad	81346	11/24/2025	10/31/2026
Physician and Surgeon - IMLC	Mataska, Jared Hayden M.D.	81471	12/18/2025	10/31/2026
Physician and Surgeon - IMLC	Mausling, Paul Walter D.O.	81317	11/20/2025	12/31/2026
Physician and Surgeon - IMLC	Mayar, Esmael M.D.	81352	11/24/2025	06/30/2026
Physician and Surgeon - IMLC	McAlister, Nicholas William D.O.	81443	12/12/2025	11/30/2026
Physician and Surgeon - IMLC	McDade, Michelle Christine M.D.	81496	12/23/2025	03/31/2027
Physician and Surgeon - IMLC	McDonough, Patrick Ryan D.O.	81241	11/04/2025	06/30/2026
Physician and Surgeon - IMLC	McDowell, Rachel Hammel M.D.	81307	11/17/2025	04/30/2027
Physician and Surgeon - IMLC	McFadden, Robert Francis M.D.	81268	11/10/2025	10/31/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon - IMLC	Menon, Uma M.B., B.S.	81366	11/25/2025	11/30/2026
Physician and Surgeon - IMLC	Miller, Jason Clay D.O.	81434	12/11/2025	07/31/2026
Physician and Surgeon - IMLC	Miller, Susan Louise M.D.	81398	12/04/2025	07/31/2026
Physician and Surgeon - IMLC	Misdary, John Saratial M.D.	81353	11/24/2025	09/30/2026
Physician and Surgeon - IMLC	Misiaszek, Richard Alexander M.D.	81495	12/23/2025	01/31/2027
Physician and Surgeon - IMLC	Moody, Patricia Noel M.D.	81360	11/25/2025	08/31/2026
Physician and Surgeon - IMLC	Mushtaq, Raza M.D.	81245	11/05/2025	05/31/2026
Physician and Surgeon - IMLC	Naccarato, Sergio	81289	11/13/2025	12/31/2026
Physician and Surgeon - IMLC	Naik, Ami Kanti M.D.	81304	11/17/2025	06/30/2026
Physician and Surgeon - IMLC	Nair, Athira M.B., B.S.	81330	11/21/2025	10/31/2026
Physician and Surgeon - IMLC	Nine, Carolyn Emily M.D.	81402	12/04/2025	11/30/2026
Physician and Surgeon - IMLC	Nydam, Timothy Allen M.D.	81302	11/17/2025	05/31/2026
Physician and Surgeon - IMLC	Orth, Gregory James M.D.	81485	12/22/2025	10/31/2026
Physician and Surgeon - IMLC	Palter, Steven M.D.	81250	11/06/2025	10/31/2026
Physician and Surgeon - IMLC	Panchal, Goral Bharat M.B., B.S.	81243	11/05/2025	08/31/2026
Physician and Surgeon - IMLC	Parker, Rhonda L D.O.	81311	11/20/2025	06/30/2026
Physician and Surgeon - IMLC	Patel, Kartik Kailesh M.D.	81472	12/18/2025	03/31/2027
Physician and Surgeon - IMLC	Patel, Michael Ryan M.D.	81385	12/02/2025	04/30/2027
Physician and Surgeon - IMLC	Patel, Mikin Virendra M.D.	81510	12/30/2025	11/30/2026
Physician and Surgeon - IMLC	Premkumar, Ashish M.D.	81343	11/24/2025	03/31/2027
Physician and Surgeon - IMLC	Rabinowitz, Lee Carl M.D.	81299	11/17/2025	12/31/2026
Physician and Surgeon - IMLC	Rai, Harinder Singh M.D.	81316	11/20/2025	07/31/2026
Physician and Surgeon - IMLC	Rai, Harpreet Kaur M.B., B.S.	81322	11/20/2025	07/31/2026
Physician and Surgeon - IMLC	Ray, Bernadette M.D.	81502	12/29/2025	07/31/2026
Physician and Surgeon - IMLC	Raza, Ibrahim M.B., B.S.	81281	11/13/2025	05/31/2026
Physician and Surgeon - IMLC	Richardson, Austin D.O.	81470	12/18/2025	07/31/2026
Physician and Surgeon - IMLC	Ross, Ethan Mitchell M.D.	81474	12/18/2025	07/31/2026
Physician and Surgeon - IMLC	Rowe, Michael M D.O.	81405	12/05/2025	10/31/2026
Physician and Surgeon - IMLC	Ruppel, Matthew Causland D.O.	81416	12/09/2025	09/30/2026
Physician and Surgeon - IMLC	Sadri Tafazoli, Faranak	81506	12/29/2025	07/31/2026
Physician and Surgeon - IMLC	Schwarz, Alexandra M.D.	81288	11/13/2025	09/30/2026
Physician and Surgeon - IMLC	Scollon-Grieve, Kelly Lynn M.D.	81287	11/13/2025	04/30/2027
Physician and Surgeon - IMLC	Seifu, Solomon M.D.	81355	11/24/2025	05/31/2026
Physician and Surgeon - IMLC	Sellers, Jason Neal M.D.	81511	12/30/2025	09/30/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician and Surgeon - IMLC	Shoshan, Dor Shalom M.D.	81334	11/21/2025	07/31/2026
Physician and Surgeon - IMLC	Siberry, George Kelly M.D.	81388	12/03/2025	08/31/2026
Physician and Surgeon - IMLC	Sigle, Gavin Wayne M.D.	81319	11/20/2025	06/30/2026
Physician and Surgeon - IMLC	Smith, Andrew Thomas M.D.	81431	12/10/2025	09/30/2026
Physician and Surgeon - IMLC	Sopontammarak, Somkiat M.D.	51639	11/07/2025	08/31/2026
Physician and Surgeon - IMLC	Stamatis, Tom Alex M.D.	81259	11/07/2025	07/31/2026
Physician and Surgeon - IMLC	Sterling, Michelle Gold M.D.	81404	12/05/2025	03/31/2027
Physician and Surgeon - IMLC	Stettler, David M D.O.	81468	12/18/2025	10/31/2026
Physician and Surgeon - IMLC	Stevens, Erica Ilena M.D.	81284	11/13/2025	11/30/2026
Physician and Surgeon - IMLC	Subedi, Shree Krishna M.B., B.S.	57914	11/25/2025	11/30/2026
Physician and Surgeon - IMLC	Tancinco, Emmanuel Noel Cruz M.D.	81240	11/04/2025	12/31/2026
Physician and Surgeon - IMLC	Tee, Eric M.D.	81298	11/17/2025	03/31/2027
Physician and Surgeon - IMLC	Tesfay, Meron Abraham M.D.	81364	11/25/2025	05/31/2026
Physician and Surgeon - IMLC	Tredennick, Tara Doyle M.D.	81445	12/12/2025	07/31/2026
Physician and Surgeon - IMLC	Tuck-White, Melissa Sue M.D.	81340	11/21/2025	12/31/2026
Physician and Surgeon - IMLC	Unnikrishnan, Madhu M.B.B.S.	81412	12/08/2025	11/30/2026
Physician and Surgeon - IMLC	Usow, Eugene D.O.	81338	11/21/2025	04/30/2027
Physician and Surgeon - IMLC	Valvano, Kevin David D.O.	81356	11/24/2025	10/31/2026
Physician and Surgeon - IMLC	Van Wagoner, John Allen M.D.	81430	12/10/2025	11/30/2026
Physician and Surgeon - IMLC	Varughese, Dany Thekkemuriyil M.B.B.S.	81478	12/19/2025	05/31/2027
Physician and Surgeon - IMLC	Velazquez Santiago, Angel luis	81244	11/05/2025	10/31/2026
Physician and Surgeon - IMLC	Vetitoie, Stacie Diane M.D.	81261	11/07/2025	01/31/2027
Physician and Surgeon - IMLC	Wasserman, Carrie Brooke M.D.	81420	12/10/2025	12/31/2026
Physician and Surgeon - IMLC	Watts, Daron Alan M.D.	81469	12/18/2025	07/31/2026
Physician and Surgeon - IMLC	Williams, David Russell D.O.	81516	12/30/2025	09/30/2026
Physician and Surgeon - IMLC	Wilson, Christian Chase M.D.	81518	12/30/2025	05/31/2027
Physician and Surgeon - IMLC	Wong, Andrew Leung-Doon M.D.	81270	11/10/2025	07/31/2026
Physician and Surgeon - IMLC	Younes, Wassim Mohamad M.D.	81249	11/05/2025	08/31/2026
Physician and Surgeon - IMLC	Youngblood, Charles M.D.	81406	12/05/2025	08/31/2026
Physician and Surgeon - IMLC	Youssef, Nancy Hany M.D.	63030	12/17/2025	01/31/2027
Physician and Surgeon - IMLC	Yu, Margaret Yueyang M.D.	81477	12/19/2025	03/31/2027
Physician and Surgeon - IMLC	Zambas, Neophytos C M.D.	81446	12/12/2025	08/31/2026
Physician and Surgeon - IMLC	Zaplin, Michael Corey M.D.	81306	11/17/2025	02/28/2027
Physician Assistant	Bashir, Fadumo Abdullahi	15647	12/30/2025	03/31/2027

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician Assistant	Bedu-Annan, Erica	15620	11/18/2025	02/28/2027
Physician Assistant	Biju, Meeval Marian	15617	11/12/2025	01/31/2027
Physician Assistant	Burcar, Dana Marie	15643	12/19/2025	11/30/2026
Physician Assistant	Burke, McKenzie Marion	15650	12/31/2025	10/31/2026
Physician Assistant	Burrus, Samantha Spiewak	15636	12/12/2025	08/31/2026
Physician Assistant	Calella, Donald Jacob	15606	11/05/2025	04/30/2027
Physician Assistant	Carpenter, Caitlin Rae	15613	11/07/2025	05/31/2026
Physician Assistant	Chavez-Alonso, Joscelyn	15605	11/04/2025	10/31/2026
Physician Assistant	Christiano, Jaclyn Taylor	15638	12/16/2025	02/28/2027
Physician Assistant	Cole, Anna Elizabeth	15646	12/29/2025	02/28/2027
Physician Assistant	Crews, Ryne Anthony	15635	12/12/2025	12/31/2026
Physician Assistant	D'Agostino, Molly Grace	15639	12/18/2025	11/30/2026
Physician Assistant	Doane-Ramkhalawon, Annasha Melissa June	15632	12/10/2025	06/30/2026
Physician Assistant	Erickson, Kai Song	15625	12/01/2025	03/31/2027
Physician Assistant	Fecik, Leah Rose	15640	12/18/2025	06/30/2026
Physician Assistant	Fox, Emery Joy	15612	11/06/2025	03/31/2027
Physician Assistant	Fredrickson, Samantha Janie	15631	12/10/2025	02/28/2027
Physician Assistant	Hanowski, Stephanie Alexis	15644	12/22/2025	07/31/2026
Physician Assistant	Haverly, Katherine Marie	15622	11/20/2025	11/30/2026
Physician Assistant	Heller, Michaela Kathryn	15641	12/18/2025	02/28/2027
Physician Assistant	Herman, Sarah Lynn	15624	11/26/2025	10/31/2026
Physician Assistant	Hodson, Makenzie Lauren	15607	11/06/2025	07/31/2026
Physician Assistant	Humes, Allison Lee	13382	12/18/2025	12/31/2026
Physician Assistant	Isaak, Nur M	15611	11/06/2025	11/30/2026
Physician Assistant	Jackson, Cooper Marc	15615	11/10/2025	01/31/2027
Physician Assistant	Jackson, Olivia Judith	15619	11/17/2025	03/31/2027
Physician Assistant	Knutson, Cara Diane	15645	12/22/2025	01/31/2027
Physician Assistant	Lackner, Joseph William	15633	12/10/2025	02/28/2027
Physician Assistant	Ledo, Kailey Marquerite	15626	12/01/2025	03/31/2027
Physician Assistant	Lohser, Kristen Colello	15627	12/01/2025	02/28/2027
Physician Assistant	Lopez, Isabel Guadalupe	15648	12/31/2025	12/31/2026
Physician Assistant	Maurer, Anne Elizabeth	15616	11/12/2025	11/30/2026
Physician Assistant	Mohr, Joy Suzanne	15623	11/25/2025	05/31/2026
Physician Assistant	O'Hara, Erin Irene	15649	12/31/2025	04/30/2027

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Physician Assistant	Ochoa, Jesse Alexander	15630	12/09/2025	01/31/2027
Physician Assistant	Ray, Aashna Tarang	15637	12/16/2025	01/31/2027
Physician Assistant	Ristau, Emma Katherine	15642	12/19/2025	11/30/2026
Physician Assistant	Shingledecker, Melissa Andrea	15609	11/06/2025	12/31/2026
Physician Assistant	Shingledecker, Seth Neil	15610	11/06/2025	09/30/2026
Physician Assistant	Simone, Heather Alicia	15614	11/10/2025	10/31/2026
Physician Assistant	Sylvester, Talia Alexandra	15634	12/11/2025	11/30/2026
Physician Assistant	Wetzel, Tyler Martin	15629	12/08/2025	01/31/2027
Physician Assistant	Wieseler, Braedon Francis	15628	12/04/2025	05/31/2027
Physician Assistant	Williams, Eileen	15608	11/06/2025	05/31/2026
Physician Assistant	Wloch, Samantha Anna	15621	11/20/2025	09/30/2026
Physician Assistant	Wolfe, Teresa Lynn	9419	11/06/2025	10/31/2026
Physician Assistant	Young, Nathan Paul	15618	11/13/2025	06/30/2026
Respiratory Therapist	Abdi, Zakariya mohidin	5888	11/04/2025	01/31/2027
Respiratory Therapist	Adam, Havezai Yusuf	5897	12/30/2025	04/30/2027
Respiratory Therapist	Anders, Timothy Roy	5893	12/12/2025	08/31/2026
Respiratory Therapist	Dahler, Elizabeth Rae	5896	12/22/2025	05/31/2027
Respiratory Therapist	Halvorson, Katherine Mary	5892	12/10/2025	05/31/2027
Respiratory Therapist	Hersi, Samira Elmi	5895	12/18/2025	08/31/2026
Respiratory Therapist	Kanizar, Janvia Talese	5891	12/08/2025	08/31/2026
Respiratory Therapist	Moats, Jordyn Lindsey	5890	11/21/2025	03/31/2027
Respiratory Therapist	Perso, Jeremy Philip	5894	12/15/2025	02/28/2027
Respiratory Therapist	Sebrie , Abdirizak Mohammad	5889	11/17/2025	01/31/2027
Respiratory Therapist	Stowers, Jessica Marie	5898	12/31/2025	02/28/2027
Telemedicine	Akfaly, Abdulla	3169	12/16/2025	12/31/2026
Telemedicine	Allen, Luis Gregorio	3166	12/02/2025	12/31/2026
Telemedicine	Arce Gutierrez, Victor Hugo	3173	12/29/2025	12/31/2026
Telemedicine	Bednarski, Hania Barbara	3164	11/19/2025	12/31/2026
Telemedicine	Bikvan, Svetlana	3172	12/22/2025	12/31/2026
Telemedicine	Ewald, Jonathan Mark	3170	12/18/2025	12/31/2026
Telemedicine	Hardy, David Johnson	3165	11/26/2025	12/31/2026
Telemedicine	Ince, William Ryan	3163	11/10/2025	12/31/2026
Telemedicine	Lee, Daniel Hyunchul	3168	12/12/2025	12/31/2026
Telemedicine	Lin, Julia	3167	12/08/2025	12/31/2026

Board of Medical Practice

New Licensee List - 11/04/2025 to 01/01/2026

Telemedicine	Prado-Galarza, Neiza Lizbeth	3171	12/18/2025	12/31/2026
Traditional Midwife	Ruiz, Jennifer Brandon	1115	12/05/2025	11/30/2026
TOTAL		396		

DATE: January 10, 2026

SUBJECT: December 22, 2025, Policy & Planning Committee
Report & Motions

SUBMITTED BY: Julie Pazdernik, M.D.

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

Motion 1: Take a position in support of the model compact language for athletic trainers

Motion 2: Take position on the changes to the Minnesota Athletic Trainers Act, specifically to the following sections Minn. Stat. §§148.7802, subd. 6(a); 148.7806 (a), (b), and (e), as presented and discussed.

MOTION BY:

SECOND:

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

BACKGROUND:

Attached is the agenda from the Policy and Planning Committee ("Committee") meeting from December 22, 2025, from which the Committee makes the following motions:

Motion #1:

Support the model legislative language for the creation of an interstate compact for athletic trainers.

Motion #2:

Take a neutral position on the changes to the Minnesota Athletic Trainers Act, specifically to the following sections: Minn. Stat. §§148.7802, subd. 6(a); 148.7806 (a), (b), and (e), as presented and discussed.

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 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=mb53891f031d3034f4ac9b24f41a85843>

Meeting number (access code): 2485 336 9632

Meeting password: B5uDNQxNn69

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 [24853369632](tel:24853369632)@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
DECEMBER 22, 2025
11:00 A.M. – CST**

- | | |
|------------|---|
| 11:00 a.m. | 1. Roll Call of Policy & Planning Committee members |
| | 2. Approval of agenda for December 22, 2025, meeting |
| | 3. Approval of minutes from June 18, 2025, meeting |
| 11:10 a.m. | 4. Presentation on behalf of the MN Society of Anesthesiologists; seeking a new license type: Certified Anesthesiologist Assistants (CAA) <ul style="list-style-type: none">a. CAA Brochureb. CAA Professional Overview Fact Sheetc. DRAFT legislative language |
| 11:25 a.m. | 5. Presentation by the MN Athletic Trainers' Association:
<i>proposed</i> changes to Minn. Stat. §148.7801 - .7815 <ul style="list-style-type: none">a. PowerPoint Presentationb. Model Compact legislative languagec. Proposed language changes to practice act |
| 11:55 a.m. | 6. Other business |
| 12:00 noon | 7. Adjourn |

**MINNESOTA BOARD OF MEDICAL PRACTICE
POLICY & PLANNING COMMITTEE MINUTES
June 18, 2025 * 12:15 p.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 Averil M. Turner, met on June 18, 2025, at 12:15 p.m. via Webex. Also in attendance was the Board's Executive Director, Elizabeth Huntley, and Board staff Tiernee Murphy and Eden Young. The Committee considered the following items:

Minute Approval: There was a motion made and a second was offered to approve the minutes from the March 3 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

Agenda Adopted: There was a motion made and a second was offered to approve the agenda for the June 18, 2025, Policy and Planning Committee meeting. The motion passed with unanimous consent.

Updates from the 2025 Legislative Session: Ms. Huntley shared updates regarding the passage of two bills that the Board is charged with enforcing. The first bill allows the required collaborate hours for physician assistants to now be with physicians licensed in any state. The effective date for this legislation is August 1, 2025. Second, the bill creating a new license type for physicians, a limited license for physicians without education, training or practice in the United States, passed with an effective date of January 1, 2026.

Review and discuss Advisory Commission on Additional Licensing Models: DRAFT GUIDANCE DOCUMENT: Assessments and Supervision: Committee Chair, Dr. Krohn, led an extensive discussion of the eight recommendations included in the second DRAFT GUIDANCE DOCUMENT from the Advisory Commission on Additional Licensing Models ("Advisory Commission"). The Committee noted its primary concern is getting clarity on recommendation #1 for what level of competence someone should be able to demonstrate at the end of the limited license period. A motion was made and a second was offered for Dr. Krohn to draft verbiage regarding this concern to present to the Board at its meeting in July for submission to the Advisory Commission as it prepares to finalize additional recommendations. The motion passed with unanimous consent.

Dr. Krohn led additional discussion regarding the interplay between the limited license legislation as passed in Minnesota and the ongoing work of the Advisory Commission regarding recommendations to and for state medical boards, state legislators and policymakers to use to inform their development and implementation of laws specific to licensing physicians who have already trained and practiced medicine outside the United States. Dr. Krohn agreed to work with faculty at the University of Minnesota to present at an upcoming meeting on supervision assessment in post-graduate training. Ms. Huntley agree to continue engagement regarding the operational components of the legislation.

Other business. No other business was noted.

Remaining meeting dates scheduled for 2025: It was noted the August meeting date would need to change and the Committee agreed to coordinate a new date off-line.

DRAFT

Certified Anesthesiologist Assistants (CAAs)

are advanced anesthesia practitioners working within the Anesthesia Care Team model - the **SAFEST** and most **COST-EFFECTIVE** approach to perioperative medical treatment.

CAA Skills and Practice

- Interview patients prior to surgery
- Place IVs, arterial lines, and catheters
- Provide comprehensive airway management
- Administer medications for all stages of anesthesia (pre-, peri-, and post-operative)
- Manage fluid and blood product transfusions
- Place regional anesthesia (spinal, epidural, caudal, and peripheral nerve blocks)
- Provide post-anesthetic care
- CAAs are fully licensed life support providers (BLS, ACLS, and PALS)

Credentials

- 24-29 months of graduate level education within the medical school model
- 2,000+ hours of clinical training in anesthesia
- Nationally board certified by an accredited organization
- Continuing medical education (CME) credits
- Recertification exams required after first four years and every ten years thereafter

Recognition and Practice Authority

- Centers for Medicare and Medicaid Services
- Tricare and the VA hospital system
- All major national and regional insurers
- Anesthesia Patient Safety Foundation (APSF)
- American Society of Anesthesiologists (ASA)
- American Medical Association (AMA)
- American College of Surgeons (ACS)

Certified Anesthesiologist Assistants (CAAs)
are utilized in ALL areas of anesthesia, such as:

- Cardiac
- Neurosurgery
- Trauma
- Pediatrics
- Obstetrics
- Outpatient surgery
- Pain control

CAAs provide high quality patient care in anesthesia and perioperative medicine, including the following:

- IV sedation
(e.g., colonoscopies, eye procedures, MRI scans)
- Peripheral nerve blocks for surgeries on extremities
(e.g., shoulder surgery, total knee replacement)
- Spinals and epidurals
(e.g., Cesarean sections)
- Cardiac cases
(e.g., cardiac bypass surgery)
- Anesthesia for pediatric patients
(e.g., ear tube placement)
- General anesthesia for high acuity cases
(e.g., lung transplant, intestinal resections)
- Pain control management
(e.g., epidural dosing, pain rounds on inpatients)
- Trauma cases and resuscitative efforts
(e.g., gun shot wounds, car accidents)



CERTIFIED ANESTHESIOLOGIST ASSISTANTS (CAAS)

WHO ARE CAAS?

Certified Anesthesiologist Assistants (CAAs) are highly-educated medical professionals who plan and deliver safety-focused, patient-centric anesthesia care.



WHAT DO CAAS DO?

CAAs - also called anesthesiologists - are instrumental in anesthesia care. They help coordinate and implement care before, during, and after surgery. CAAs practice exclusively within the Anesthesia Care Team (ACT) model to provide the highest level care possible.

WHY THE ACT?

The ACT is led by a physician anesthesiologist and ensures each patient receives the best and safest anesthesia care*.

**The American Society of Anesthesiologist*



ANESTHETIST.ORG



EDUCATION

PREMEDICAL FOUNDATION

Undergraduate premedical education unique among physician extenders.

MASTER-LEVEL EDUCATION

24-29 months of graduate-level education from an accredited CAA program.

CAAS BY THE NUMBERS

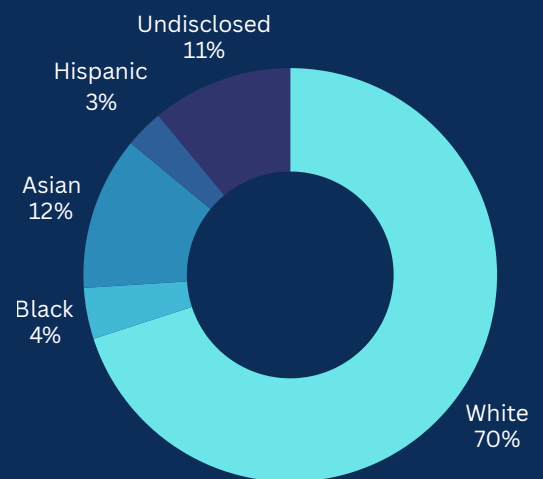


More than 4,000 active CAAs with 10% annual growth

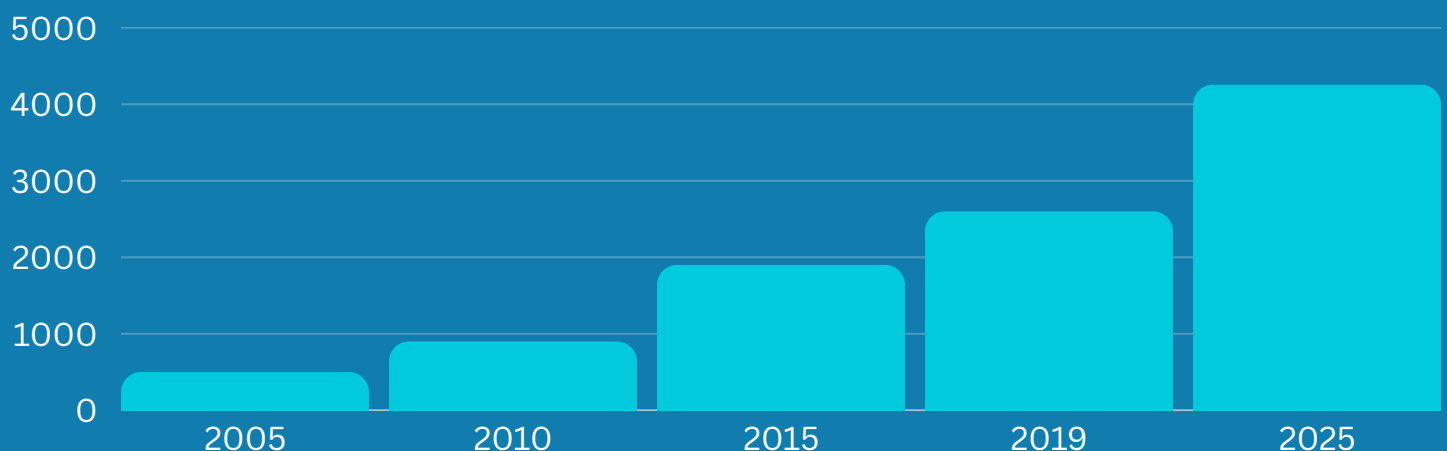
23 CAA Programs in the United States*

**Visit the [AAAEP website](https://www.aaaep.org) for the most up-to-date list of programs*

CAA DIVERSITY BREAKDOWN



PROFESSION GROWTH



Sec. **[147G.01] ANESTHESIOLOGIST ASSISTANT LICENSURE ESTABLISHED.**

Subdivision 1. **Scope.** For the purpose of this chapter, the terms defined in this section have the meanings given them.

Subd. 2. **Anesthesiologist assistant.** “Anesthesiologist assistant” means a person licensed pursuant to this chapter who meets the qualifications in section 147G.02 and who is board-approved to assist in the practice of medicine only under the supervision of a physician.

Subd. 3. **Assists.** “Assists” means the anesthesiologist assistant personally performs those duties and responsibilities delegated by the physician.

Subd. 4. **Board.** “Board” means the Board of Medical Practice or its designee.

Subd. 5. **Collaborative practice agreement.** “Collaborative practice agreement” means a mutually agreed upon plan for the overall working relationship and collaborative arrangement between an anesthesiologist assistant, and one or more physicians licensed under chapter 147, that designates the scope of services that can be provided to manage the care of patients.

Subd. 6. **Inactive.** “Inactive” means a licensed anesthesiologist assistant whose license has been placed on inactive status.

Subd. 7. **Licensed.** “Licensed” means being issued a current license by the board.

Subd. 8. **Licensure.** “Licensure” means the process by which the board determines that an applicant has met the standards and qualifications in this chapter.

Subd. 9. **Physician.** “Physician” means a person currently licensed in good standing as a physician or osteopathic physician under chapter 147.

Subd. 10. **Provisionally licensed.** “Provisionally licensed” means an anesthesiologist assistant who has graduated from an accredited program and is awaiting the results of the examination required by section 147G.02.

Subd. 11. **Practice as an anesthesiologist assistant.** “Practice as an anesthesiologist assistant” means personally performing the health care services delegated to the anesthesiologist assistant by the supervising physician in accordance with the American Society of Anesthesiologists' recent guidance for best practice of anesthesia in the Anesthesia Care Team model.

Subd. 12. **Supervising physician.** “Supervising physician” means a Minnesota licensed physician who can delegate, coordinate, direct or consult, and oversees the performance, practice, and activities of an anesthesiologist assistant through a collaborative agreement as described in section 147G.02 in accordance with the American Society of Anesthesiologists' recent guidance for best practice of anesthesia in the Anesthesia Care Team model.

Sec. **[147G.02] QUALIFICATIONS FOR LICENSURE.**

Subd. 1. **Licensure requirements.** (a) The board may grant a license as an anesthesiologist assistant to an applicant who:

(1) submits an application on the forms approved by the board;

(2) pays the appropriate initial licensing fee to the board;

(3) graduated from an anesthesiologist assistant program accredited by the Commission on Accreditation of Allied Health Education Programs or its predecessor or successor organizations;

(4) satisfactorily completed a certification examination administered by the National Commission for Certification of Anesthesiologist Assistants or another national certifying examination required by the Board, except during the limited time period allowed for a provisional license;

(5) certifies that the applicant is mentally and physically able to engage safely in practice as an anesthesiologist assistant;

(6) has no licensure, certification, or registration as an anesthesiologist assistant under current discipline, revocation, suspension, or probation for cause resulting from the applicant's practice as an anesthesiologist assistant, unless the board considers the condition and agrees to licensure;

(7) submits any other information the board deems necessary to evaluate the applicant's qualifications; and

(8) has been approved by the board.

Subd. 2. **Renewals.** (a) A license issued pursuant to this article, other than a provisional license, is valid for a period of one year.

(b) A licensee shall renew the license every year on or before January 31 by completing and submitting to the board a renewal application form as prescribed by the board, documented completion of any continuing education requirements under section 147G.07, and the prescribed renewal fee before the current license expires. The board shall provide renewal notices to licensees at least one month before the expiration date.

(c) The name of a licensee 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 licensee's license is reinstated, the licensee's name shall be placed on the list of individuals authorized to practice.

Subd. 3. **Provisional license.** The board may grant a provisional license as an anesthesiologist assistant for up to one year to a person who meets all requirements of paragraph (a) and has taken the examination required by paragraph (a), but who has not received the results of the examination.

Subd. 4. **Collaborative practice agreement required.** An anesthesiologist assistant must only practice within the context of a collaborative practice agreement within a hospital or integrated clinical setting where anesthesiologist assistants and physicians work together to provide anesthesia care. The anesthesiologist assistant and one of the supervising physicians must have experience in providing care to patients with the same or similar medical conditions.

Subd. 5. **Reinstatement of license.** (a) The board may issue a new license to an anesthesiologist assistant whose license was previously revoked by the board if the applicant applies in writing to the board and demonstrates to the board's satisfaction that the applicant is completely rehabilitated with respect to the conduct that was the basis for the revocation.

(b) In making its decision, the board shall determine:

(1) that the applicant has not engaged in any conduct during the revocation period that would constitute a basis for revocation pursuant to rules adopted by the board;

(2) if a criminal conviction was a basis of the revocation, that the applicant's civil rights have been fully restored pursuant to statute or any other applicable recognized judicial order;

(3) that the applicant has made restitution to any aggrieved person as ordered by a court of competent jurisdiction; and

(4) that the applicant demonstrates any other standard of rehabilitation the board determines is appropriate.

(c) Except as provided in subsection (d) of this section, a person may not apply for license reinstatement fewer than two years after the date of revocation.

(d) If a license revocation was based on a conviction of a felony or an offense involving moral turpitude and that conviction has been reversed on appeal, the board shall vacate its previous order to revoke the license and the anesthesiologist assistant may apply for reinstatement as soon as the court enters the reversal.

(e) An applicant for reinstatement shall comply with all initial licensure requirements described in this chapter.

Sec.**[147G.03] APPLICATION AND LICENSING FEES.**

(a) The board may charge the following nonrefundable fees:

(1) anesthesiologist assistant application fee, \$120;

(2) anesthesiologist assistant annual license renewal fee, \$115;

(3) anesthesiologist assistant locum tenens permit, \$25;

(4) anesthesiologist assistant late fee, \$50;

(5) duplicate license fee, \$20;

(6) certification letter fee, \$25;

(7) education or training program approval fee, \$100;

(8) report creation and generation fee, \$60 per hour; and

(9) verification fee, \$25.

(b) The board may prorate the initial annual license fee. All licensees are required to pay the full fee upon license renewal. The revenue generated from the fees must be deposited in an account in the state government special revenue fund.

Sec.... [147G.04] UNLICENSED PRACTICE, PROTECTED TITLES AND RESTRICTIONS ON USE.

Subdivision 1. Protected titles. No individual may use the titles "Minnesota Licensed Anesthesiologist Assistant," "Licensed Anesthesiologist Assistant," "Anesthesiologist Assistant," or "CAA" in connection with the individual's name, or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state unless they have been licensed according to this chapter.

Subd. 2. Licensure required. Except as provided under subdivision 2, it is unlawful for any person to practice as an anesthesiologist assistant without being issued a valid license according to this chapter.

Subd. 4. Health care practitioners. Individuals practicing in a health care occupation are not restricted in the provision of services included in this chapter as long as they do not hold themselves out as anesthesiologist assistants by or through the titles provided in subdivision 1 in association with provision of these services.

Subd. 5. Sanctions. Individuals who hold themselves out as anesthesiologist assistants by or through any of the titles provided in subdivision 1 without prior licensure shall be subject to sanctions or actions against continuing the activity according to section 214.11, or any other authority determined by the board.

Subd. 6. Identification. Anesthesiologist assistants licensed under this chapter shall keep their license available for inspection at their primary place of business and shall, when engaged in their professional activities, wear a name tag identifying themselves as an "anesthesiologist assistant."

Subd. 7. Exemptions. Nothing in this chapter shall be construed to require a license under this chapter for:

- (1) an individual who is licensed to practice medicine under chapter 147;
 - (2) an individual who is licensed to practice dentistry, dental therapy, dental hygiene, or dental assisting under chapter 150A;
 - (3) an individual who is licensed to practice veterinary medicine under chapter 156;
 - (4) persons listed in section 147.09, clauses (1) to (8) and (10) to (13); persons regulated under section 214.01, subdivision 2; or midlevel practitioners, nurses, or nurse-midwives as defined in section 144.1501, subdivision 1;
 - (6) an anesthesiologist assistant student enrolled in an anesthesiologist assistant educational program accredited or by its successor agency approved by the board; or
 - (7) a person employed by the federal government if the individual is providing anesthesiologist assistant services exclusively under the direction and control of a federal employer.
- Subd. 8. Sanctions.** An individual who violates this section is guilty of a misdemeanor and shall be subject to sanctions or actions according to section 214.11.

Sec.**[147G.05] SCOPE OF PRACTICE.**

Subdivision 1. **Scope of practice.** (a) An anesthesiologist assistant may assist in the practice of medicine only under the supervision of a physician. The anesthesiologist assistant may perform only those duties and responsibilities delegated to the anesthesiologist assistant by the supervising physician as part of a collaborative practice agreement.

(b) Subject to any other limits specified in their collaborative practice agreement, a licensed anesthesiologist assistant's scope of practice includes:

(1) services within the training and experience of the anesthesiologist assistant, as determined by the Board;

(2) patient services customary to the practice of the anesthesiologist assistant and the practice agreement, as further described in subdivision 2 of this section; and

(3) services within the parameters of the laws, rules, and standards of the facilities in which the anesthesiologist assistant practices.

(c) The supervising physician shall be authorized to supervise anesthesiologist assistants in a manner consistent with federal regulations for reimbursement of anesthesia services.

(d) The supervising physician shall be immediately available in such proximity to an anesthesiologist assistant during the delivery of medical care such that the supervising physician is able to effectively reestablish direct contact with the patient to meet the medical needs of the patient and intervene to address any urgent or emergent clinical problems.

(e) An anesthesiologist assistant's practice may not exceed his or her education and training, and the scope of practice of the supervising physician. A medical care task assigned by the supervising physician to the anesthesiologist assistant may not be delegated by the anesthesiologist assistant to another person.

(f) This section does not apply to persons who are enrolled in an anesthesiologist assistant education program approved by the board.

Subd. 2. **Patient services.** (a) A supervising physician may delegate to an anesthesiologist assistant any of the following patient services:

(1) developing and implementing an anesthesia care plan for a patient;

(2) obtaining a comprehensive patient history and performing relevant elements of a physical exam;

(3) performing preoperative and post-operative anesthetic evaluations and maintaining patient progress notes;

(4) ordering and performing preoperative patient consultations;

(5) ordering preoperative medications, including controlled substances, which may be administered before the supervising anesthesiologist cosigns;

(6) changing or discontinuing a medical treatment plan after consulting with the supervising physician;

- (7) obtaining informed consent for anesthesia or related procedures;
- (8) ordering the perioperative continuation of current medications, which may be administered before the supervising physician cosigns;
- (9) pretesting and calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and from monitors;
- (10) implementing medically accepted monitoring techniques;
- (11) performing basic and advanced airway interventions, including, but not limited to, endotracheal intubation, laryngeal mask insertion and other advanced airways techniques;
- (12) establishing peripheral intravenous lines, including subcutaneous lidocaine use;
- (13) performing invasive procedures including but not limited to arterial lines, central lines, and Swan Ganz catheters;
- (14) performing general anesthesia, including induction, maintenance, emergence and procedures associated with general anesthesia, such as gastric intubation;
- (15) administering anesthetic drugs, adjuvant drugs, and accessory drugs;
- (16) administering vasoactive drugs and starting and titrating vasoactive infusions to treat patient responses to anesthesia;
- (17) performing, maintaining, evaluating and managing epidural, spinal and regional anesthesia including catheters;
- (18) performing monitored anesthesia care;
- (19) obtaining venous and arterial blood samples;
- (20) administering blood, blood products, and supportive fluids;
- (21) performing, ordering and interpreting appropriate preoperative, point of care, intra-operative or postoperative diagnostic tests or procedures;
- (22) obtaining and administering perioperative anesthesia and related pharmaceutical agents, including intravenous fluids and blood products;
- (23) managing the patient while in the preoperative suite, recovery area, or labor suites;
- (24) ordering postoperative sedation, anxiolysis or analgesia, postoperative respiratory therapy and medicines to treat patient responses to anesthesia and ordering postoperative oxygen therapy, including initial ventilator therapy, ordering, which may be administered before the supervising physician cosigns;
- (25) initiating and managing cardiopulmonary resuscitation in response to a life-threatening situation; and
- (26) participating in administrative, research and clinical teaching activities including supervising student anesthesiologist assistants and other students involved in anesthesia education.

(b) Nothing in this chapter prevents an anesthesiologist assistant from having access to and being able to obtain prescription drugs for a patient as directed by the supervising physician.

Sec.**[147G.06] DISCIPLINE; REPORTING.** For purposes of this chapter, licensed anesthesiologist assistants are subject to sections 147.091 to 147.162.

Sec.**[147G.07] CONTINUING EDUCATION REQUIREMENTS.** (a) A licensed anesthesiologist assistant must be compliant with continuing education and continuing competency requirements established by the National Commission for Certification of Anesthesiologist Assistants, or the equivalent organization, and must be a minimum of 50 hours every two years.

(b) The board may grant a variance to the continuing education requirements specified in this section if a licensee demonstrates to the satisfaction of the board that the licensee is unable to complete the required number of educational units during the renewal term. The board may allow the licensee to complete the required number of continuing education units with a time frame specified by the board. In no case shall the board allow the licensee to complete less than the required number of continuing education units.

Athletic Training Practice Act 2026 Legislative Session

Kate Taber, M.Ed., LAT, ATC

MATA GAC Chair

Josh Pinkney, MS, LAT, ATC

MATA President

Minnesota Board of Medical Practice
Policy and Planning Committee
December 22nd, 2025



Purpose



Seek MN Board of Medical Practice feedback and support on the Athletic Training Compact.

Seek MN Board of Medical Practice feedback and support on modernization of definitional language in the Minnesota Athletic Trainers' Practice Act.

AT Compact



Partnership through Board of Certification for the Athletic Trainer (BOC) and The Council of State Governments (CSG).

Goal to legislatively enacted a contract among states providing an efficient process for licensed athletic trainers to establish multistate practice.

ATs licensed in a compact member state can quickly & easily add “privileges to practice” in the other compact member states without having to go through each state’s initial license or reciprocity application process.

Similar in form and function to other professional licensure compacts

AT Compact Benefits



Promotes multistate practice through a streamlined and expedient process.

Strengthens public protection by setting robust safeguards and facilitating greater information sharing among states.

Reduces the burden of maintaining multiple licenses, by syncing renewal dates and avoiding duplicative continuing education requirements .

Employment opportunities across state lines including providing services for a sports team or sports team event (North/South Dakota, Wisconsin, Iowa).

AT Compact Eligibility



Legal authorization for an AT to practice in another compact member state where they are not licensed.

Eligibility:

- Unencumbered license from a compact member state
- Active BOC certification*
- ATs state of qualifying licensure must have completed the FBI criminal background check requirements

AT Compact Privileges Allowed



Minnesota retains sovereignty over the practice of ATs within our borders.

AT Compact members will function within the Minnesota scope of practice when practicing in Minnesota.

ATs responsibility to know what they are authorized to do in MN based on the practice act.

AT Compact Cost



Fee structure set up once the compact reaches activation threshold.

Will include the option for both a compact commission fee and compact member fee.

*Similar licensure compacts have a collective fee for a compact privilege equivalent or less than the license fee.

Athletic Training Practice Act

2025-2026 Session



HF 82

Huot, Franzon, Bennett, Schultz, Virnig, Dippel, Repinski, Perryman

SF 962

Hoffman, Utke, Frentz, Kupec, Oumou Verbeten

*January 11, 2025: the Board of Medical Practice passed a motion offering a neutral position on clarifying language in Minnesota Statute regarding certain modifications to the AT Practice Act.

Athletic Training Practice Act

Proposed Updates: 148.7802



2025 – Bill Language

Subd. 6a. **Athletic training.** (a) For the purpose of emergent, acute, and chronic injuries and non-orthopedic conditions “athletic training” means the following actions when performed within the training and experience of the athletic trainer pursuant to section 148.7806 sub (c):

- (1) Prevention and wellness promotion;
- (2) Risk management;
- (3) Immediate and emergency care;
- (4) Examination assessment and diagnosis of a condition for which treatment is included in the training and experience of the athletic trainer as required in section 148.7806, paragraph (c);
- (5) Therapeutic intervention, rehabilitation, and reconditioning;
- (6) clinical decision-making to determine if a consultation or referral is necessary;
- (7) Health care administration; and
- (8) Maintenance of professional responsibility.

2026 – Proposed Updates

Subd. 6a. **Athletic training.** (a) For the purpose of emergent, acute, and chronic injuries and non-orthopedic conditions “athletic training” means: within the professional the following actions when performed within the training and experience provided by an approved education program and included in the credentialing examination of the athletic trainer pursuant to section 148.7806 sub (c):

- (1) risk reduction, wellness and health literacy;
- (2) assessment, evaluation and diagnosis;
- (3) Critical incident management;
- (4) Therapeutic interventions;
- (5) Healthcare administration and professional responsibility
- ~~(1) Prevention and wellness promotion;~~
- ~~(2) Risk management;~~
- ~~(3) Immediate and emergency care;~~
- ~~(4) Examination assessment and diagnosis of a condition for which treatment is included in the training and experience of the athletic trainer as required in section 148.7806, paragraph (c);~~
- ~~(5) Therapeutic intervention, rehabilitation, and reconditioning;~~
- ~~(6) clinical decision-making to determine if a consultation or referral is necessary;~~
- ~~(7) Health care administration; and~~
- ~~(8) Maintenance of professional responsibility.~~

Athletic trainers practice in healthcare settings and serve patient populations as defined by the credentialing board and approved educational programs.

Athletic Training Practice Act

Proposed Updates: 148.7806



2025 – Bill Language

(a) An athletic trainer shall: perform athletic training as defined in section 148.7802, subdivision 6a, under the direction of, on the prescription of, or in collaboration with a primary physician who is licensed in Minnesota to practice medicine, as defined in section 147.081, and 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 pursuant to paragraph (c) for treatment and rehabilitation of athletic injuries to athletes in the primary employment site a patient.

2026 – Proposed Updates

(a) An athletic trainer shall: perform athletic training as defined in section 148.7802, subdivision 6a, under the ~~direction~~ **supervision** of, on the prescription of, ~~or~~ **and** in collaboration with a primary physician who is licensed in Minnesota to practice medicine, as defined in section 147.081, and 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 pursuant to paragraph (c) **148.7802** for treatment and rehabilitation of athletic injuries to athletes in the primary employment site a patient.

Athletic Training Practice Act

Proposed Updates: 148.7806 cont.



2025 – Bill Language

(e) An athletic trainer may:

- (1) organize and administer an athletic training program, including, but not limited to, educating and counseling ~~athletes~~ patients;
- (2) 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) 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).

2026 – Proposed Updates

(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) ~~may~~ **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) ~~may~~ **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).

Purpose



Seek MN Board of Medical Practice feedback and support on the Athletic Training Compact.

Seek MN Board of Medical Practice feedback and support on modernization of definitional language in the Minnesota Athletic Trainers' Practice Act.



Question, Feedback & Discussion

Athletic Training Practice Act 2026 Legislative Session

Kate Taber, M.Ed., LAT, ATC/MATA GAC Chair

Josh Pinkney, MS, LAT, ATC/MATA President

Minnesota Board of Medical Practice
Full Board Meeting
January 1st, 2026



Purpose



Seek MN Board of Medical Practice feedback and support on the Athletic Training Compact.

Seek MN Board of Medical Practice feedback and support on modernization of definitional language in the Minnesota Athletic Trainers' Practice Act.

AT Compact



Partnership through Board of Certification for the Athletic Trainer (BOC) and The Council of State Governments (CSG).

Goal: to legislatively enacted a contract among states providing an efficient process for licensed athletic trainers to establish multistate practice.

ATs licensed in a compact member state can quickly & easily add “privileges to practice” in the other compact member states without having to go through each state’s initial license or reciprocity application process.

Similar in form and function to other professional licensure compacts (PA, O

AT Compact Benefits



Promotes multistate practice through a streamlined and expedient process.

Strengthens public protection by setting robust safeguards and facilitating greater information sharing among states.

Reduces the burden of maintaining multiple licenses, by syncing renewal dates and avoiding duplicative continuing education requirements .

Employment opportunities across state lines including providing services for a sports team or sports team event (North & South Dakota, Wisconsin, Iowa).

AT Compact Eligibility



Legal authorization for an AT to practice in another compact member state where they are not licensed.

Eligibility:

- Unencumbered license from a compact member state
- Active BOC certification*
- ATs state of qualifying licensure must have completed the FBI criminal background check requirements

AT Compact Privileges Allowed



Minnesota retains sovereignty over the practice of ATs within our borders.

AT Compact members will function within the Minnesota scope of practice when practicing in Minnesota.

ATs responsibility to know what they are authorized to do in MN based on the practice act.

AT Compact Cost



Fee structure set up once the compact reaches activation threshold

Will include the option for both a compact commission fee and compact member fee.

*Similar licensure compacts have a collective fee for a compact privilege equivalent or less than the license fee.

Athletic Training Practice Act

2025-2026 Session



HF 82

Huot, Franzon, Bennett, Schultz, Virnig, Dippel, Repinski, Perryman

SF 962

Hoffman, Utke, Frentz, Kupec, Oumou Verbeten

*January 11, 2025: the Board of Medical Practice passed a motion offering a neutral position on clarifying language in Minnesota Statute regarding certain modifications to the AT Practice Act.

Athletic Training Practice Act

Amended Updates: 148.7802



2025 – Bill Language

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.

2026 – Amendment

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.

Athletic Training Practice Act

Amended Updates: 148.7802 cont.



2025 – Bill Language

Subd. 6a. **Athletic training.** (a) For the purpose of emergent, acute, and chronic injuries and non-orthopedic conditions “athletic training” means the following actions when performed within the training and experience of the athletic trainer pursuant to section 148.7806 sub (c):

- (1) Prevention and wellness promotion;
- (2) Risk management;
- (3) Immediate and emergency care;
- (4) Examination assessment and diagnosis of a condition for which treatment is included in the training and experience of the athletic trainer as required in section 148.7806, paragraph (c);
- (5) Therapeutic intervention, rehabilitation, and reconditioning;
- (6) clinical decision-making to determine if a consultation or referral is necessary;
- (7) Health care administration; and
- (8) Maintenance of professional responsibility.

2026 – Amendment

Subd. 6a. **Athletic training.** (a) For the purpose of emergent, acute, and chronic injuries and non-orthopedic conditions “Athletic training” means the following actions when 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 the credentialing examination** of the athletic trainer pursuant to section 148.7806 sub (c):

- (1) **risk reduction, wellness and health literacy;**
- (2) **assessment, evaluation and diagnosis;**
- (3) **Critical incident management;**
- (4) **Therapeutic interventions;**
- (5) **Healthcare administration and professional responsibility**
- ~~(1) Prevention and wellness promotion;~~
- ~~(2) Risk management;~~
- ~~(3) Immediate and emergency care;~~
- ~~(4) Examination assessment and diagnosis of a condition for which treatment is included in the training and experience of the athletic trainer as required in section 148.7806, paragraph (c);~~
- ~~(5) Therapeutic intervention, rehabilitation, and reconditioning;~~
- ~~(6) clinical decision-making to determine if a consultation or referral is necessary;~~
- ~~(7) Health care administration; and~~
- ~~(8) Maintenance of professional responsibility.~~

Athletic Training Practice Act

Amended Updates: 148.7806



2025 – Bill Language

(a) An athletic trainer shall: perform athletic training as defined in section 148.7802, subdivision 6a, under the direction of, on the prescription of, or in collaboration with a primary physician who is licensed in Minnesota to practice medicine, as defined in section 147.081, and 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 pursuant to paragraph (c) for treatment and rehabilitation of athletic injuries to athletes in the primary employment site a patient.

2026 – Amendment

(a) An athletic trainer shall: perform athletic training as defined in section 148.7802, subdivision 6a, under the ~~direction~~ **supervision** of, on the prescription of, ~~or~~ **and** in collaboration with, a primary physician who is licensed in Minnesota to practice medicine, as defined in section 147.081, and 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 pursuant to paragraph (c) **according to section 148.7802, subdivision 6a** for **the** treatment and rehabilitation of athletic injuries to athletes in the primary employment site patients.

Athletic Training Practice Act

Amended Updates: 148.7806 cont.



2025 – Bill Language

(e) An athletic trainer may:

- (1) organize and administer an athletic training program, including, but not limited to, educating and counseling ~~athletes~~ patients;
- (2) 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) 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).

2026 – Amendment

(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) ~~may~~ **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) ~~may~~ **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).

Purpose



Seek MN Board of Medical Practice feedback and support on the Athletic Training Compact.

Seek MN Board of Medical Practice feedback and support on modernization of definitional language in the Minnesota Athletic Trainers' Practice Act.



Question, Feedback & Discussion



Athletic Trainer Compact Model Legislation

Special Note

The following language must be enacted by a state to officially join the AT Compact.

No substantive changes should be made to the model language.

Substantive changes may jeopardize the enacting state's participation in the compact.

The Council of State Governments National Center for Interstate Compacts is available to review state Compact legislation to ensure consistency with the model language. Please direct any inquiries to atcompact@csg.org.

ATHLETIC TRAINER COMPACT

SECTION 1. TITLE AND PURPOSE

This statute shall be known and cited as the Athletic Trainer Compact. The purposes of this compact are to expand mobility of Athletic Training practice and improve public access to services by providing qualified Licensed Athletic Trainers the ability to practice in other Member States. This compact preserves the regulatory authority of States to protect public health and safety through the current system of State licensure.

This compact is designed to achieve the following objectives:

- A. Increase public access to Athletic Training and enhance continuity of care by providing for the mutual recognition of other Licenses issued by Member States;
- B. Provide an additional streamlined opportunity for interstate practice by Licensed Athletic Trainers who meet compact uniform requirements;
- C. Promote mobility and workforce development by eliminating the necessity for Licenses in multiple States by providing for the mutual recognition of other Licenses issued by Member States;
- D. Reduce administrative burdens on Licensed Athletic Trainers and Member States;
- E. Enhance the States' ability to protect the public's health and safety;
- F. Encourage the cooperation of Member States in regulating interstate practice of Licensed Athletic Trainers;
- G. Support relocating Active Military Members and their spouses;
- H. Enhance the exchange of licensure, investigative, and disciplinary information among Member States;
- I. Allow for the use of telehealth to facilitate increased access to Athletic Training services;
- J. Support the uniformity of Licensed Athletic Trainer licensure requirements throughout the States;
- K. Affirm the authority of all Member States to hold a Licensed Athletic Trainer accountable for abiding by the Scope of Practice in the State in which the patient is located at the time of care; and

- L. Require adherence to the Model Compact Language in order to promote uniformity and ensure that all Member States have accepted and are mutually obligated to the same terms.

SECTION 2. DEFINITIONS

As used in this compact, unless the context requires otherwise, the following definitions shall apply:

- A. **“Active Military Member”** means any individual with full-time duty status in the active armed forces of the United States, including members of the National Guard and Reserve.
- B. **“Adverse Action”** means any administrative, civil, equitable or criminal action permitted by a State’s laws which is imposed by a Licensing Authority or other authority against a Licensee, including actions against an individual’s License or Compact Privilege such as revocation, suspension, probation, monitoring of the Licensee, limitation on the Licensee’s practice, or any other Encumbrance on licensure affecting a Licensee’s authorization to practice.
- C. **“Alternative Program”** means a non-disciplinary monitoring or practice remediation process applicable to an Athletic Trainer approved by a State Licensing Authority of a Member State in which the Athletic Trainer is licensed. This includes, but is not limited to, programs to which Licensees with substance use, addiction, or mental health conditions are referred in lieu of Adverse Action.
- D. **“Athletic Training”** means the prevention, examination, assessment, treatment and rehabilitation of emergent, acute, or chronic injuries and medical conditions as defined by applicable Member State laws and regulations.
- E. **“Athletic Trainer Compact Commission”** or **“Compact Commission”** means the government agency whose membership consists of all States that have enacted this compact, as described herein and which shall operate as an instrumentality of the Member States to administer and implement the compact according to its terms.
- F. **“BOC”** means the Board of Certification, Inc. or any successor organization thereto.
- G. **“CAATE”** means the Commission on Accreditation of Athletic Training Education or any successor organization thereto.
- H. **“Charter Member State”** means any Member State which enacted and made effective this compact by law before the compact effective date specified herein.
- I. **“Commissioner”** means the individual appointed by a Member State to serve as the member of the Commission for that Member State.

- J. **“Compact Privilege”** means the legal authorization granted by a Remote State, equivalent to a License, allowing a Licensee from another Member State to provide Athletic Training services in a Remote State.
- K. **“Compact Qualifying License”** means a License that is not an Encumbered License issued by a Member State to practice Athletic Training which qualifies the Licensee to exercise a Compact Privilege pursuant to Section 4 of this compact.
- L. **“Continuing Competence”** means a requirement, as a condition of License renewal, to provide evidence of successful participation, and completion of, educational and professional activities relevant to practice or area of work. For purposes of this compact, evidence of active BOC certification may satisfy the meaning of Continuing Competence as set forth herein.
- M. **“Current Significant Investigative Information”** means the existence of:
1. Investigative Information that a Licensing Authority, after a preliminary inquiry that includes notification and an opportunity for the subject Licensee to respond, if required by State law, has reason to believe is not groundless and, if proven true, would indicate more than a minor infraction; or
 2. Investigative Information that indicates that the subject Licensee represents an immediate threat to public health and safety regardless of whether the subject Licensee has been notified and had an opportunity to respond.
- N. **“Criminal Background Check”** means the submission of fingerprints or other biometric-based information for a License applicant for the purpose of obtaining that applicant’s criminal history record information, as defined in 28 C.F.R. § 20.3(d) from the Federal Bureau of Investigation and the State’s criminal history record repository as defined in 28 C.F.R. § 20.3(f).
- O. **“Data System”** means the Commission’s repository of information about Licensees, including but not limited to examination, licensure, investigative, Compact Privilege, Adverse Action, and Alternative Program.
- P. **“Encumbrance”** or **“Encumbered”** means a revocation or suspension of, or any limitation or condition on, the full and unrestricted practice of Athletic Training.
- Q. **“Executive Committee”** means a group of commissioners elected or appointed to act on behalf of, and within the powers granted to them by, the compact and Commission.
- R. **“Investigative Information”** means information, records, and documents received or generated by a Licensing Authority pursuant to an investigation.
- S. **“Jurisprudence Requirement”** means the assessment of an individual’s knowledge of the laws and Rules governing the practice of Athletic Training, as applicable, in a State.

- T. **“License”** means current authorization by a Member State to engage in the practice of Athletic Training.
- U. **“Licensee”** or **“Licensed Athletic Trainer”** means an individual who currently holds an active, unrestricted License and who meets all of the requirements outlined in Section 4 of this compact.
- V. **“Licensing Authority”** means the board or agency of a State, or equivalent, that is responsible for the licensing and regulation of Athletic Trainers.
- W. **“Model Compact Language”** the model language for the Athletic Trainer Compact on file with The Council of State Governments or other entity as designated by the Commission to which all Member States must substantively adhere and adopt.
- X. **“Member State”** means a State that has enacted the compact.
- Y. **“Remote State”** means a Member State other than the State of Qualifying Licensure.
- Z. **“Rule”** means a regulation promulgated by an authorized entity that has the force of law.
- AA. **“Scope of Practice”** means the procedures, actions, and processes an Athletic Trainer licensed in a State is permitted to undertake in that State and the circumstances under which the Licensee is permitted to undertake those procedures, actions and processes. Such procedures, actions and processes and the circumstances under which they may be undertaken may be established through means, including, but not limited to, statute, regulations, case law, and other processes available to the State Licensing Authority or other government agency. Scope of Practice shall include any State requirements regarding supervision or direction, if required by such State and as further defined by such State’s statutes and regulations.
- BB. **“Single State License”** means a License issued by any State that authorizes practice only within the issuing State.
- CC. **“State”** means any state, commonwealth, district, or territory of the United States of America.
- DD. **“State of Qualifying Licensure”** means the Member State who has issued a Compact Qualifying License to a Licensee pursuant to this compact.
- EE. **“Unencumbered License”** means a License that authorizes a Licensee to engage in the full and unrestricted practice of Athletic Training.

SECTION 3. STATE PARTICIPATION IN THE COMPACT

- A. To be eligible to join this compact and to maintain eligibility as a Member State, a State must:

1. Enact and maintain a statute that is not materially different from the Model Compact Language;
 2. License and regulate the practice of Athletic Training;
 3. Require that Licensees in that State maintain Continuing Competence standards as part of their State practice act or Rules;
 4. Have a mechanism in place for receiving and investigating complaints about Licensees;
 5. Grant the Compact Privilege to a Licensee who meets all the requirements outlined in Section 4 in accordance with the terms of the compact and any Rules promulgated thereunder;
 6. Participate fully in the Compact Commission's Data System, including using the unique identifier as defined in Rules;
 7. Notify the Compact Commission, in compliance with the terms of the Compact and Rules, of any Adverse Action or the availability of Current Significant Investigative Information regarding a Licensee;
 8. Within a time frame established by Rule, implement or utilize procedures for considering the criminal history records of applicants for a Compact Qualifying License which includes receiving the results of the Federal Bureau of Investigation record search and shall use those results in making licensure decisions. These procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that State's criminal records; and
 - a. A Member State must fully implement a Criminal Background Check requirement in order to participate in the issuance and acceptance of Compact Privileges.
 - b. Communication between a Member State and the Compact Commission or among Member States regarding the verification of eligibility for licensure through the compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a Member State.
 9. Comply with and enforce the Rules of the Compact Commission.
- B. Member States may set and collect a fee for issuance and renewal of a Compact Privilege to applicants.

- 223 C. Individuals without a Compact Qualifying License shall continue to be able to apply for a
224 Member State's Single-State License as provided under the laws of each Member State.
225
- 226 D. Nothing in this compact shall affect the requirements established by a Member State for
227 the issuance of a Single State License.
228
- 229 E. A Compact Qualifying License shall be recognized by each Remote State as authorizing
230 that Licensee to engage in the practice of Athletic Training, under a Compact Privilege, in
231 another Member State in accordance with the requirements in Section 4.

232

233 **SECTION 4. COMPACT PRIVILEGE**

- 234 A. To be eligible for a Compact Privilege under the terms and provisions of the compact, the
235 Licensee shall complete a Criminal Background Check performed by the Licensing
236 Authority in the State of Qualifying Licensure prior to entry in the compact and shall:
237
- 238 1. Satisfy one of the following two pathways:
239
 - 240 a. Hold a valid current active certification through the BOC, or its successor
241 organization; or
242
 - 243 b. If a Licensee does not meet the requirements of 4.A.1.a., the following must be
244 completed:
245
 - 246 i. An education program which is either:
247
 - 248 1. At least a bachelor's degree with a major course of study in Athletic
249 Training, or an equivalent course of study from a college or university
250 accredited at the time of graduation by CAATE, or its successor
251 organization;
 - 252 2. An academic degree from a college or university in a foreign country
253 equivalent to the degree described in subparagraph 1 of this subsection
254 with a major course of study as described in subparagraph 1 of this
255 subsection that is accredited by CAATE, or its successor organization; or
256
 - 257 3. The substantial equivalent of the foregoing which the Commission may
258 determine by Rule.
 - 259 ii. Successful completion of the exam administered by the BOC, or its successor
260 organization, preceding the date of the Licensee's application for Licensure in
261 their State of Qualifying Licensure or the substantial equivalent of the
262 foregoing requirement which the Commission may determine by Rule.
263
 - 264
 - 265 2. Hold a Compact Qualifying License;
266

3. Have not had any Encumbrance against any license or Compact Privilege to practice Athletic Training within the previous two (2) years;
 4. Be eligible for a Compact Privilege in any Member State in accordance with Section 4;
 5. Notify the Compact Commission that the Licensee is seeking the Compact Privilege within a Remote State(s);
 6. Pay any applicable fees, including any State fee, for the Compact Privilege;
 7. Meet only the Continuing Competence requirements established by the State of Qualifying Licensure;
 8. Comply with any requirements of the State of Qualifying Licensure as set forth in Section 3;
 9. Meet any Jurisprudence Requirements established by the Remote State(s) in which the Licensee is seeking a Compact Privilege; and
 10. Report to the Compact Commission any Adverse Action, Encumbrance, or restriction on a license taken by any non-Member State within 30 days from the date the action is taken.
- B. The Compact Privilege is valid until the expiration date of the Compact Qualifying License. To maintain a Compact Privilege, renewal of the Compact Privilege shall be congruent with the renewal of the Compact Qualifying License as the Compact Commission may define by Rule. The Licensee must comply with the requirements of this section to maintain the Compact Privilege in the Remote State. A Licensee may apply for and hold Compact Privileges in multiple Member States.
- C. A Licensed Athletic Trainer must follow the Scope of Practice of the Member State where the patient is located. A Licensee engaging in the practice of Athletic Training in a Remote State under the Compact Privilege shall adhere to the Scope of Practice laws and regulations of the Remote State. Licensees shall be responsible for educating themselves on, and complying with, any and all Scope of Practice laws and regulations State laws relating to the remote practice of Athletic Training, as applicable.
- D. A Licensee engaging in the practice of Athletic Training in a Remote State is subject to that State's regulatory authority. A Remote State may, in accordance with due process and that State's laws, remove a Licensee's Compact Privilege in the Remote State for a specific period of time, impose fines, or take any other necessary actions to protect the health and safety of its citizens. Any Member State which undertakes such an action shall promptly notify the Member State and the Commission as specified in the Rules. The Licensee may be deemed to be ineligible to exercise the Compact Privilege by any Member State until the specific time for removal has passed and all fines are paid.

- 313 E. All Member State disciplinary orders that impose Adverse Action against a Compact
314 Qualifying License shall result in deactivation of the Licensee's Compact Privilege in all
315 Member States during the pendency of the order. If a Compact Qualifying License is
316 Encumbered, the Licensee shall lose the Compact Privilege in any Remote State until the
317 following occur:
318
- 319 1. The Compact Qualifying License is no longer Encumbered; and
 - 320
 - 321 2. The Licensee has not had any Encumbrance or restriction against any License,
322 Compact Qualifying License or Compact Privilege within the previous two (2) years.
 - 323
- 324 F. Once an Encumbered License is restored to good standing as a Compact Qualifying
325 License (as certified by the Licensing Authority), the Licensee must meet the
326 requirements of this section to obtain a Compact Privilege in any Remote State.
327
- 328 G. If a Licensee's Compact Privilege in any Remote State is removed, that Licensee may
329 also lose the Compact Privilege in other Remote States, as each Member State shall
330 determine in its sole authority, until the following occur:
331
- 332 1. The specific period of time for which the Compact Privilege was removed has ended;
 - 333
 - 334 2. All fines have been paid; and
 - 335
 - 336 3. Have not had any Encumbrance or restriction against any License or Compact
337 Privilege within the previous two (2) years.
 - 338
- 339 H. Once the requirements of Section 4.G have been met, the Licensee must meet the
340 requirements in Section 4.A to obtain a Compact Privilege in a Remote State.
341

342 **SECTION 5. COMPACT QUALIFYING LICENSE**

343

- 344 A. A Licensee may only designate one License as their Compact Qualifying License at a
345 time. The procedures for such designation may be further defined by Compact
346 Commission Rule.
347
- 348 B. Nothing in this Section shall require that the State of Qualifying Licensure be the State of
349 primary residence or State of primary practice for the Licensee.
350
- 351 C. Nothing in this Compact shall interfere with a Licensee's ability to hold a Single State
352 License in multiple States.
353
- 354 D. Nothing in this Compact shall affect the requirements established by a Member State for
355 the issuance of a Single State License.
356
357
358

SECTION 6. ACTIVE MILITARY MEMBER OR THEIR SPOUSES

An Active Military Member or their spouse shall not be required to pay a fee to the Commission for a Compact Privilege. If a Member State chooses to charge a Member State fee, it may choose to charge a reduced fee or no fee to an Active Military Member or their spouse for a Compact Privilege.

SECTION 7. ADVERSE ACTIONS

- A. A Member State in which a Licensee is issued a Compact Qualifying License shall have the exclusive authority to impose Adverse Action against the Compact Qualifying License issued by that Member State.
- B. A Member State may take Adverse Action based on Current Significant Investigative Information of a Remote State, so long as the Member State follows its own procedures for imposing Adverse Action.
- C. Nothing in this compact shall override a Member State's decision that participation in an Alternative Program may be used in lieu of Adverse Action and that such participation shall remain non-public if required by the Member State's laws or Rules.
- D. A Remote State shall have the authority to:
 - 1. Take Adverse Actions as set forth herein against a Licensee's Compact Privilege in that State; and
 - 2. Issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence.
 - a. Subpoenas may be issued by a Member State Athletic Training Licensing Authority for the attendance and testimony of witnesses and the production of evidence.
 - b. A Member State which issues a subpoena may request service of that subpoena by another Member State. The Member State receiving the request to serve a subpoena shall serve the subpoena if it is deemed enforceable by a court of competent jurisdiction according to the practice and procedure in the receiving Member State.
 - c. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees required by the service statutes of the State where the witnesses or evidence are located.
- E. For purposes of taking Adverse Action, a Member State shall give the same priority and effect to reported conduct received from another Member State as it would if the conduct had occurred within that State. In so doing, the investigating Member State shall apply its own State laws to determine appropriate action.

F. A Member State, if otherwise permitted by State law, may recover from the affected Licensee the costs of investigations and dispositions of cases resulting from any Adverse Action taken against that Licensee.

H. Joint Investigations:

1. In addition to the authority granted to a Member State by its respective State law, any Member State may participate with other Member States in joint investigations of Licensees.

2. Member States shall share any Current Significant Investigative Information, litigation, or compliance materials in furtherance of any joint or individual investigation initiated under the compact. In sharing such information between Member State Athletic Trainer Licensing Authorities, all information obtained shall be kept confidential, except as otherwise mutually agreed upon by the sharing and receiving Member State(s).

3. A Remote State may issue subpoenas on behalf of a Member State for both hearings and investigations that require the attendance and testimony of witnesses as well as the production of evidence.

I. If a Member State takes Adverse Action, it shall promptly notify the administrator of the Data System. The administrator of the Data System shall promptly notify all Member States of any Adverse Actions by Remote States.

J. Nothing in this compact may permit a Member State to take any Adverse Action against a Licensee or holder of a Compact Privilege for conduct or practice occurring in another Member State that was legal in the Member State at the time it was undertaken.

SECTION 8. ESTABLISHMENT AND OPERATION OF THE COMMISSION

A. The compact Member States hereby create and establish a joint government agency whose membership consists of all Member States that have enacted the compact known as the Athletic Trainer Licensure Compact Commission. The Compact Commission is an instrumentality of the Member States acting jointly and not an instrumentality of any one State. The Compact Commission shall come into existence on or after the effective date of the Compact as set forth in Section 12.

B. Membership, Voting, and Meetings

1. Each Member State shall have and be limited to one (1) Commissioner selected by that Member State's Licensing Authority within 60 days of the Member State's effective date.

2. The Commissioner shall be an administrator or their designated staff or current board member of the Licensing Authority.

3. The Compact Commission may recommend removal or suspension of any Commissioner from office.

4. A Member State's Licensing Authority shall fill any vacancy of its Commissioner occurring on the Compact Commission within 60 days of the vacancy.

- 441 5. Each Commissioner shall be entitled to one vote on all matters before the Compact
442 Commission requiring a vote by the Commissioners.
- 443 6. The Compact Commission shall meet at least once during each calendar year.
444 Additional meetings may be held as set forth in the Commission bylaws. A
445 Commissioner shall vote in person or by such other means as provided in the bylaws.
446 The bylaws may provide for Commissioners to meet by telecommunication,
447 videoconference, or other means of communication.
- 448 C. The Compact Commission shall have the following powers:
- 449 1. Promulgate, adopt, and amend Rules and bylaws;
- 450 2. Establish code of conduct, confidentiality, and conflict of interest policies for
451 Commissioners;
- 452 3. Establish the fiscal year of the Compact Commission;
- 453 4. Maintain its financial records in accordance with the bylaws;
- 454 5. Purchase and maintain insurance and insurance bonds;
- 455 6. Accept, or contract for services of personnel, including, but not limited to, employees
456 of a Member State;
- 457 7. Conduct a financial review or audit;
- 458 8. Hire employees, elect or appoint officers, fix compensation, define duties, grant such
459 individuals appropriate authority to carry out the purposes of the Compact, and
460 establish the Compact Commission's personnel policies and programs relating to
461 conflicts of interest, qualifications of personnel, and other related personnel matters;
- 462 9. Enter into contracts or arrangements for the management of the affairs of the
463 Commission;
- 464 10. Assess and collect fees;
- 465 11. Accept any and all appropriate gifts, donations, grants of money, other sources of
466 revenue, equipment, supplies, materials, and services, and receive, utilize, and
467 dispose of the same; provided that at all times the Compact Commission shall avoid
468 any appearance of impropriety or conflict of interest;
- 469 12. Lease, purchase, retain, own, hold, improve, invest, or use any property, real,
470 personal, or mixed, or any undivided interest therein;
- 471 13. Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any
472 property real, personal, or mixed;
- 473 14. Establish a budget and make expenditures;
- 474 15. Borrow and invest money;
- 475 16. Meet and take such actions as are consistent with the provisions of this compact, the
476 Compact Commission's Rules, and the bylaws;

- 477 17. Initiate and conclude legal proceedings or actions in the name of the Compact
478 Commission, provided that the standing of any Licensing Authority to sue or be sued
479 under applicable law shall not be affected;
- 480 18. Maintain and certify records and information provided to a Member State as the
481 authenticated business records of the Compact Commission, and designate an agent to
482 do so on the Compact Commission's behalf;
- 483 19. Provide and receive information from, and cooperate with, law enforcement agencies;
- 484 20. Determine whether a State's adopted language is materially different from the Model
485 Compact Language such that the State would not qualify for participation in the
486 compact;
- 487 21. Establish and elect an Executive Committee, including a chair and a vice chair,
488 secretary, treasurer, and such other offices as the Commission shall establish by Rule
489 or bylaw;
- 490 22. Appoint committees, including standing committees, composed of Member State
491 Commissioners, State regulators, State legislators or their representatives, and
492 consumer representatives, and such other interested persons as may be designated in
493 this compact and the bylaws; and
- 494 23. Perform such other functions as may be necessary or appropriate to achieve the
495 purposes of this compact.

496 D. The Executive Committee

- 497 1. The Executive Committee shall have the power to act on behalf of the Compact
498 Commission according to the terms of this compact. The powers, duties, and
499 responsibilities of the Executive Committee shall include:
- 500 a. Exercise the powers and duties of the Compact Commission during the interim
501 between Compact Commission meetings, except for adopting or amending Rules,
502 adopting or amending bylaws, and exercising any other powers and duties
503 expressly reserved to the Compact Commission by Rule or bylaw;
504
- 505 b. Oversee the day-to-day activities of the administration of the Compact including
506 enforcement and compliance with the provisions of the Compact, its Rules and
507 bylaws, and other such duties as deemed necessary;
508
- 509 c. Recommend to the Compact Commission changes to the Rules or bylaws,
510 changes to this compact legislation, fees charged to Compact Member States, fees
511 charged to Licensees, and other fees;
512
- 513 d. Ensure compact administration services are appropriately provided, including by
514 contract;
515
- 516 e. Prepare and recommend the budget;
517

- 518 f. Maintain financial records on behalf of the Compact Commission;
519
520 g. Monitor compact compliance of Member States and provide compliance reports
521 to the Compact Commission;
522
523 h. Establish additional committees as necessary; and
524
525 i. Other duties as provided in the Rules or bylaws of the Compact Commission.
526
- 527 2. The Executive Committee shall be composed of five voting members, elected by the
528 Compact Commission:
529
- 530 a. The chair and vice chair of the Compact Commission, shall be voting members of
531 the Executive Committee;
532
- 533 b. The Compact Commission shall elect up to three additional voting members from
534 the current membership of the Compact Commission to include the offices of
535 treasurer, secretary, and one member-at-large; and
536
- 537 c. Up to four (4) ex-officio, nonvoting members from recognized national athletic
538 trainer organizations.
539
- 540 3. The Compact Commission may remove any member of the Executive Committee as
541 provided in the Compact Commission's bylaws.
542
- 543 4. The Executive Committee shall meet at least annually:
544
- 545 a. Executive Committee meetings shall be open to the public, except that the
546 Executive Committee may meet in a closed, non-public meeting as provided in
this section.
- 547 b. The Executive Committee shall give advance notice of its meetings, posted on its
548 website and as determined by rule or bylaw to provide notice to persons with an
549 interest in the business of the Compact Commission.
- 550 c. The Executive Committee may hold a special meeting in accordance with this
551 section.
- 552 E. The Compact Commission shall adopt and provide to the Member States an annual
553 report.
554
- 555 F. Meetings of the Compact Commission:
556
- 557 1. All meetings shall be open to the public, except that the Compact Commission may
558 meet in a closed, non-public meeting as provided in this section.
559
- 560 2. Public notice for all meetings of the full Compact Commission of meetings shall be
561 given in the same manner as required under the rulemaking provisions in this

compact, except that the Compact Commission may hold a special meeting as provided in this section.

3. The Compact Commission may hold a special meeting when it must meet to conduct emergency business by giving 24 hours' notice to all Commissioners, on the Compact Commission's website, and other means as provided in the Compact Commission's Rules. The Compact Commission's legal counsel shall certify that the Compact Commission's need to meet qualifies as an emergency.
4. The Compact Commission or the Executive Committee or other committees of the Compact Commission may convene in a closed, non-public meeting for the Compact Commission or Executive Committee or other committees of the Compact Commission to receive legal advice or to discuss:
 - a. Non-compliance of a Member State with its obligations under the Compact;
 - b. The employment, compensation, discipline or other matters, practices or procedures related to specific employees;
 - c. Current or threatened discipline of a Licensee by a Member State's Licensing Authority;
 - d. Current, threatened, or reasonably anticipated litigation;
 - e. Negotiation of contracts for the purchase, lease, or sale of goods, services, or real estate;
 - f. Accusing any person of a crime or formally censuring any person;
 - g. Trade secrets or commercial or financial information that is privileged or confidential;
 - h. Information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - i. Investigative records compiled for law enforcement purposes;
 - j. Information related to any investigative reports prepared by or on behalf of or for use of the Compact Commission or other committee charged with responsibility of investigation or determination of compliance issues pursuant to the compact;
 - k. Matters specifically exempted from disclosure by federal or Member State law; or
 - l. Other matters as specified in Rules of the Compact Commission.
5. If a meeting, or portion of a meeting, is closed, the Compact Commission's legal counsel or designee shall certify that the meeting will be closed and reference each relevant exempting provision, and such reference shall be recorded in the minutes. All minutes and documents of a closed meeting shall remain under seal, subject to release only by a majority vote of the Compact Commission or order of a court of competent jurisdiction.

601 G. Financing of the Compact Commission:
602

- 603 1. The Compact Commission shall pay, or provide for the payment of, the reasonable
604 expenses of its establishment, organization, and ongoing activities.
605
- 606 2. The Compact Commission may accept any and all appropriate revenue sources as
607 provided in this section.
608
- 609 3. The Compact Commission may levy on and collect an annual assessment from each
610 Member State and impose fees on Licensees of Member States to whom it grants a
611 Compact Privilege to cover the cost of the operations and activities of the Compact
612 Commission and its staff, which must be in a total amount sufficient to cover its
613 annual budget as approved each year for which revenue is not provided by other
614 sources. The aggregate annual assessment amount for Member States shall be
615 allocated based upon a formula that the Compact Commission shall promulgate by
616 Rule.
617
- 618 4. The Compact Commission shall not incur obligations of any kind prior to securing
619 the funds or a loan adequate to meet the same; nor shall the Compact Commission
620 pledge the credit of any of the Member States, except by and with the authority of the
621 Member State.
622
- 623 5. The Compact Commission shall keep accurate accounts of all receipts and
624 disbursements. The receipts and disbursements of the Compact Commission shall be
625 subject to the financial review or audit and accounting procedures established under
626 its bylaws. However, all receipts and disbursements of funds handled by the Compact
627 Commission shall be subject to an annual financial review or audit by a certified or
628 licensed public accountant, and the report of the financial review or audit shall be
629 included in and become part of the annual report of the Compact Commission.
630

631 H. Qualified Immunity, Defense, and Indemnification:
632

- 633 1. The members, officers, executive director, employees and representatives of the
634 Compact Commission shall be immune from suit and liability, both personally and in
635 their official capacity, for any claim for damage to or loss of property or personal
636 injury or other civil liability caused by or arising out of any actual or alleged act,
637 error, or omission that occurred, or that the person against whom the claim is made
638 had a reasonable basis for believing occurred within the scope of Compact
639 Commission employment, duties or responsibilities; provided that nothing in this
640 paragraph shall be construed to protect any such person from suit or liability for any
641 damage, loss, injury, or liability caused by the intentional or willful or wanton
642 misconduct of that person. The procurement of insurance of any type by the Compact
643 Commission shall not in any way compromise or limit the immunity granted
644 hereunder.
645

- 646 2. The Compact Commission shall defend any member, officer, executive director,
647 employee, and representative of the Compact Commission in any civil action seeking
648 to impose liability arising out of any actual or alleged act, error, or omission that
649 occurred within the scope of Compact Commission employment, duties, or
650 responsibilities, or as determined by the Compact Commission that the person against
651 whom the claim is made had a reasonable basis for believing occurred within the
652 scope of Compact Commission employment, duties, or responsibilities; provided that
653 nothing herein shall be construed to prohibit that person from retaining their own
654 counsel at their own expense; and provided further, that the actual or alleged act,
655 error, or omission did not result from that person's intentional or willful or wanton
656 misconduct.
657
- 658 3. The Compact Commission shall indemnify and hold harmless any member, officer,
659 executive director, employee, and representative of the Compact Commission for the
660 amount of any settlement or judgment obtained against that person arising out of any
661 actual or alleged act, error, or omission that occurred within the scope of Compact
662 Commission employment, duties, or responsibilities, or that such person had a
663 reasonable basis for believing occurred within the scope of Compact Commission
664 employment, duties, or responsibilities, provided that the actual or alleged act, error,
665 or omission did not result from the intentional or willful or wanton misconduct of that
666 person.
667
- 668 4. Nothing herein shall be construed as a limitation on the liability of any Licensee for
669 professional malpractice or misconduct, which shall be governed solely by any other
670 applicable State laws.
671
- 672 5. Nothing in this compact shall be interpreted to waive or otherwise abrogate a Member
673 State's state action immunity or state action affirmative defense with respect to
674 antitrust claims under the Sherman Act, Clayton Act, or any other State or federal
675 antitrust or anticompetitive law or regulation.
676
- 677 6. Nothing in this compact shall be construed to be a waiver of sovereign immunity by
678 the Member States or by the Compact Commission.

679 **SECTION 9. DATA SYSTEM**

- 680 A. The Commission shall provide for the development, maintenance, operation, and
681 utilization of a coordinated Data System and reporting system containing licensure,
682 Compact Privileges, Adverse Action, and the presence of Current Significant
683 Investigative Information on all Licensees and applicants for a License in Member
684 States.
685
- 686 B. Notwithstanding any other provision of State law to the contrary, a Member State
687 shall submit a uniform data set to the Data System on all Licensees, applicants, and
688 others to whom this compact is applicable as required by the Rules of the Compact
689 Commission, including:
690

1. Personally identifying information;
 2. Licensure data;
 3. Adverse Actions against a Licensee, License applicant or Compact Privilege and information related thereto;
 4. Non-confidential information related to Alternative Program participation, the beginning and ending dates of such participation, and other information related to such participation;
 5. Any denial of an application for licensure, and the reason(s) for such denial, (excluding the reporting of any criminal history record information where prohibited by law);
 6. A binary determination regarding the presence of Current Significant Investigative Information; and
 7. Other information that may facilitate the administration of this compact or the protection of the public, as determined by the Rules of the Commission.
- C. The records and information provided to a Member State pursuant to this compact or through the Data System, when certified by the Commission or an agent thereof, shall constitute the authenticated business records of the Commission, and shall be entitled to any associated hearsay exception in any relevant judicial, quasi-judicial or administrative proceedings in a Member State.
- D. Current Significant Investigative Information pertaining to a Licensee in any Member State will only be available to other Member States.
- E. It is the responsibility of the Member States to monitor the Data System to determine whether Adverse Action has been taken against a Licensee or License applicant. Adverse Action information pertaining to a Licensee or License applicant in any Member State will be available to any other Member State.
- F. Member States contributing information to the Data System may designate information that may not be shared with the public without the express permission of the contributing State.
- G. Any information submitted to the Data System that is subsequently expunged pursuant to federal law or the laws of the Member State contributing the information shall be removed from the Data System.

SECTION 10. RULEMAKING

- A. The Compact Commission shall promulgate reasonable Rules in order to effectively and efficiently implement and administer the purposes and provisions of the Compact. A Rule

736 shall be invalid and have no force or effect only if a court of competent jurisdiction holds
737 that the Rule is invalid because the Compact Commission exercised its rulemaking
738 authority in a manner that is beyond the scope and purposes of the Compact, or the
739 powers granted hereunder, or based upon another applicable standard of review.
740

741 B. The Rules of the Compact Commission shall have the force of law in each Member State,
742 provided however that where the Rules conflict with the laws or regulations of a Member
743 State that relate to the Scope of Practice a Licensed Athletic Trainer is permitted to
744 undertake in that State and the circumstances under which they may do so, as held by a
745 court of competent jurisdiction, the Rules of the Compact Commission shall be
746 ineffective in that State to the extent of the conflict.
747

748 C. The Compact Commission shall exercise its rulemaking powers pursuant to the criteria
749 set forth in this section and the Rules adopted thereunder. Rules of this compact shall
750 become binding on the day following adoption or as of the date specified in the Rule or
751 amendment, whichever is later.
752

753 D. If a majority of the legislatures of the Member States rejects a Rule or portion of a Rule,
754 by enactment of a statute or resolution in the same manner used to adopt the Compact
755 within four (4) years of the date of adoption of the Rule, then such Rule shall have no
756 further force and effect in any Member State.
757

758 E. Rules shall be adopted at a regular or special meeting of the Compact Commission.
759

760 F. Prior to adoption of a proposed Rule, the Compact Commission shall hold a public
761 hearing and allow persons to provide oral and written comments, data, facts, opinions,
762 and arguments. At least thirty (30) days in advance of the public hearing on the proposed
763 Rule, the Compact Commission shall provide a notice of proposed rulemaking:
764

765 1. On the website of the Compact Commission or other publicly accessible platform;
766

767 2. To persons who have requested notice of the Compact Commission's notices of
768 proposed rulemaking; and
769

770 3. In such other way(s) as the Compact Commission may by Rule specify.
771

772 G. The notice of proposed rulemaking shall include:
773

774 1. The time, date, and location of the public hearing at which the Compact Commission
775 will hear public comments on the proposed Rule and, if different, the time, date, and
776 location of the meeting where the Compact Commission will consider and vote on the
777 proposed Rule;
778

779 2. If the hearing is held via telecommunication, video conference, or other electronic
780 means, the Compact Commission shall include the mechanism for access to the
781 hearing in the notice of proposed rulemaking;

- 782
- 783 3. The text of the proposed Rule and the reason therefor;
- 784
- 785 4. A request for comments on the proposed Rule from any interested person; and
- 786
- 787 5. The manner in which interested persons may submit written comments.
- 788
- 789 H. All hearings will be recorded. A copy of the recording and all written comments and
- 790 documents received by the Compact Commission in response to the proposed Rule shall
- 791 be available to the public.
- 792
- 793 I. Nothing in this section shall be construed as requiring a separate hearing on each Rule.
- 794 Rules may be grouped for the convenience of the Compact Commission at hearings
- 795 required by this section.
- 796
- 797 J. The Compact Commission shall, by majority vote of all members, take final action on the
- 798 proposed Rule based on the rulemaking record and the full text of the Rule.
- 799
- 800 1. The Compact Commission may adopt changes to the proposed Rule provided the
- 801 changes do not enlarge the original purpose of the proposed Rule.
- 802
- 803 2. The Compact Commission shall provide an explanation of the reasons for substantive
- 804 changes made to the proposed Rule as well as reasons for substantive changes not
- 805 made that were recommended by commenters.
- 806
- 807 3. The Compact Commission shall determine a reasonable effective date for the Rule.
- 808 Except for an emergency as provided in this section, the effective date of the Rule
- 809 shall be no sooner than 30 days after issuing the notice that it adopted or amended the
- 810 Rule.
- 811
- 812 K. Upon determination that an emergency exists, the Compact Commission may consider
- 813 and adopt an emergency Rule with 24 hours' notice, with opportunity to comment,
- 814 provided that the usual rulemaking procedures provided in the compact and in this
- 815 section shall be retroactively applied to the Rule as soon as reasonably possible, in no
- 816 event later than ninety (90) days after the effective date of the Rule. For the purposes of
- 817 this provision, an emergency Rule is one that must be adopted immediately in order to:
- 818
- 819 1. Meet an imminent threat to public health, safety, or welfare;
- 820
- 821 2. Prevent a loss of Compact Commission or Member State funds;
- 822
- 823 3. Meet a deadline for the promulgation of a Rule that is established by federal law or
- 824 rule; or
- 825
- 826 4. Protect public health and safety.
- 827

L. The Compact Commission or an authorized committee of the Compact Commission may direct revisions to a previously adopted Rule for purposes of correcting typographical errors, errors in format, errors in consistency, or grammatical errors. Public notice of any revisions shall be posted on the website of the Compact Commission. The revision shall be subject to challenge by any person for a period of thirty (30) days after posting. The revision may be challenged only on grounds that the revision results in a material change to a Rule. A challenge shall be made in writing and delivered to the Compact Commission prior to the end of the notice period. If no challenge is made, the revision will take effect without further action. If the revision is challenged, the revision may not take effect without the approval of the Compact Commission.

M. No Member State's rulemaking requirements shall apply under this Compact.

SECTION 11. OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

A. Oversight:

1. The executive and judicial branches of State government in each Member State shall enforce this compact and take all actions necessary and appropriate to implement the compact.
2. Except as otherwise provided in this compact, venue is proper and judicial proceedings by or against the Compact Commission shall be brought solely and exclusively in a court of competent jurisdiction where the principal office of the Compact Commission is located. The Compact Commission may waive venue and jurisdictional defenses to the extent it adopts or consents to participate in alternative dispute resolution proceedings. Nothing herein shall affect or limit the selection or propriety of venue in any action against a Licensee for professional malpractice, misconduct or any such similar matter.
3. The Compact Commission shall be entitled to receive service of process in any proceeding regarding the enforcement or interpretation of the compact and shall have standing to intervene in such a proceeding for all purposes. Failure to provide the Compact Commission service of process shall render a judgment or order void as to the Compact Commission, this Compact, or promulgated Rules.

B. Default, Technical Assistance, and Termination:

1. If the Compact Commission determines that a Member State has defaulted in the performance of its obligations or responsibilities under this compact or the promulgated Rules, the Commission shall provide written notice to the defaulting State. The notice of default shall describe the default, the proposed means of curing the default, and any other action that the Compact Commission may take, and shall offer training and specific technical assistance regarding the default.

872 2. The Compact Commission shall provide a copy of the notice of default to the other
873 Member States.
874

875 C. If a State in default fails to cure the default, the defaulting State may be terminated from
876 the compact upon an affirmative vote of a majority of the Commissioners of the Member
877 States, and all rights, privileges and benefits conferred on that State by this compact may
878 be terminated on the effective date of termination. A cure of the default does not relieve
879 the offending State of obligations or liabilities incurred during the period of default.
880

881 D. Termination of membership in the compact shall be imposed only after all other means of
882 securing compliance have been exhausted. Notice of intent to suspend or terminate shall
883 be given by the Compact Commission to the governor, the majority and minority leaders
884 of the defaulting State's legislature, the defaulting State's Licensing Authority and each
885 of the Member States' Licensing Authority.
886

887 E. A State that has been terminated is responsible for all assessments, obligations, and
888 liabilities incurred through the effective date of termination, including obligations that
889 extend beyond the effective date of termination.
890

891 F. Upon the termination of a State's membership from this compact, that State shall
892 immediately provide notice to all Licensees within that State of such termination. The
893 terminated State shall continue to recognize all Licenses and Compact Privileges granted
894 pursuant to this compact for a minimum of 180 days after the date of said notice of
895 termination.
896

897 G. The Compact Commission shall not bear any costs related to a State that is found to be in
898 default or that has been terminated from the compact, unless agreed upon in writing
899 between the Compact Commission and the defaulting State.
900

901 H. The defaulting State may appeal the action of the Compact Commission by petitioning
902 the U.S. District Court for the District of Columbia or the federal district where the
903 Compact Commission has its principal offices. The prevailing party shall be awarded all
904 costs of such litigation, including reasonable attorney's fees.
905

906 I. Dispute Resolution:
907

908 1. Upon request by a Member State, the Compact Commission shall attempt to resolve
909 disputes related to the compact that arise among Member States and between Member
910 and non-Member States.
911

912 2. The Compact Commission shall promulgate a Rule providing for both mediation and
913 binding dispute resolution for disputes as appropriate.
914

915 J. Enforcement:
916

1. By two-thirds majority (2/3) vote, the Compact Commission may initiate legal action against a Member State in default in the United States District Court for the District of Columbia or the federal district where the Compact Commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees. The remedies herein shall not be the exclusive remedies of the Compact Commission. The Compact Commission may pursue any other remedies available under federal or the defaulting Member State's law.
2. A Member State may initiate legal action against the Compact Commission in the U.S. District Court for the District of Columbia or the federal district where the Compact Commission has its principal offices to enforce compliance with the provisions of the compact and its promulgated Rules. The relief sought may include both injunctive relief and damages. In the event judicial enforcement is necessary, the prevailing party shall be awarded all costs of such litigation, including reasonable attorney's fees.
3. No person other than a Member State shall enforce this compact against the Compact Commission.

SECTION 12. EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

- A. The Compact shall come into effect on the date on which the compact statute is enacted into law in the seventh Member State.
 1. On or after the effective date of the compact, the Compact Commission shall convene and review the enactment of each of the first seven Member States ("Charter Member States") to determine if the statute enacted and made effective by each such Charter Member State is materially different than the model compact statute.
 - a. A Charter Member State whose enactment is found to be materially different from the Model Compact Language shall be entitled to the default process set forth in Section 11.
 - b. If any Member State is later found to be in default, or is terminated or withdraws from the Compact, the Compact Commission shall remain in existence and the Compact shall remain in effect even if the number of Member States should be less than seven.
 2. Member States enacting the compact subsequent to the seven initial Charter Member States shall be subject to the process set forth in this section to determine if their enactments are materially different from the model Compact statute and whether they qualify for participation in the Compact.

- 962 3. All actions taken for the benefit of the Compact Commission or in furtherance of the
963 purposes of the administration of the compact prior to the effective date of the
964 compact or the Compact Commission coming into existence shall be considered to be
965 actions of the Compact Commission unless specifically repudiated by the Compact
966 Commission.
967
- 968 4. Any State that joins the compact subsequent to the Compact Commission's initial
969 adoption of the Rules and bylaws shall be subject to the Rules and bylaws as they
970 exist on the date on which the compact becomes law in that State. Any Rule that has
971 been previously adopted by the Compact Commission shall have the full force and
972 effect of law on the day the compact becomes law in that State.
973
- 974 B. Any Member State may withdraw from this compact by enacting a statute repealing the
975 same.
976
- 977 1. A Member State's withdrawal shall not take effect until 180 days after enactment of
978 the repealing statute.
979
- 980 2. Withdrawal shall not affect the continuing requirement of the withdrawing State's
981 Licensing Authority to comply with the investigative and Adverse Action reporting
982 requirements of this compact prior to the effective date of withdrawal.
983
- 984 3. Upon the enactment of a statute withdrawing from this compact, a State shall
985 immediately provide notice of such withdrawal to all Licensees and privilege holders
986 within that State. Notwithstanding any subsequent statutory enactment to the contrary,
987 such withdrawing State shall continue to recognize all Compact Privileges granted
988 pursuant to this compact for a minimum of 180 days after the date of such notice of
989 withdrawal.
990
- 991 4. Nothing contained in this compact shall be construed to invalidate or prevent any
992 licensure agreement or other cooperative arrangement between a Member State and a
993 non-Member State that does not conflict with the provisions of this compact.
994
- 995 5. This compact may be amended by the Member States. No amendment to this compact
996 shall become effective and binding upon any Member State until it is enacted into the
997 laws of all Member States.
998

999 **SECTION 13. CONSTRUCTION AND SEVERABILITY**

- 1000 A. This compact and the Compact Commission's rulemaking authority shall be liberally
1001 construed so as to effectuate the purposes, and the implementation and administration of
1002 the compact. Provisions of the compact expressly authorizing or requiring the
1003 promulgation of Rules shall not be construed to limit the Compact Commission's
1004 rulemaking authority solely for those purposes.
1005

- 1006 B. The provisions of this compact shall be severable and if any phrase, clause, sentence or
1007 provision of this compact is held by a court of competent jurisdiction to be contrary to the
1008 constitution of any Member State, a State seeking participation in the compact, or of the
1009 United States, or the applicability thereof to any government, agency, person or
1010 circumstance is held to be unconstitutional by a court of competent jurisdiction, the
1011 validity of the remainder of this compact and the applicability thereof to any other
1012 government, agency, person or circumstance shall not be affected thereby.
1013
- 1014 C. Notwithstanding the foregoing, the Compact Commission may deny a State's
1015 participation in the compact or terminate a Member State's participation in the Compact
1016 if it determines that a constitutional requirement of a Member State is a material
1017 departure from the Compact. Otherwise, if this compact shall be held to be contrary to the
1018 constitution of any Member State, the Compact shall remain in full force and effect as to
1019 the remaining Member States and in full force and effect as to the Member State affected
1020 as to all severable matters.
1021

1022 **SECTION 14. CONSISTENT EFFECT AND CONFLICT WITH OTHER STATE LAWS**

- 1023 A. Nothing herein shall prevent or inhibit the enforcement of any other law of a Member
1024 State that is not inconsistent with the compact.
1025
- 1026 B. Any laws, statutes, regulations, or other legal requirements in a Member State in conflict
1027 with the compact are superseded to the extent of the conflict.
1028
- 1029 C. All permissible agreements between the Compact Commission and the Member States
1030 are binding in accordance with their terms.

1.1 A bill for an act

1.2 relating to health-related licensing; clarifying athletic trainer scope of practice; 1.3
amending Minnesota Statutes 2024, sections 148.7802, by adding a subdivision; 1.4
148.7806; 148.7807; 148.7814; repealing Minnesota Statutes 2024, section 1.5 148.7802,
subdivisions 4, 5.

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

1.7 Section 1. Minnesota Statutes 2024,section 148.7802, is amended by adding a subdivision 1.8
to read:

1.9 Subd. 6a. **Athletic training.** For the purpose of treating emergent, acute, and chronic 1.10
injuries and nonorthopedic conditions, "athletic training" means: within the professional the
following actions when 1.11 performed within the training and experience provided by an
approved education program and included in the credentialing examination of the athletic trainer
pursuant to section 1.12 148.7806, paragraph (c):

- (1) Risk reduction, wellness and health literacy;
- (2) Assessment, evaluation and diagnosis;
- (3) Critical incident management;
- (4) Therapeutic intervention;
- (5) Healthcare administration and professional responsibility.

1.13 ~~(1) prevention and wellness promotion;~~

1.14 ~~(2) risk management;~~

1.15 ~~(3) immediate and emergency care;~~

1.16 ~~(4) examination, assessment, and diagnosis of a condition for which treatment is included~~

1.17 ~~in the training and experience of the athletic trainer as required in section 148.7806,~~

~~paragraph 1.18 (c);~~

~~1.19 (5) therapeutic interventions, rehabilitation, and reconditioning; 1.20 (6) clinical~~

~~decision-making to determine if a consultation or referral is necessary; 1.21 (7) health care~~

~~administration; and (8) maintenance of professional responsibility.~~

Athletic trainers practice in healthcare settings and serve patient populations as defined by the credentialing board and approved educational programs.

2.2 Sec. 2. Minnesota Statutes 2024, section 148.7806, is amended to read: 2.3

148.7806 ATHLETIC TRAINING.

2.4 ~~Athletic training by a licensed athletic trainer under section 148.7808 includes the 2.5 activities described in paragraphs (a) to (e).~~

2.6 (a) An athletic trainer shall: ~~perform athletic training, as defined in section 148.7802, 2.7 subdivision 6a, under the direction~~ supervision of, on the prescription of, ~~or~~ and in collaboration with a 2.8 primary physician who is licensed in Minnesota to practice medicine, as defined in section 2.9 147.081, and whose license is in good standing.

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

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

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

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

2.14 ~~The (b) An athletic trainer may use modalities such as cold, heat, light, sound, electricity, 2.15 exercise, and mechanical devices must use therapeutic interventions within the training and 2.16 experience of the athletic trainer pursuant to paragraph (c) 148.7802 for treatment and rehabilitation 2.17 of athletic injuries to athletes in the primary employment site a patient.~~

2.18 ~~(b) (c)~~ The primary physician shall establish evaluation and treatment protocols to be 2.19 used by the athletic trainer. The primary physician shall record the protocols on a form 2.20 prescribed by the board. The protocol form must be updated yearly at the athletic trainer's 2.21 license renewal time and kept on file by the athletic trainer.

2.22 ~~(c) (d)~~ At the primary employment site, ~~except in a corporate setting,~~ an athletic trainer 2.23 may evaluate and treat ~~an athlete for an athletic injury a patient~~ not previously diagnosed 2.24 for not more than 30 days, ~~or a period of time as designated by the primary physician on 2.25 the protocol form,~~ from the date of the initial evaluation and treatment. ~~Preventative care 2.26 after resolution of the injury is~~ Prevention, wellness, education, exercise, and reconditioning 2.27 are not considered treatment. This paragraph does not apply to a person who is referred for 2.28

treatment by a person licensed in this state to practice medicine as defined in section 147.081; 2.29 to practice chiropractic as defined in section 148.01; to practice physical therapy as defined 2.30 in section 148.65, except as provided under paragraph (f); to practice podiatry as defined 2.31 in section 153.01; or to practice dentistry as defined in section 150A.05, and whose license 2.32 is in good standing.

Sec. 2. 2

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

3.2 (1) **may** organize and administer an athletic training program, including, but not limited to, 3.3 educating and counseling ~~athletes~~ patients;

3.4 (2) **must** monitor the signs, symptoms, general behavior, and general physical response of ~~an~~ 3.5 ~~athlete-a patient~~ to treatment and rehabilitation, including, but not limited to, whether the 3.6 signs, symptoms, reactions, behavior, or general response show abnormal characteristics 3.7 that require a change in the plan of care or a referral; and

3.8 (3) **must** make suggestions to the primary physician or other treating provider for a 3.9 modification in the treatment and rehabilitation of ~~an injured athlete~~ a patient based on the 3.10 indicators in clause (2).

3.11 ~~(e)~~ (f) In a clinical, corporate, and physical therapy setting, when the service provided 3.12 is, or is represented as being, physical therapy, an athletic trainer may work only under the 3.13 direct supervision of a physical therapist as defined in section 148.65.

3.14 Sec. 3. Minnesota Statutes 2024, section 148.7807, is amended to read: 3.15

148.7807 LIMITATIONS ON PRACTICE.

3.16 (a) An athletic trainer must not practice or claim to practice medicine as defined in 3.17 section 147.081; acupuncture as defined in section 147B.01; chiropractic as defined in 3.18 section 148.01; physical therapy as defined in section 148.65, except as provided under 3.19 section 148.7806, paragraph (f); podiatry as defined in section 153.01; occupational therapy 3.20 as defined in section 148.6404; or any other licensed or registered health care profession, 3.21 unless the athletic trainer also holds the appropriate license or registration to practice that 3.22 profession.

3.23 (b) If an athletic trainer determines that a patient's medical condition is beyond outside 3.24 the scope of practice of that athletic trainer, the athletic trainer must refer the patient to a 3.25 person licensed in this state to practice medicine as defined in section 147.081; to practice 3.26 chiropractic as defined in section 148.01; to practice physical therapy as defined in section 3.27 148.65, except as provided under section 148.7806, paragraph (f); to practice podiatry as 3.28

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

1.1 moves to amend H.F. No. 82 as follows:

1.2 Page 1, delete section 1

1.3 Page 2, delete section 2 and insert:

1.4 "Sec. Minnesota Statutes 2024, section 148.7802, subdivision 6, is amended to read:

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

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

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

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

1.17 (2) assessment, evaluation, and diagnosis;

1.18 (3) critical incident management;

1.19 (4) therapeutic intervention; and

1.20 (5) health care administration and professional responsibility.

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

2.2 **148.7806 ATHLETIC TRAINING.**

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

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

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

2.9 (2) whose license is in good standing.

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

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

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

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

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

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

2.23 ~~(e) (d)~~ At the primary employment site, ~~except in a corporate setting,~~ an athletic trainer
2.24 may evaluate and treat ~~an athlete for an athletic injury~~ a patient who was not previously
2.25 diagnosed for not more than 30 days, or a period of time as designated by the primary
2.26 physician on the protocol form, from the date of the initial evaluation and treatment.

2.27 ~~Preventative care after resolution of the injury is~~ Prevention, wellness, education, exercise,
2.28 and reconditioning are not considered treatment. This paragraph does not apply to a person
2.29 who is referred for treatment by a person licensed in this state to practice medicine as defined
2.30 in section 147.081; to practice chiropractic as defined in section 148.01; to practice physical
2.31 therapy as defined in section 148.65, except as provided in paragraph (f); to practice podiatry

3.1 as defined in section 153.01₂; or to practice dentistry as defined in section 150A.05₂ and
3.2 whose license is in good standing.

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

3.4 (1) may organize and administer an athletic training program₂ including₂ but not limited
3.5 to₂ educating and counseling ~~athletes~~ patients;

3.6 (2) must monitor the signs, symptoms, general behavior, and general physical response
3.7 of ~~an athlete~~ a patient to treatment and rehabilitation₂ including₂ but not limited to₂ whether
3.8 the signs, symptoms, reactions, behavior, or general response show abnormal characteristics
3.9 that require a change in the plan of care or a referral; and

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

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

3.16 Renumber the sections in sequence and correct the internal references

3.17 Amend the title accordingly

DATE: January 10, 2026

SUBJECT: Campaign Finance &
Public Disclosure Form Completion Requirement

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:

Board members are required to complete a Campaign Finance and Public Disclosure form in January 2026. Board members will receive a written notice from the Campaign Finance and Public Disclosure Board regarding this reporting requirement. Failure to complete the form could result in a fine.

DATE: January 10, 2026

SUBJECT: Federation of State
Medical Boards Updates – Annual Meeting: April 30
– May 2, 2026, Baltimore, MD

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:

Join hundreds of your colleagues in medical licensure, regulation, and discipline at the FSMB Annual Meeting from April 30 – May 2, 2026, at the Baltimore Marriott Waterfront Hotel in Baltimore, MD.

During this three-day intensive program, we will bring together state medical board leaders and health care industry professionals to foster collaboration and dialogue on pivotal issues facing the medical regulatory community.

Eden Young will get everyone who wishes to attend registered. She will also send you a link to book your hotel stay at the Baltimore Marriott Waterfront Hotel.

Ms. Young will also send you contact information from Travel Leaders to book your airfare.

Please make sure to keep all receipts for reimbursement once the trip concludes.

Please reach to Ms. Young if you have additional questions.

DATE: January 10, 2026

SUBJECT: Federation of State
Medical Boards Updates – Voting Delegate

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

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

**Select a delegate to represent to the Board at the House of Delegates Meeting on
Saturday, May 2, 2026.**

MOTION BY:

SECOND:

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

BACKGROUND:

Determine who will be the FSMB voting delegate at the Annual Meeting, House of Delegates on
Saturday, May 2, 2026.



TO: Presidents/Chairs, Staff Fellows of Member Medical Boards

RE: Role of a Voting Delegate

Dear Colleagues:

Preparations are underway for the Federation's 2026 Annual Meeting scheduled for April 30-May 2 in Baltimore, Maryland. The FSMB's House of Delegates (HOD) business meeting will be held on May 2, the last day of the Annual Meeting. FSMB member board participation at the HOD meeting is extremely important because it is the member boards' opportunity to guide the organization and participate in the policymaking process. The role of the voting delegate in that process is especially important as the delegate represents their state medical board both on policy decisions and at the elections, casting their vote for the future leaders of the Federation.

In anticipation of the HOD business meeting, we ask that you consider which of your board members will be best suited to serve as your voting delegate. For the voting delegate to serve in a truly representative capacity, the delegate is asked to fulfill a number of responsibilities.

Before the HOD meeting, the voting delegate is asked to:

- Become familiar with the structure and purpose of the FSMB HOD and the policymaking and election processes (information will be provided);
- Attend meetings of the state medical or osteopathic board the delegate represents (to gain information on statewide and national issues that will be addressed at the HOD meeting);
- Review all pre-meeting materials;
- Attend the FSMB's *Candidates Forum* at the Annual Meeting as well as the reception honoring the candidates; also attend the Reference Committee meeting and provide Reference Committee testimony as necessary; and
- Network with colleagues at the Annual Meeting for additional information and perspectives on issues



During the HOD meeting, the voting delegate is asked to:

- Follow the meeting rules as outlined by the Rules Committee;
- Represent the position of the delegate's board during discussions as necessary; and
- Vote at the time requested

Following the meeting, the voting delegate is asked to:

- Discuss the results of the HOD meeting with the delegate's board

As you can see, the role of the voting delegate should not be taken lightly. We therefore encourage you to give careful consideration in the selection of the individual who will be your representative at our 2026 meeting.

Sincerely,

A handwritten signature in black ink, appearing to read "G. M. Abraham", written over a horizontal line.

George M. Abraham, MD, MPH, MACP
Chair

A handwritten signature in black ink, appearing to read "Humayun J. Chaudhry, DO, MS, MACP", written over a horizontal line.

Humayun J. Chaudhry, DO, MS, MACP
President and Chief Executive Officer

DATE: January 10, 2026

SUBJECT: Federation of State Medical Boards
Updates – Call for Resolutions: Due by February
27, 2026

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

REQUEST FOR BOARD ACTION
MINNESOTA BOARD OF MEDICAL PRACTICE

REQUESTED ACTION:

FSMB Call for Resolutions

MOTION BY: _____ SECOND: _____

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

BACKGROUND:

The submission deadline is February 27, 2026, for resolutions to be considered at the Annual Meeting in April.

See attached to learn more about the FSMB's policy-making process and to view a sample resolution.



CALL FOR RESOLUTIONS 2025-2026

Member Medical Boards wishing to submit resolutions for consideration at the FSMB's May 2, 2026, House of Delegates annual business meeting are requested to forward all proposed resolutions to the FSMB.

Resolution Deadline

Member Medical Boards wishing to submit a resolution(s) for consideration by the 2026 House of Delegates must do so no later than **Feb 27, 2026**.

Drafting of Resolutions

When drafting resolutions for submission, please give close attention to the following:

- As stated in the FSMB Bylaws, "...the right to introduce resolutions is restricted to Member Medical Boards and the Board of Directors and the procedure for submission of such resolutions shall be in accordance with FSMB Policy."
- The title of the resolution should appropriately and concisely reflect the action for which it calls.
- The date on which the resolution was approved by the Member Medical Board should appear beneath the title.
- Information contained in the resolution should be checked for accuracy.
- The "resolved" portions should stand alone, since the House adopts only the "resolved" portions and the "whereas" portions are not subject to adoption.

A sample resolution can be found on pages 2-3.

Resolution Submission

Resolutions will need to be submitted **electronically** to Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support at lmitchell@fsmb.org. **If submitting more than one resolution, please do so in one email.**

**Federation of State Medical Boards
House of Delegates Meeting
April 30, 2022**

Subject: Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

Introduced by: Washington Medical Commission

Approved: January 14, 2022

Whereas, State medical boards are responsible for protecting the citizens of their states by ensuring that physicians are qualified and competent; and

Whereas, State medical boards determine, within the context of their enabling statutes, under what circumstances a license is required for a physician to treat a patient in their states; and

Whereas, Many states have license reciprocity and/or the Interstate Medical License Compact which establishes reliance on sister state licensing processes; and

Whereas, Due to rapid changes in telemedicine technology, the practice of medicine is occurring more frequently across state lines; and

Whereas, Telemedicine is a tool that has the potential to increase access, lower costs, and improve the quality of healthcare; and

Whereas, The historic practice of medicine has prioritized the continuity of care delivery to established patients over recognition of jurisdictional boundaries; and

Whereas, Continuity of care is an essential element in consistently delivering high quality health care; and

Whereas, Physicians can promote continuity of care by using telemedicine to provide follow-up care to established patients who travel outside the physician's state of licensure. For example, a physician at a major academic medical center who treats a patient who then returns home, can maintain a connection with the patient by providing follow-up care, including having access to timely and accurate data from the patient.

Whereas, Permitting physicians who are duly licensed in another jurisdiction to provide follow-up care to established patients, and to engage in peer-to-peer consultations, will result in better outcomes and lower costs;

Therefore, be it hereby

Resolved: that the FSMB will encourage state medical boards to interpret their licensing laws, or work to change their licensing laws if necessary, to permit physicians duly licensed in another jurisdiction to provide infrequent and episodic continuity of care by providing follow-up care to established patients or a peer-to-peer consultation without the need to obtain a license in the state in which the patient is located at the time of the interaction; and be it further

Resolved: that the FSMB will update its *Model Policy for the Appropriate Use of Telemedicine Technologies* to include various common continuity of care scenarios with specific emphasis on border state circumstances and how they are integral to maintaining continuity of care for established patients.

DATE: January 10, 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 last Board meeting.

EXECUTIVE DIRECTOR'S REPORT

January 10, 2026

OPERATIONAL UPDATES:

Ms. Huntley is thrilled to share the smooth launch of the limited license application for physicians on January 1, 2026. The effort was made possible because of the commitment from Board staff Kita Nelson, Paul Luecke, Mark Chu and Tiernee Murphy, along with the trusted support and help from the data management team at Lynmark.

LEGISLATIVE UPDATES:

At the Policy & Planning Committee meeting on December 22, 2025, a presentation was received from the MN Society of Anesthesiologists regarding a new license type, Certified Anesthesiologist Assistants (CAA), that the group would like to be regulated by the Board of Medical Practice. Ms. Huntley will continue conversations with the society and its partners as legislation is drafted.

Ms. Huntley and Lindsey Franklin, Legislative Liaison, are working to schedule meetings with legislators in advance of the 2026 legislative session, set to begin on February 17, 2026.

Ms. Huntley continues to work with revisors office on some clean up language around birth month renewals for several of the Board's applied professions.

PARTNERSHIPS:

Federation of State Medical Boards (FSMB)

Dr. Anand and Ms. Huntley will attend a one-day training next month on trauma informed regulation, sponsored by the FSMB.

Administrators in Medicine

The AIM Annual Fall Forum was held in November, in conjunction with the Interstate Medical Licensure Compact Commission meeting. Ms. Huntley presented on a panel discussing the organizational structure of medical boards and shared in a presentation with other AIM Foundation scholarship recipients, about her experience attending the IAMRA meeting in September 2025.

Interstate Medical Licensure Compact Commission

The Annual Commission Meeting was held on November 18, 2025, and chaired by Minnesota's own Commissioner, Jake Manahan. The meeting included reports from the several committee's supporting the work of the Commission, election of officers for 2026, and an update on the Application Programming Interface (API) and Enhanced Physician Portal (EPP) enhancements of the data management system.

Ms. Huntley was asked to Chair the Technology Committee for 2026.

PA Compact

Great progress continues on the effort to get the PA Compact operational. There are now 19 member states and eight additional states with legislation filed. Two rules, one to establish the eligibility for a compact privilege and to create the process for a PA to apply for a compact privilege in a remote state and a second, to establish a data management system, have been drafted and are posted for public comment through January 16, 2026.

For more information on the PA Compact, here is the [December 2025 Newsletter](#).

OUTREACH/DEVELOPMENT:

Along with Board member, Dr. Bruce Sutor, Ms. Huntley and Kim Navarre, Program Manager, Health Professionals Services Program, will co-present to the 4th year medical students at the Mayo Medical School on February 19, 2026.

OTHER BUSINESS:

LIMITED LICENSE APPLICATION INSTRUCTIONS

(Pursuant to Minnesota Statutes 147.037 — Internationally Trained Physician Limited License Pathway)

This application is intended for individuals seeking licensure through the Internationally Trained Physician (ITP) Limited License Pathway. Please review all application materials thoroughly before submission.

Applicants are responsible for all processing fees. The Board reserves the right to reject outdated application forms; therefore, timely submission is strongly encouraged. Incomplete applications may be destroyed after six months of inactivity.

To prevent processing delays, ensure your application is complete, current, and accompanied by all required documentation.

ALL OF THE FOLLOWING REQUIREMENTS MUST BE MET:

- **Application Fee:** Fee of \$616.00. *These fees are not refundable and must be in U.S. currency. Make check or money order payable to the **Minnesota Board of Medical Practice**.*
- **Criminal Background Check (CBC) Results:** The CBC Program will email the required forms and instructions directly to the applicant, along with their contact information, should you have further questions.
- **Name:** The name on the application and medical school diploma must be the same. If there has been a name change, submit a copy of the legal documentation, such as a marriage certificate. Applicants must submit written notification to the Board within 30 days of a name or address change.
- **Affidavit and Release Form:** A full face, recent photograph approximately 2x3 inches must be affixed as indicated and **notarized** next to the picture as a true likeness. The notary seal must be placed so that it overlaps both the photograph and the form. ***The applicant's signature is required directly beneath the photograph.***
- **Identification:** A copy of a current driver's license or other government issued photo id.
- **Medical School Diploma:** 8 ½" x 11" copy of medical school diploma (and translation if necessary). Documents provided by FCVS are accepted.
- **Military Documents:** Copy of discharge papers (DD Form 214); copy of ID or enlistment contract for current active duty military. (Active Military does not include Army National Guard or Air National Guard)
- **Addendum to Application Form:** Complete, sign, and date the Addendum to Application form
- **Malpractice History Report Form:** This form is required for all applicants. If you have had no malpractice suits, write "**NONE**" in the space provided, then print your name, sign, and date the form. ***"Not Applicable" or "N/A" is not an accepted response.***
- **Malpractice Liability Claims Information Form:** This form is required if you answered "Yes" to application question nine.

- **Applicant Work History Attestation**: List all facilities where you have had medical privileges during the past ten (10) years. Include any facility where you have received payment outside the postgraduate training program. If you have had no medical privileges, write “None,” sign, and date the form.
- **Employer Attestation**: Your employer must complete and submit this form directly to the Board.
- **Attestation of Collaborative Agreement Form**: Applicants and their collaborating physicians must complete and submit a collaborative agreement form in accordance with Minnesota Statutes section 147.037, subd. 1b(h).
- **Physician Letter of Recommendation Form**: This form must be completed and submitted directly to the Board by the physician with whom the applicant previously worked.
- **Administrator Letter of Recommendation Form**: This form must be completed and submitted directly to the Board by the administrator of a hospital or clinical setting in which the applicant previously worked.
- **Verification of Federal Immigration Status Allowing Practice**: Documentation of acceptable federal immigration status as set forth in [INS Form I-9, page 2](#).

THE FOLLOWING REQUIREMENTS MUST BE SENT DIRECTLY TO THE MINNESOTA BOARD FROM THE FACILITY/PERSON COMPLETING THE FORM:

Note: Applicants may use the Federation Credentialing Verification Service (FCVS) when applying for a Minnesota medical license. The FCVS verifies exam scores, ECFMG certification, medical education, and the NPDB report. The FCVS contact telephone number is 888-275-3287, or if you have questions regarding your application, their website is www.fsmb.org. Please disregard the medical school verification form in your application materials if using FCVS.

- **Medical School Verification:** Submit the Medical School Verification form to each medical school attended, even if you did not graduate. Medical schools must send the completed forms **directly** to the board.
- **License Verifications:** A verification of all medical licenses from every U.S./Canadian board issuing any type of license, including training, locum tenens, and temporary permit, even if the license is not current, is required. Each Board must email, mail, or fax directly to the **Minnesota Board of Medical Practice**. Any fees are the applicant's responsibility. State Medical Board verifications and verifications through VeriDoc are also accepted. Log on to www.veridoc.org and follow the onscreen instructions. Verifications are not included in your FCVS packet.
- **The DataBank (NPDB) Report:** Go to the National Practitioner Data Bank (NPDB) website and [complete a Self-Query](#). The NPDB provides [digitally certified Self-Query results](#) in a PDF file format, which the Board accepts from the applicant in lieu of a paper copy.
- **Educational Commission for Foreign Medical Graduates (ECFMG) verification (International Medical Graduates only):** Log on to www.ecfm.org/cvs/index.html for the request form or to submit the request online. Confirmations are sent directly to the board.
- **Examination Scores:** Follow the instructions below to request direct verification for the type of exam passed.
 1. **National Board of Osteopathic Medical Examiners (NBOME) – Comprehensive Osteopathic Medical Licensing Examination (COMLEX).**
 - Visit <https://www.nbome.org/assessments/comlex-usa/bulletin/transcripts>
 - For assistance, call 773-714-0622 or email transcript@nbome.org.
 2. **United States Medical Licensing Examination (USMLE)**
 - To request a transcript, you will need to visit the Federation website, www.fsmb.org, click "FOR PHYSICIANS" at the top left, and then click "EXAM TRANSCRIPT".
 - If you have forgotten your login information, use the "Sign Up Now" to create a new account. All accounts link back to your record.
 - When sending your transcript to the Minnesota Medical Board, select the board from the drop-down menu under "**Send to Medical Authority.**" Do not manually enter board information.
 - Transcripts will only be sent to the recipients listed on the request and are available to the Medical Authority via the Federation of State Medical Boards website. **Do not upload your scores to the Medical Board Portal.**
 - For assistance, call 817-868-4041 or email usmle@fsmb.org.



APPLICATION FOR LIMITED LICENSE

MINNESOTA BOARD OF MEDICAL PRACTICE
335 RANDOLPH AVENUE, SUITE 140
ST. PAUL, MINNESOTA 55102
612-617-2130 or mn.gov/boards/medical-practice
Hearing Impaired-Minnesota Relay Service
Metro Area 651-297-5353
Outside Metro Area 1-800-627-3529

AMT PAID: _____

DEPOSIT # _____

Instructions to Applicant

1. The application will be returned if the fee is not included, or the questions are not answered completely, accurately, and legibly.
2. Failure to answer all questions completely and accurately, omission or falsification of material facts, or alteration of the application may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.
3. Incomplete applications may be destroyed after six months of inactivity.

Medical Professional Name. If your name has changed at any time during your life, or if the name on your application is different than the name on your graduate diploma or professional certification, please submit a copy of the legal documentation (marriage certificate, divorce decree, etc.).

Last Name _____
First Name _____
Middle Name _____
Maiden Name _____
All Other Names Used _____

Designated Address (Public, **required by Minn. Stat. 13.41, Subd. 2**, will be placed on license and on our website)

Street _____
City _____ State _____ Zip Code _____ Country _____
Phone _____ Email (optional) _____

Private Address (cannot be accessed by the public)

Street _____
City _____ State _____ Zip Code _____ Country _____
Phone _____ Email (REQUIRED) _____

Identification. Copy of driver's license or other government issued photo ID.

Date of Birth (mm/dd/yyyy) _____ Birth City _____ Birth State _____
Birth County _____ Birth Country _____ Gender _____
Driver's License: State _____ Number _____ SSN _____ NPI _____
Height (ft/in) _____ Weight (lbs) _____ Hair Color _____ Eye Color _____

Minn. Stat. § 147.091 Subd. 7(d) requires all applicants to provide their social security number on their license application for the administration of the state tax code. Your social security number is private. Your social security number is also required to facilitate reporting of the DataBank and for accurate identification under the federal and state child support enforcement law. The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard and a unique number for covered health care providers.

Medical School. List all medical schools you have attended, including those from which you did not graduate. If you are not using FCVS, complete the "Medical Education Verification" form and send to all medical schools you have attended.

1. School Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Attended from _____ to _____ Graduation Date _____ Degree _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

2. School Name _____
Address _____
City _____ State _____ Zip Code _____ Country _____
Attended from _____ to _____ Graduation Date _____ Degree _____
(mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)

ECFMG Certification. If ECFMG is applicable and you are not using FCVS, log on to www.ecfm.org/cvs/index.html for the request form or to submit the request online. Confirmations are sent directly to the Minnesota Board.

Certificate Number _____ Issue Date _____ Valid Through Date _____

Exam History. Please check all that apply:

☐ USMLE ☐ COMLEX

To request direct verification, see instructions on page two.

US/Canadian Licensure. Complete the attached "Licensure Verification" form and forward to US/Canadian board issuing any type of medical license, including training, locum tenens, and temporary permit, even if license is not current. Attach an additional sheet as necessary. The verifying entity must forward all documentation **DIRECTLY** to this Board. Some boards charge a fee for this information.

State_____	License Number_____	Date Issued_____
State_____	License Number_____	Date Issued_____
State_____	License Number_____	Date Issued_____
State_____	License Number_____	Date Issued_____
State_____	License Number_____	Date Issued_____

Countries (other than U.S. and Canada) in which you have ever been licensed:

Country_____	License Number_____	Date Issued_____
Country_____	License Number_____	Date Issued_____
Country_____	License Number_____	Date Issued_____

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.

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 Drug Enforcement Agency (DEA) certificate or the right to prescribe controlled substances? If yes, please describe.

Affidavit and Release

State of: _____

County of: _____

I, _____, swear that I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of Minnesota and that I am of good moral character: that I am the person named in the diploma, which accompanies this application; that I am the lawful holder of said diploma; that said diploma was procured in the regular course of instruction and examination without fraud or misrepresentation.

I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records including (but not limited to) transcripts, medical records, personnel files, and any information, favorable or otherwise, the Board may require for its evaluation of my professional, ethical, and physical qualifications for licensure in Minnesota.

I hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my limited license to practice medicine in Minnesota. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved by the Board.

Sworn to before me this _____ day of _____, _____.

Signature of Applicant

Signature of Notary Public _____

My Commission Expires: _____

CERTIFICATION OF IDENTIFICATION

Certification of Notary Public is required.

I certify that on the date set forth below, the individual named above did appear Personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. Sworn to before me by the applicant on

this _____ day of _____, _____.

Signature of Notary Public _____

Expiration Date ____/____/____

Paste a recent photo, front-view
passport-type photo in this square

NOTARY
SEAL
NATARY

Signature of Applicant

RIGHTS OF SUBJECTS OF DATA

The information on your application is requested by the Minnesota Board of Medical Practice. The purpose and intended use of this information is to enable the Board to determine whether you meet statutory and rule requirements for licensure. The information is classified as private while your application is pending or if your application is denied, and as public if your license is granted. You are required to submit this information. Your application will not be processed without it and the form will be returned to you for completion. This information may be used as the basis for further investigation by the Board into your qualifications. Under some circumstances, the information could become available to other agencies or persons authorized by law to have access. Attach a separate page for detailed explanations, when appropriate. Failure to answer all questions completely and accurately, omission or falsification of material fact, alteration of application may be cause for denial of your application, or disciplinary action if you are subsequently licensed by the Board.

ADDENDUM TO APPLICATION

1. BUSINESS ADDRESS

Effective August 1, 2012, Minn. Stat. §214.073 requires licensees to provide their primary business address at the time of initial application and all subsequent renewals. Your primary business address is public and you are required to submit it for application purposes. Your license will not be issued without it unless you check the box below certifying that you are not currently in the workforce related to your practice.

Facility name _____

Street Address _____

City _____ State _____ Zip _____

☐ I certify that I am not currently in workforce related to my practice, and I don't have a business address related to my practice.

2. MILITARY STATUS

Are you or your spouse returning from active military duty (discharged less than 6 months ago) or still in active military duty?

☐ No ☐ Yes. If discharged, please provide discharge date: _____

3. CRIMINAL CONVICTIONS

Effective July 1, 2013, Minn. Stat. §214.072 requires the Board to collect and post on its website the names and business address of each regulated individual who has been convicted of a felony or gross misdemeanor occurring on or after July 1, 2013 in any state or jurisdiction. This information shall be posted for new licensees issued a license on or after July 1, 2013 and for current licensees upon license renewal occurring on or after July 1, 2013. This information is public and you are required to submit it for application purposes. You must notify the Board if a previously reported conviction has been expunged and provide written documentation of expungement.

If you have more than one item to report please attach additional sheets.

Conviction Date (mm/dd/yyyy): _____

Conviction Type (Check one): ☐ Felony ☐ Gross misdemeanor

Crime Description: _____

City: _____ State: _____ County: _____ Country: _____

Sentence: _____

☐ I certify that I have had no convictions on or after July, 1, 2013

Applicant Name _____ Last 4 digits of SSN _____ Date _____

MALPRACTICE HISTORY REPORT

The Board requires information on all malpractice suits in the five-year period of active practice preceding the date of filing your application. For each such malpractice suit in which you have been named, complete the Malpractice Liability Claims Information Form and submit insurance papers or other formal documentation of the outcome/status.

NAME AND ADDRESS OF PROFESSIONAL LIABILITY INSURER IN OTHER STATE:

1. _____
2. _____
3. _____

NUMBER, DATE, AND DISPOSITION OF ANY MEDICAL MALPRACTICE SETTLEMENT OR AWARD RELATING TO THE QUALITY OF MEDICAL TREATMENT.

If you have had no malpractice suits, write **NONE**: _____
(N/A or Not Applicable ***is not an accepted response***)

<u>Number</u>	<u>Date</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the above is a true and accurate statement.

Print Name _____

Signature _____ Date _____

Malpractice Liability Claims Information
(copy the form to report additional claims)

Malpractice: Give a detailed clinical explanation of each case as well as documentation of outcome (insurance papers or court documents).

Name of patient involved _____

In which state did the action take place? _____ Which court? _____

Current status of this claim:

___ Open (pending) ___ Closed (settled) ___ Dismissed (no money paid out ___ Other _____

Amount of judgment of settlement \$ _____ Amount paid on your behalf \$ _____

Date of event precipitating claim ____/____/____ Date of lawsuit ____/____/____ Case number _____
Month Year Month Year

Insurance carrier at time _____

What is/was your status? ___ Primary defendant ___ Co-defendant ___ Other _____

Please provide specifics in reference to the adverse even including the allegations and your role in the event.

Name of patient involved _____

In which state did the action take place? _____ Which court? _____

Current status of this claim:

___ Open (pending) ___ Closed (settled) ___ Dismissed (no money paid out ___ Other _____

Amount of judgment of settlement \$ _____ Amount paid on your behalf \$ _____

Date of event precipitating claim ____/____/____ Date of lawsuit ____/____/____ Case number _____
Month Year Month Year

Insurance carrier at time _____

What is/was your status? ___ Primary defendant ___ Co-defendant ___ Other _____

Please provide specifics in reference to the adverse even including the allegations and your role in the event.

Applicant Name _____ Last 4 digits of SSN _____ Date _____

CERTIFICATION OF MEDICAL EDUCATION

This form is for certification of medical education and must be completed and emailed or mailed by the facility directly to the **Minnesota Board of Medical Practice**. Any processing fees are applicant's responsibility. 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 _____
Date of Degree _____ Degree Received _____

THE SCHOOL COMPLETES THE FOLLOWING INFORMATION:

IT IS HEREBY CERTIFIED THAT: (Name of Physician) _____

MATRICULATED IN: (Name of School) _____

AT: (Location of School) _____

AND RECEIVED A DIPLOMA CONFERRING: (Degree) _____

ON: (Month, Day, Year) _____

ANY DISCIPLINARY ACTION? Yes* _____ No _____
(N/A is not an acceptable response)

ANY DEROGATORY INFORMATION ON FILE? Yes* _____ No _____
(N/A is not an acceptable response)

School
Seal**

President, Secretary, Dean, Registrar:

Print Name _____

Signature _____

Date _____

Phone Number _____

Fax Number _____

*Please attach letter of explanation.

**If there is no school seal, attach letter of explanation on letterhead.

PHYSICIAN VERIFICATION OF LICENSURE

(Copy this form for multiple licenses)

This form is for verification of all medical licenses from every U.S./Canadian board issuing any type of license including training, locum tenens, and temporary permit even if license is not current. Each Board completing the form must email, mail or fax directly to the **Minnesota Board of Medical Practice**. Any fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

State Medical Board verifications and verifications through VeriDoc are also accepted in lieu of this form. Log on to www.veridoc.org and follow the onscreen instructions.

Print Name _____ Last 4 digits of SSN _____
Signature _____ Date _____
License Number _____ Birthdate _____

THE STATE BOARD COMPLETES THE FOLLOWING INFORMATION:

IT IS HEREBY CERTIFIED THAT: (Name of Physician) _____

DATE OF BIRTH: (Month, Day, Year) _____

WAS ISSUED LICENSE NUMBER: _____

BY: (state) _____ **ON:** (Month, Day, Year) _____

EXPIRATION DATE: (Month, Day, Year) _____

ISSUED ON THE BASIS OF: (Exam) _____

DISCIPLINARY ACTION EVERY INITIATED, PENDING, OR INVOKED*: (Yes/No) _____

EVER VOLUNTARILY RELINQUISHED MEDICAL LICENSE*: (Yes/No) _____

ANY DEROGATORY INFORMATION WHICH YOU CAN RELEASE*: (Yes/No) _____

Print Name _____

Signature _____

Title _____

Date _____

Phone _____

*If yes, please attach letter of explanation on letterhead.

**If there is no seal, attach letter of explanation on letterhead.

NOTE TO APPLICANT: Most states charge a fee for this service.

LIMITED LICENSE APPLICANT WORK HISTORY ATTESTATION

To be eligible for the limited license, Minnesota law requires physicians to have engaged in the practice of medicine, pursuant to a license or other authorization to practice, for at least 60 months within the previous 12 years outside of the United States.

Minnesota law defines the practice of medicine for purposes of the limited license application as including the following:

- (1) offers or undertakes to prescribe, give, or administer any drug or medicine for the use of another;
- (2) offers or undertakes to prevent or to diagnose, correct, or treat in any manner or by any means, methods, devices, or instrumentalities, any disease, illness, pain, wound, fracture, infirmity, deformity or defect of any person; or
- (3) offers or undertakes to perform any surgical operation including any invasive or noninvasive procedures involving the use of a laser or laser assisted device, upon any person.

License Type	Issuing Country	Facility	City	Country	Start Date	End Date	Total Months

I hereby attest that the above is true and accurate.

Print Name: _____

Signature: _____

Date: _____

LIMITED LICENSE EMPLOYER ATTESTATION

This form must be completed and mailed or emailed directly to the **Minnesota Board of Medical Practice** by the employer. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Applicant Print Name _____

Applicant Signature _____ Date _____

THE EMPLOYER COMPLETES THE FOLLOWING:

Minnesota Statutes section 147.037, subdivision 1b requires that the limited license application meet the following requirements:

1. The applicant for a limited license will provide services in a designated rural area or underserved urban community as defined in Minnesota Statutes section 144.1501.

Designated rural area means a home rule charter city or township that is outside the seven-county metropolitan area, excluding the cities of Duluth, Mankato, Moorhead, Rochester, and St. Cloud.

Rural Area	Clinic Name	Clinic Address	County

Underserved urban community means a health professional shortage area ("HPSA"), medically underserved area ("MAP"), or medically underserved population ("MUP") as designed by the United States Department of Health and Human Services.

Underserved Community	Clinic Name	Clinic Address	County	HPSA/MUA/MUP Number

- ☐ By checking this box, I attest that the above applicant, employee of our clinic, will practice in the designated rural area or underserved urban community, as specified above.

2. The applicant for a limited license has an offer to practice within the context of a collaborative agreement within a hospital or clinical setting where the limited license holder and physicians work together to provide patient care.

☐ By checking this box, I attest that the above applicant has a collaborative agreement with a Minnesota licensed physician(s) within our hospital or clinical setting. The collaborating physician(s) is:

Physician Last Name	First Name	MN License Number	License Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____

3. An employer of a limited license holder must pay the limited license holder at least an amount equivalent to a medical resident in a comparable field and must carry medical malpractice insurance covering a limited license holder for the duration of the employment.

☐ By checking this box, I attest that our clinic will pay the limited license holder at least an amount equivalent to a medical resident in a comparable field and will carry medical malpractice insurance covering the limited license holder for the duration of employment.

4. Applicants for physician limited licenses must possess federal immigration status that allows the applicant to practice as a physician in the United States.

☐ By checking this box, I attest that, to a reasonable degree and in accordance with federal immigration law, the employer has verified that applicant possesses a federal immigration status that allows the applicant to practice as a physician in the United States.

Print Name: _____ Title: _____

Signed: _____ Date: _____

Email: _____ Phone: _____

LIMITED LICENSE COLLABORATIVE PRACTICE ATTESTATION

Limited License Holder: _____ Effective Date of Agreement: _____
Collaborating Physician: _____ Duration of Agreement: _____

In accordance with **Minnesota Statutes, section 147.037, subd. 1b(a)(2) and (h),**

The limited license holder and one of the collaborating physicians must have experience in providing care to patients with the same or similar medical conditions. Under the collaborative agreement, the following terms must be met:

- The limited license holder must shadow the collaborating physician for four weeks.
- After the four weeks of shadowing the collaborative physician, the limited license holder must staff all patient encounters with the collaborating physician for an additional four weeks.
- After these first eight weeks of shadowing and staffing all patient encounters, the collaborating physician has discretion to allow the limited license holder to see patients independently and may, at the discretion of the collaborating physician, require the limited license holder to present patients.
- The limited license holder must continue to be supervised by the collaborating physician for a minimum of two hours per week for the duration of the time the limited license is active.
- The limited license holder must have one-on-one practice reviews with each collaborating physician, provided in person or through eye-to-eye electronic media while maintaining visual contact, for at least two hours per week.
- A limited license holder may practice medicine without a collaborating physician physically present, but the limited license holder and collaborating physicians must be able to easily contact each other by radio, telephone, or other telecommunication device while the limited license holder practices medicine.

APPLICANT/LICENSEE INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
BIRTH DATE (mm/dd/yyyy)			

COLLABORATING PHYSICIAN INFORMATION		
NAME	PHONE NUMBER	EMAIL
PRACTICE SPECIALTY	PRACTICE SITE NAME/LOCATION	LICENSE NUMBER

The undersigned attest that the physician limited license holder is practicing under a collaborative practice agreement that complies with Minnesota Statutes, section 147.037, subd. 1b(a)(2) and (h).

Limited License Holder: _____
Print Name Signature Date (mm/dd/yyyy)

Collaborating Physician: _____
Print Name Signature Date (mm/dd/yyyy)

LIMITED LICENSE PHYSICIAN LETTER OF RECOMMENDATION

This form must be completed, mailed or emailed directly to the Minnesota Board of Medical Practice by a physician with whom the applicant has worked with and who can testify to your character, personal reputation, background and professional ability.

The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Applicant Print Name _____

Applicant Signature _____ Date _____

THE PHYSICIAN SERVING AS A REFERENCE COMPLETES THE FOLLOWING:

RECOMMENDATION FOR: (Print Name of Applicant) _____

1. How long have you known the applicant? _____
2. What has been the nature of your relationship with the applicant? _____

3. How would you characterize the moral and professional conduct of the applicant? _____

4. Do you attest to the applicant's good medical standing? Check one: ☐ Yes or ☐ No

Completed By:

Physician Name _____ Signed _____

Health Facility _____ License # _____ US State or Country _____

Date _____ Email _____

LIMITED LICENSE ADMINISTRATOR LETTER OF RECOMMENDATION

This form must be completed, mailed or emailed directly to the Minnesota Board of Medical Practice by an administrator of the hospital or clinical setting in which you have previously worked, that has known you and can testify to your character, personal reputation, background and professional ability.

The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Applicant Print Name _____

Applicant Signature _____ Date _____

THE ADMINISTRATOR SERVING AS A REFERENCE COMPLETES THE FOLLOWING:

RECOMMENDATION FOR: (Print Name of Applicant) _____

1. How long have you known the applicant? _____
2. What has been the nature of your relationship with the applicant? _____

3. How would you characterize the moral and professional conduct of the applicant? _____

4. Do you attest to the applicant's good medical standing? Check one: ☐ Yes or ☐ No

Completed By:

Administrator Name _____ Signature _____

Health Facility _____ US State or Country _____

Date _____ Email _____

DATE: January 10, 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: January 10, 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 November 8, 2025, Board Meeting.

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Juliette E. Petersen, M.D.
Year of Birth: 1975
License Number: 46488

**AGREEMENT FOR
CORRECTIVE ACTION**

This Agreement for Corrective Action ("Agreement") is entered into by and between Juliette Emily Petersen, 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 was represented by John Casserly, Geraghty O'Loughlin & Kenney, P.A., Wells Fargo Place, Suite 2750, 30 East Seventh Street, Saint Paul, Minneapolis, 55101. The Committee was represented by Daniel Schueppert, 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 March 6, 2004. Respondent is board certified in psychiatry.
 - b. In August 2024, the Board received a report that a medical malpractice settlement payment was made on behalf of Respondent for her care of a patient ("Patient #1") who was experiencing a mental health crisis with suicidal ideation.

c. Respondent provided psychiatric care to Patient #1 intermittently from 2018 through early 2021. On January 25, 2021, Patient #1 and Respondent spoke via telephone, although Respondent was not scheduled to work at the time. Although Patient #1 experienced suicidal thoughts, Respondent believed the suicidal ideation was decreasing, referred Patient #1 to a more intensive therapy program where Patient #1 had previously received care, confirmed plans for an appointment in two days, and increased Patient #1's medication.

d. Patient #1 cancelled their appointment with Respondent, and Respondent did not follow-up with Patient #1. On February 1, 2021, Respondent was notified that Patient #1 died by suicide. On that same day, Respondent placed a note in Patient #1's medical record documenting her conversation with Patient #1 on January 25, 2021. The note stated that Patient #1 had been having "some suicidal thoughts with some intent and plan," but those thoughts had decreased.

e. On June 2, 2025, Respondent appeared before the Committee to discuss the allegations. During the conference, Respondent admitted she did not have access to Patient #1's medical records when she spoke with Patient #1 on the phone in January 2021 and she jotted down some notes but forgot to chart them until after Patient #1's death.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1 (g) (engaging in any unethical or improper conduct), (k) (engaging in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice), (o) (improper management of medical records, including failure to maintain adequate medical records), 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 a pre-approved course in:

- i. Assessment of Patients in Mental Health Crisis; and
- ii. Medical Record Management and Documentation.

b. Within three months of successful completion of the above-referenced coursework, she shall write and submit a paper, for review and approval by the Committee, discussing what she has learned from the coursework and describe what changes she could have made with respect to handling her care of Patient #1; 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: 10-14-25



JULIETTE E. PETERSEN, M.D.
Respondent

Dated: 10/20/2025



FOR THE COMMITTEE

**TRUE AND EXACT
COPY OF ORIGINAL**

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Elisabeth D. Tucker, M.D.
Year of Birth: 1958
License Number: 75716

**AGREEMENT FOR
CORRECTIVE ACTION**

This Agreement for Corrective Action ("Agreement") is entered into by and between Elisabeth Dunning Tucker, 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 she may choose to be represented by legal counsel in this matter. Respondent elected to be represented by V. John Ella, Fafinski Mark & Johnson, P.A., 11095 Viking Drive, Suite 420, Eden Prairie, Minnesota, 55344. 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 November 21, 2023.
 - b. In July 2024, Respondent self-reported a malpractice settlement regard the care of a pregnant patient (Patient #1) who presented with nausea and vomiting, experienced fetal demise at 27 weeks gestation, and was later diagnosed with diabetic ketoacidosis. In her written

response to the Board's inquiry, Respondent stated that hospital staff failed to notify Respondent of Patient #1's concerning glucose levels, abnormal vital signs, or decreased fetal movement.

c. On June 2, 2025, Respondent appeared before the Committee to discuss the allegations. Respondent acknowledged that she did not screen Patient #1 for diabetes early in pregnancy other than ordering a glucose challenge test between 24 and 28 weeks of pregnancy, even though Patient #1 was high risk for diabetes and met criteria to undergo targeted early pregnancy screening. Respondent admitted medical decisions are her responsibility and holds hospital staff responsible for failing to provide accurate medical information about Patient #1.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1 (g) (engaging in unethical or improper conduct) and (k) (engaging 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) (2024). 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 courses in:

- i. Team communication and
- ii. Managing early glucose screening during pregnancy.

b. Within three months of successful completion of the above-referenced coursework, Respondent shall write and submit a paper, for review and approval by the

Committee, discussing what she has learned from the coursework and how she will implement this knowledge into her 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: October 20, 2025

Elisabeth D. Tucker

ELISABETH D. TUCKER, M.D.
Respondent

Dated: October 22, 2025

Kara S. Talla

FOR THE COMMITTEE

**BEFORE THE MINNESOTA
BOARD OF MEDICAL PRACTICE**

In the Matter of the
Medical License of
Jasleen Kaur, M.B., B.S.
Year of Birth: 1990
License Number: 71413

**AGREEMENT FOR
CORRECTIVE ACTION**

This Agreement for Corrective Action ("Agreement") is entered into by and between Jasleen Kaur, M.B., B.S. ("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 was represented by Andrea P. Hoversten, Geraghty O'Loughlin & Kenney, P.A., Wells Fargo Place, Suite 2750, 30 East Seventh Street, Saint Paul, Minneapolis, 55101. The Committee was represented by Nicholas Lienesch, 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 18, 2022. Respondent is board certified in internal medicine and endocrinology, diabetes, and metabolism.

b. In July 2023, the Board received a complaint that Respondent intentionally misdiagnosed a patient ("Patient #1") with diabetes mellitus to facilitate prescribing GLP-1 medications for weight loss purposes.

c. On July 24, 2025, Respondent appeared before the Committee to discuss the allegations. Respondent admitted to making a similar intentional misdiagnosis for other patients seeking weight loss and characterized it as poor decision-making. Respondent has taken steps to rectify this error by correcting medical records, notifying all patients with a misdiagnosis, and replacing improperly prescribed medications with appropriate medications. Respondent expressed an understanding of the implications of a misdiagnosis on a patient's medical care as well as on the greater health care system.

2. Based on the discussion, the Committee views Respondent's conduct as inappropriate under Minnesota Statutes section 147.091, subdivision 1 (k) (engaging in conduct that departs from or fails to conform to the minimal standards of acceptable and prevailing medical practice), (o) (improper management of medical records, including failure to maintain adequate medical records), 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 courses in:

- i. Professionalism;
- ii. Medical Ethics; and
- iii. Medical Record Keeping.

b. Within nine months of the date of this agreement, Respondent shall write and submit a paper, for review and approval by the Committee, discussing what she has learned from the coursework and how she will implement that knowledge into her 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: 12/4/2025

Dated: 12/11/2025

Jasleen Kaur

JASLEEN KAUR, M.B., B.S.
Respondent

[Signature]
FOR THE COMMITTEE

PUBLIC DOCUMENT

**TRUE AND EXACT
COPY OF ORIGINAL**

December 12, 2025

Edward H. Wolske, M.D.
1551 290th Ave
Garvin, MN 56132

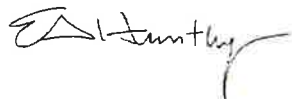
RE: Agreement for Corrective Action, Dated March 8, 2025

Dear Dr. Wolske:

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