

## 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.

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Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_