Minnesota Health Licensing Boards

Biennial Reports

July 1, 2012

To

June 30, 2014

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This report has been prepared in accordance with M.S. § 214.07, which states in part:

Subd. 2:

The administrative services unit serving the boards shall prepare a report by December 15 of each even -numbered year. One copy of the administrative services report must be delivered to each of the following: the governor, the commissioner of health, and the chairs of the house of representatives and senate policy and appropriations committees with jurisdiction over health-related licensing boards. The report must be delivered to the Legislative Reference Library as provided by section 3.195. The administrative services report must contain the following information:

(1) a summary of the information contained in the reports submitted by the health-related licensing boards pursuant to subdivision 1b;

(2) a description of the health-related licensing boards' cooperative activities during the two-year period ending the previous June 30;

(3) a description of emerging issues relating to health occupation regulation that affect more than one board or more than one occupation; and

(4) a copy of each health-related licensing board report submitted to the administrative services unit pursuant to subdivision 1b.

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TOTAL COST OF REPORT PREPARATION: $15,510

This report is submitted on behalf of the Minnesota Health-Related Licensing Boards

Each Board — comprised of gubernatorial-appointed members — oversees the regulation of health-related professions in Minnesota. These Board members, who work in the Minnesota community in addition to their role on these boards, dedicate numerous hours to provide public and professional expertise to Minnesota state government.

In collaboration with each Board's staff, these boards are entrusted with the protection of public health and safety through licensing of health-related professionals, and through ensuring compliance with the provisions of the practice acts regarding health-related practitioners.

Report are included for the following boards:

- Minnesota Board of Barber Examiners*
- Minnesota Board of Behavioral Health and Therapy
- Minnesota Board of Chiropractic Examiners
- Minnesota Board of Cosmetologist Examiners*
- Minnesota Board of Dentistry
- Minnesota Board of Dietetics and Nutrition Practice
- Minnesota Board of Marriage and Family Therapy
- Minnesota Board of Medical Practice
- Minnesota Board of Nursing
- Minnesota Board of Examiners for Nursing Home Administrators
- Minnesota Board of Optometry
- Minnesota Board of Pharmacy
- Minnesota Board of Physical Therapy
- Minnesota Board of Podiatric Medicine
- Minnesota Board of Psychology
- Minnesota Board of Social Work
- Minnesota Board of Veterinary Medicine

Also included are the Health Professionals Services Program, and the Office of Complementary and Alternative Health Care.

*Although not statutorily defined as Health-Related Licensing Boards, these Boards perform similar functions for the profession for which they are responsible, and are co-located in the same building as the Health-Related Licensing Boards

Mission

The Health-Related Licensing Boards of Minnesota protect the public's health and safety by providing reasonable assurance that the people who practice are competent, ethical practitioners with the necessary knowledge and skills to successfully fulfill their title and role.

The Boards achieve this mission by…

- Ensuring that educational standards for prospective licensees and continuing education for licensees are maintained.
- Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.
- Implementing disciplinary and compliance actions when licensees do not perform in compliance with standards.
- Educating the public on health-related professions, practitioners, and standards.

COOPERATIVE ACTIVITIES AND EMERGING ISSUES

Cooperative Activities for the Biennium ending June 30, 2014

Council of Health Boards

The health-related licensing boards may establish a Council of Health Boards consisting of representatives of the health-related licensing boards and the Emergency Medical Services Regulatory Board. When reviewing legislation or legislative proposals relating to the regulation of health occupations, the council shall include the commissioner of health or a designee. M.S. § 214.025

The chair of a standing committee in either house of the legislature may request information from the Council of Health Boards on proposals relating to the regulation of health occupations. M.S.§ 214.001, Subd. 4.

Executive Directors Forum

The Executive directors of each independent board meet monthly to collaborate and to address issues of shared concern, including policy development, legislation and technological improvements. The Forum establishes committees to develop recommendations for consideration by the Forum. These committees include the Policy Committee, Management Committee and Information Technology Working Group. To assure fiscal efficiency, boards review general objective and promote cooperation among the boards through the Executive Director Forum in an effort to eliminate duplication.

Administrative Services Unit

The Administrative Services Unit (ASU) provides administrative and business services to the Minnesota Boards o Barber Examiners, Behavioral Health and Therapy, Chiropractic Examiners, Cosmetologist Examiners, Dentistry, Dietetics and Nutrition Practice, Marriage and Family Therapy, Medical Practice, Nursing, Nursing Home Administrators, Optometry, Pharmacy, Physical Therapy, Podiatric Medicine, Psychology, Social Work, and Veterinary Medicine.

ASU currently consists of 4.6 staff members, who provide shared business services for the approximately 170 employees of the health-related licensing boards in the areas of finance, budgeting, accounting, purchasing, human resources, professional and technical contracting, policy development and payroll. ASU also facilitates the Boards' cooperative policy and planning efforts, and coordinates the Voluntary Health Care Provider Program (which provides malpractice coverage for physicians, physicians assistants, dentists, dental hygienists and nurses serving in a voluntary capacity at a nonprofit organizations). ASU's annual budget is determined by the Executive Directors Forum, and the oversight of ASU is assigned on a rotating basis to one of the health-related boards. ASU is managed through the Executive Directors Forum's Management Committee.

ASU developed the Boards' information technology supervisory structure and previously supervised the Boards' IT staff, until its recent reorganization under MN.it. The Boards continue to coordinate IT projects through its IT workgroup.

Health Professionals Services Program (HPSP)

Each health-related licensing board, including the emergency medical services regulatory board under chapter 144E, shall conduct a health professionals service program under section 214.31 to 214.37 or contract for a diversion program under section 214.28

At present, all Health Licensing Boards, the Emergency Medical Services Regulatory Board, and additional professions regulated by the Department of Health, participate in HPSP.

Emerging Issues

During the 2012-2014 biennium, the health-related licensing boards faced a number of common emerging issues, described below.

Staffing / funding issues. As a result of state requirements regarding budgets and expenditures, as well as increasing costs, such as legal fees, a number of the boards are facing salary constraints and possible budgetary shortfalls that affect staffing levels and service delivery, including the ability to investigate complaints and process contested cases for disciplinary issues.

The Boards continue to make technology / communication improvements, refinements, and to expand services through technology. The Boards are strongly committed to providing efficient and timely access to public data and to license renewal and verification. The Boards continue to make their web sites increasingly interactive.

Applicants and the general population are becoming increasingly diverse, including cultural and language diversity. The boards continue to examine matters pertaining to possible barriers in licensure, as well as issues surrounding clients and patients from diverse populations. The Boards are facing increased costs of disciplinary actions, due to increased legal costs, as well as increased complexity of complaints that require additional legal involvement, and a trend toward increased, and more substantial, and extended involvement by licensees' legal representatives.

The Boards are moving toward a standardized system of criminal background checks for licensees, and are working with state and federal agencies to ensure that such background checks are in compliance with all applicable statutes and regulations.

The possibility of additional newly established health regulatory boards exists, subject to legislative activity that would likely affect the current boards.

Table 1: Biennial Credentials Issued/ Renewed

	Total Number of persons licensed or registered as of June 30, 2014	Number of Credentials Issued or Renewed during biennium ending June 30, 2014	Number of Credentials renewed online during fiscal year ending June 30, 2014
Barber	3,257	6,584	
BBHT	4,067	5,514	3,266**
Chiropractic	4,737	9,458	4,003
Cosmetology	40,534*	80,754*	
Dentistry	17,169	17,048	13,176
Dietetics / Nutrition	1,608	3,266	1,290
Marriage and Family Therapy	2,107	4,463	3,310**
Medical Practice	27,560	57,546	50,891**
Nursing	117,475	132,421	96,281
BENHA	852	1,573	732
Optometry	1,085	2,158	934
Pharmacy	37,191	54,206	84(%) Pharmacist 72(%) Technician
Physical Therapy	6,300	13,307	93(%)**
Podiatric Medicine	571	571	
Psychology	3,772	3,867	None
Social Work	13,347	12,792	84 (%)
Veterinary Medicine	3,249	3,451	2,705**
TOTAL	284,881	405,384	

*As of September 1, 2014

**Biennium

Table 2: Receipts and Disbursements Fiscal Year 2014

Board	Receipts FY 2014	Disbursements FY 2014
Barber	$277,526	$237,612
Behavioral Health and Therapy	$1,697,100	$907,180
Chiropractic	$821,692	$657,311
Cosmetology	$1,921,000	$1,346,000
Dentistry	$1,532,007	$1,535,368
Dietetics / Nutrition	$111,740	$107,063
Marriage and Family Therapy*	$652,141	$335,906
Medical Practice	$10,847,180	$7,796,647
Nursing	$5,866,250	$4,732,263
BENHA	$232,980	$185,644
Optometry	$124,467	$114,349
Pharmacy	$2,439,265	$2,436,770
Physical Therapy	$1,095,715	$880,670
Podiatric	$113,727	$76,785
Psychology	$1,212,990	$1,063,822
Social Work	$1,181,143	$1,193,454
Veterinary Medicine	$353,399	$199,451

*Biennial receipts and disbursements

Table 3: Number of Complaints Received in Biennium

Board	Number of complaints received (opened) in biennium ending June 30, 2014
Barber	27
BBHT	210
Chiropractic	400
Cosmetology	397*
Dentistry	517
Dietetics / Nutrition	6
Marriage and Family Therapy	130
Medical Practice	1,514
Nursing	3,291
Nursing Home Administrators	127
Optometry	22
Pharmacy	366
Physical Therapy	80
Podiatric Medicine	13
Psychology	249
Social Work	298
Office of Unlicensed Complementary and Alternative Health Care Practice	14
Veterinary Medicine	148
TOTAL	**7809**

*By calendar year, not fiscal year

Table 4: Number and Age of complaints open as of June 30, 2014

	Number of complaints closed in biennium ending June 30, 2014	Number of complaints open as of June 30, 2014 [Listed by < one year or > One year]
Barber		Open < 1 year = Open > 1 year =
Behavioral Health and Therapy	248	Open < 1 year = 43 Open > 1 year = 12
Chiropractic	361	Open < 1 year = 374 Open > 1 year = 26
Cosmetology*	397	84
Dentistry	524	Open < 1 year = Open > 1 year =
Dietetics / Nutrition	6	Open < 1 year = 0 Open > 1 year = 4
Marriage and Family Therapy	89	Open < 1 year = 1 Open > 1 year = 39
Medical Practice**	1718	132 Open < 1 year = 1,462 Open > 1 year = 256
Nursing	3,709	Open < 1 year = 1,105 Open > 1 year = 108
BENHA	51	Open < 1 year = 15 Open > 1 year = 1
Optometry	22	Open < 1 year = 6 Open > 1 year =
Pharmacy	253	Open < 1 year = 147 Open >1 year = 45
Physical Therapy	77	Open < 1 year = 12 Open > 1 year = 12
Podiatric Medicine	30	Open < 1 year = 11 Open > 1 year = 19
Psychology	474	Open < 1 year = 121 Open > 1 year = 25
Social Work	239	Open < 1 year = 254 Open > 1 year = 13
Office of Unlicensed Complementary and Alternative Health Care Practice	2	Open < 1 year = 8 Open > 1 year = 6
Veterinary Medicine	114	Open < 1 year = 18 Open > 1 year = 5

*By calendar year, not fiscal year
**The Board maintains statistics on the time required to resolve complaints, based on closed complaints rather than pending complaints. Numbers reported are time required to resolve complaints during biennium.

"The mission of the Board is to promote public health and safety by assuring that barbers are appropriately trained and demonstrate the skills necessary to conduct barber services in a safe, sanitary, and appropriate environment through examination, licensing , and inspection of barbers and barber shops."

The Board meets six times per year. Members participate in board and committee meetings and conduct barber examinations up to six times per year.

Board Members

Jon C. Stone, Chair, Detroit Lakes, MN, Barber Member
Term: 3/25/2014, term expires 1/1/2018

Kenneth Kirkpatrick, White Bear Lake, MN, Barber Member
Term: 3/11/2013, term expires 1/2/2017

James Robinson, Secretary, Saint Paul, MN, Barber Member
Term: BBE: 2/27/2012, term expires 1/4/2016

Clarence Jones, Minneapolis, MN, Public Member
Term: BBE: 3/21/2011, term expires 1/5/2015

Board Staff

Thora G. Fisko, *Executive Secretary*

Donna Maki, *Customer Services Specialist*

Trevor White, *Law Compliance Representative (Barber Inspector)*

Minnesota Board of Barber Examiners
University Park Plaza Building
2829 University Avenue South East; Suite 425
Minneapolis, MN 55414
Office telephone: 651.201.2820
Office Fax: 612.617.2248
Office e-mail: bbe.board@state.mn.us
Board Website:
http://mn.gov/health-licensing-boards/barber-examiners/

Letter from the Executive Secretary

Minnesota was the first state in the country to recognize the profession of barbering by enacting barber regulations. The Minnesota Board of Barber Examiners was created by passage of Chapter 424 on April 21, 1921:

"An act to regulate the occupation of barbering to create a board of examiners for the licensing of persons to carry on such practice and fixing the fees to be charged therefor, to regulate the education of such practitioners, to provide rules regulating the sanitation of barber shops, schools and colleges, to prevent the spreading of contagious and infectious diseases, to promote the health and safety of the general public and providing penalties for the violation thereof."

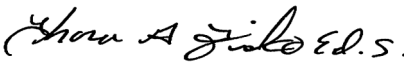
While much has changed over the years our mission remains the same: To help keep people in Minnesota safe from injury and disease by striving to assure Minnesota's barbers are appropriately trained and demonstrate the skills required to conduct barber services in a safe manner and clean and sanitary environment. Current regulatory authority is provided within Minnesota Statute Chapter 154.

A staff of three full time employees manage the business of the board: An Executive Secretary, an Inspector, and a Customer Service Specialist. Procedures have been put in place to assure that credentialing and licensing activities are completed in a timely manner and barber shops and barber schools throughout the state are inspected. The Board has added online renewals as a service to barbers and barber shops and continues to improve its online presence.

It is our goal to provide regulatory services that assist the State of Minnesota to meet its goal of keeping Minnesotans safe while providing support and services to our licensees. The Board meets six times a year and administers examinations four times a year. The Board's complaint committee meets on a regular basis and with assistance from the Attorney General's Office policy and procedure for the management of complaints, investigation and licensee discipline are being improved.

The Board continues to seek ways to streamline operations while managing cost. Efforts will continue to develop efficient and effective services to the public and barbers of Minnesota.

Respectfully,



Thora G. Fisko, Ed.S.,
Executive Secretary
Minnesota Board of Barber Examiners
651-201-2821

FEES

Description	Fee	10% Surcharge*	Total Fee
Initial Shop	85.00	8.50	93.50
Shop Renewal	85.00	8.50	93.50
Barber Shop Restoration	105.00	10.50	115.50
Student Barber Permit	45.00	5.00	50.00
Student Permit Renewal	25.00	5.00	30.00
Apprentice Barber Examination	80.00	8.00	88.00
Apprentice Barber Renewal	70.00	7.00	77.00
Apprentice Barber Restoration	90.00	9.00	99.00
Registered Barber Examination	85.00	8.50	93.50
Retake of Written Examination	10.00	-	10.00
Registered Barber Renewal	80.00	8.00	88.00
Registered Barber Restoration	95.00	9.50	104.50
Barber Instructor Examination	180.00	18.00	198.00
Barber Instructor Renewal	80.00	8.00	88.00
Temporary Apprentice or Teacher	80.00	8.00	88.00
Temporary Teaching Renewal	65.00	6.50	71.50
Initial School Registration	1030.00	103.00	1133.00
School Registration Renewal	280.00	28.00	308.00
Change of Ownership or Location	55.00	-	55.00
Home Study Course	75.00	-	95.00
Duplicate License	40.00	-	40.00
Letter of Registration Verification	25.00	-	25.00
Re-inspection	100.00	-	100.00

*10% Surcharge collected and transferred to the statewide licensing account per MN Statute 16E.22

For the biennium ending June 30, 2014 approximately $26,300 collected in surcharges

Biennium Ending June 30, 2014

COMPLAINTS

Complaints Received and Opened by Category	Number	Disciplinary Action Taken
Unlicensed activity (with or without sanitation complaints)	19	13-Unsubstantiated 4 -Corrective Action Taken 2– Civil Penalties
Sanitation Only	2	2– Unsubstantiated
Non-Jurisdictional	6	2-Referred to another State Agency

LICENSES ISSUED OR RENEWED

Type	As of 6/30/2013	As of 6/30/2014
Barber Shop Licenses	902	891
Barber School Licenses	5	5
Student Barber Permits	126	112
Apprentice Barber Licenses	212	224
Registered (Master) Barber Licenses	2082	2025
Barber Instructor Licenses	12	15
Total by Fiscal Year	3339	3272
Total Credentials Issued or Renewed For the Biennium Ending June 30, 2014	6611	

Revisions to Minnesota Rules

2100.1000 Failure of Examination
2100.1700 Expiration of Certificate
2100.3200 Failure of Examination; Additional Apprentice Practice
2100.330 Failure to Renew Certificate
2100.4500 Instructor Registration Qualifications
2100.5700 Registered Instructors, Temporary Teacher, or Emergency Teacher
Subd. 2 Temporary Permits

EXAMINATIONS

Biennium ending June 30, 2014

DATE	LOCATION	APPLICANTS	Registered by Exam	Failed required to retake exam
August 6, 2012	Minnesota School of Barbering 3615 East Lake Street Minneapolis, MN	36	28	8
November 5, 2012	Moler Barber School 2500 Central Avenue NE Minneapolis, MN	38	23	15
February 4, 2013	Minnesota School of Barbering 3615 East Lake Street Minneapolis, MN	22	17	5
May 6, 2013	Moler Barber School 2500 Central Avenue NE Minneapolis, MN	42	31	11
July 22, 2013	Moose Lake Correctional Facility Barber School Moose Lake, MN	8	8	0
August 5,2013	Minnesota School of Barbering 3615 East Lake Street Minneapolis, MN	42	33	9
November 4, 2013	Moler Barber School 2500 Central Avenue NE Minneapolis, MN	34	25	9
February 3, 2014	Minneapolis Community Technical Collage 1501 Hennepin Avenue Minneapolis, MN	30	24	6
April 28, 2014	Moose Lake Correctional Facility Barber School Moose Lake, MN	8	8	0
May 5, 2014	Moler Barber School 4864 Central Ave. NE Hilltop, MN	28	22	6
	TOTALS	288	219	69

Licensing information for applications from other jurisdictions During biennium ending June 30, 2014		
Licenses Issued	Former Jurisdiction	
4 Registered (Master) Barbers	Kansas, Vietnam, Ohio, and Florida	
6 Apprentice Barbers	Illinois, North Dakota, , Massachusetts, Arizona, and 2 from Wisconsin	
Examination Approved	Former Jurisdiction	Licenses issued
3 Registered (Master) Barber Applications	Ecuador, Jordan, Iraq	2 issued 1 failed exam
3 Apprentice Barber Applications	Wisconsin, Kenya, Ethiopia	1 issued (2 examinations pending)
License denied Former Jurisdiction	Reason for denial	
Mexico	Education does not meet Minnesota standards	
Ethiopia	Inconsistencies in documentation provided	
Honduras	Education does not meet Minnesota standards	

Licenses suspended during biennium ending June 30, 2014		
Type of License	Number of Suspensions	Reason for suspension
Apprentice Barber	11	Child Support per MN statute 518.66
	1	Dishonored Payment per MN Statute 604.113
Registered (Master) Barber	15	Child Support per MN statute 518.66
	5	Dishonored Payment per MN Statute 604.113
	2	Delinquent Tax per MN Statute 270C.72

Receipts and Disbursements		
Fiscal Year	**Receipts**	**Disbursements**
FY 2014	$ 277,526	$ 237,612
FY 2013	$ 278,872	$ 268,630
FY 2012	$ 284,504	$ 196,534
FY 2011	$ 294,020	$ 233,477
FY 2010	$ 212,306	$ 175,671

"The mission of the Board of Behavioral Health and Therapy is to protect the public through effective licensure and enforcement of the statutes and rules governing its licensees to ensure a standard of competent and ethical practice."

Board Members

Current Members

Barbara Carlson, LADC, New Ulm, MN, Professional Member
(Appt Date: 6/28/2006; reappt 6/29/2014)

Marlae Cox-Kolek, LADC, Mankato, MN, Professional Member
(Appt Date: 3/16/2009; reappt 6/30/2011)

Freddie Davis-English, Plymouth, MN, Public Member
(Appt Date: 12/10/2003; reappt 6/22/2013)

Douglas Frisk, New Brighton, MN, Public Member
(Appt Date: 11/21/2003; reappt 5/14/2012)

Judi Gordon, LADC, St. Paul, MN, Professional Member
(Appt Date: 6/14/2004– reappt 6/22/2013)

Yvonne Hundshamer, St. Paul, MN, Public Member
(Appt Date: 6/22/2010; reappt 6/29/2014)

Kristen Piper, LPCC, St. Louis Park, MN, Professional Member
(Appt Date: 11/21/2003; reappt 6/29/2014)

Duane Reynolds, LADC, New Hope, MN, Professional Member
(Appt Date: 11/21/2003; reappt 5/14/2012)

Walter Roberts, Jr., LPCC, North Mankato, MN, Professional Member
(Appt Date: 11/21/2003; reappt 5/14/2012)

Robert Schmillen, LADC, Granite Falls, MN, Professional Member
(Appt Date: 3/16/2009; reappt 6/30/2011)

Marjorie (DeDe) Van Slyke, LPCC, St. Paul, MN, Professional Member
(Appt Date: 6/30/2011)

Nona Wilson, LPCC, St. Cloud, MN, Professional Member
(Appt Date: 1/31/2006; reappt 6/22/2013)

Board Staff

Kari Rechtzigel, *Executive Director*
Samantha Strehlo, LADC Licensing Coordinator / Office Manager
Patricia LaBrocca, LPC/LPCC Licensing Coordinator
Julie Newkirk, LADC Communications Coordinator
Gail Schiff, LPC/LPCC Communications Coordinator

Minnesota Board of Behavioral Health and Therapy
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Letter from the Executive Director

The Board of Behavioral Health and Therapy exists to regulate the practices of alcohol and drug counseling and professional counseling the State of Minnesota. Regulation of these professions is necessary to protect the health, safety and welfare of the public when they receive mental health and chemical health counseling services. The Board carries out its mission through effective licensure and enforcement of statutes and rules that ensure a standard of competent and ethical practice. Board activities include the following:

- Setting educational, supervision, and examination requirements for initial licensure as a licensed professional counselor (LPC), licensed professional clinical counselor (LPCC), or licensed alcohol and drug counselor (LADC);
- Issuing the LADC license or permit, LPC license, or LPCC license to practice only to qualified individuals;
- Setting the requirements for renewal of a license or permit and administering the renewal process;
- Setting standards of ethical practice;
- Responding to inquiries, complaints and reports regarding applicants and licensees;
- Investigating complaints of alleged violations of statutes and rules, holding educational and disciplinary conferences with licensees and applicants, taking disciplinary or corrective action when appropriate against practitioners who fail to meet minimum standards of practice, and reporting public actions to national databanks;
- Maintaining a website that provides information to the public about complaints and discipline, including a list of disciplinary and corrective actions taken by the Board;
- Offering online services from the Board's website, including license verification and links to the full text of public disciplinary orders the Board has adopted against licensed professionals;
- Approving continuing education activities; and
- Providing information about licensure requirements and standards of practice to applicants, licensees, and other interested parties.

Since its creation in 2003, the Board has struggled with complex regulatory requirements, budget constraints, and a small staff. In fiscal year 2012, the Board finally retired the start-up debt for both the Licensed Alcohol and Drug Counselor and Licensed Professional Counselor/Licensed Professional Clinical Counselor programs. The number of licensed professionals the Board regulates has grown steadily in the ten years since the Board began issuing licenses in 2004. The number of regulated persons doubled between June 30, 2006 and June 30, 2014.

The Board looks forward to continuing its work as an autonomous board. The goals of the Board in the next five years include utilizing its website and online services to continue to improve the efficiency of regulation and licensing processes, and maintaining an adequate staffing level of skilled personnel to provide high quality services to applicants, licensees, and the public. These measures will ensure that the Board can continue to fulfill its public protection mission by licensing qualified applicants in an expeditious manner and taking timely corrective or disciplinary action against practitioners who violate the statutes and rules governing their professions.

Kari Rechtzigel, Executive Director
Minnesota Board of Behavioral Health and Therapy

Year	Type of License	Number of persons licensed as of June 30	New Licenses Issued	Credentials Renewed
7/1/2012-6/30/2014	Licensed Alcohol and Drug Counselor (LADC)	2,647	533	2,171
	Temporary Permit (Temp)	185	261	177
	Licensed Professional Counselor (LPC)	480	304	770
	Licensed Professional Clinical Counselor (LPCC)	755	302	1,074
	Total	**4,067**	**1,400**	**4,114**
7/1/2010-6/30/2012	LADC	2,335	489	2,588
	Temp	130	214	149
	LPC	437	286	850
	LPCC	481	322	527
	Total	**3,383**	**1,311**	**4,114**
7/1/2008-6/30/2010	LADC	2,142	504	2,500
	Temp	173	257	532
	LPC	557	229	970
	LPCC	170	57	63
	Total	**3,012**	**1,047**	**4,065**
7/1/2006-6/30/2008	LADC	1,757	403	Data not available
	Temp	296	356	Data not available
	LPC	539	272	Data not available
	LPCC	12	12	Data not available
	Total	**2,604**	**1,043**	

The Board has 5.0 full-time equivalent positions. The full time staff members include an executive director, a licensing coordinator for the LPC/LPCC program, a licensing coordinator for the LADC program who also serves as office manager, and 2 office and administrative specialists (communications coordinators who provide clerical support for the licensing programs). Every staff member of the Board must have a broad base of knowledge and skills. While each staff member has a specialty (e.g. licensure expert for each program and executive director who must have overall knowledge and skills related to all regulatory and administrative duties of the Board), the needs of the Board, the professionals regulated by the Board, and the recipients of counseling services require that all employees have a basic knowledge of all Board operations in order to answer questions and provide information to applicants, licensees, and members of the public. Because of its small staff, the Board relies heavily on the online services and detailed information on its website to assist applicants, licensees, and the public.

The staffing level is finally back to the level it was in 2006. The base budget that was reduced by approximately 42% in 2007 ideally should be increased in the next biennium (FY 16 and ongoing) to allow the Board to have an adequate number of staff members to regulate the LADC and LPC/LPCC professions.

Legislation affecting the Board includes:

A. LPC/LPCC Legislation. In 2014, the Board was successful in getting legislation passed creating a permanent conversion method to LPCC licensure for persons who hold the LPC license and elect to convert it to the LPCC license. Standards in a temporary conversion method created in 2007 were increased to include a requirement that all applicants pass the national clinical mental health counseling exam (NCMHCE). Qualifications for licensure supervisors were clarified and documentation of post-master's supervised clinical practice hours was more fully articulated.

B. Expedited and Temporary Licensing for Former and Current Members of the Military. In 2014, the Legislature created Minnesota Statutes section 197.4552. This new statute requires all professional licensing boards, including the Board of Behavioral Health and Therapy, to establish a procedure to issue a temporary license to an active duty military member, the spouse of an active duty military member, or a veteran who has left service in the two years preceding the date of license application. Since the Board does not have temporary licensure that meets the requirements of the new statute, the Board will be pursuing legislation in the 2015 session to create new statutes to be codified within Minnesota Statutes chapters 148B and 148F, which authorize the issuance of a temporary LPC, LPCC, or LADC license upon application and payment of the required fees.

C. Tiered Licensure Working Group Report Due December 15, 2015. Legislation passed in 2012 required that the Board create a working group to evaluate the feasibility of a tiered licensure system for alcohol and drug counselors. The working group has been studying the issue and has held several public meetings beginning in the spring of 2013. The Board must present its written report to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services no later than December 15, 2015.

COMPLAINTS / RECEIPTS AND DISBURSEMENTS

Year	Type of Complaint	Complaints Received	Complaints Closed	Disciplinary Action Taken
2014	LADC/TP	159	188	30
	LPC / LPCC	51	60	5
	Total	**210**	**248**	**35**
2012	LADC	158	177	13
	LPC/LPCC	33	35	4
	Total	**191**	**212**	**17**
2010	LADC	138	184	2
	LPC	27	23	0
	Total	**165**	**207**	**2**
2008	LADC	157	248	4
	LPC	21	8	0
	Total	**178**	**256**	**4**

Complaints Open as of June 30, 2014:

46 – LADC/ TP(35 open for less than 1 yr.; 11 open for more than 1 yr.)
9– LPC/LPCC (8 open for less than 1 yr.; 1 open for more than 1 yr.)

RECEIPTS AND DISBURSMENTS

Year	LPC Receipts	LADC Receipts	LPC Disburse-ments	LADC Disburse-ments	Total Bd. Re-ceipts	Total Bd. Disb.
FY2013 and FY 2014	$785,099	$912,001	See total	See total	$1,697,100	$907,180
FY 2011 and FY 2012	$640,070	$1,232,655	$218,973	$587,479	$1,872,725	$806,362
FY 2009 and FY 2010	$460,042	$947,156	$313,156	$626,322	$1,407,208	$939,478
FY 2007 and FY 2008	$270,715	$901,679	$202,433	$529,213	$1,172,394	$731,646

Note: The Board retired the debt for both the Alcohol and Drug Counselor and Licensed Professional Counselor/Licensed Professional Clinical Counselor programs in FY 12. Before that time, the Board kept the staffing level at a minimum along with expending the absolute minimum for other items. That is the reason for the large discrepancy between receipts and disbursements.

LADC Fees	Amount
Application for licensure	$295
Biennial Renewal Fee (Active)	$295
Biennial Renewal Fee (Inactive)	$150
Temp. Permit Application Fee	$100
Temp. Permit Renewal Fee	$150
Late Renewal Fee	$74
License Verification	$25
Surcharge Fee (Lic. App. & Renewal)	$99 (expired June 30, 2013)
Approved Supervisor App. Fee	$30
Continuing Education Sponsor Fee	$60
Duplicate Certificate Fee	$25
Board Order Copy Fee	$10

LPC and LPCC Fees	Amount
LPC and LPCC Application Fee	$150
LPC and LPCC Initial License Fee	$250
LPC/LPCC Renewal Fee (Active)	$250
LPC/LPCC Renewal Fee (Inactive)	$125
LPC and LPCC Late Renewal Fee	$100
Board Order Copy	$10
License Verification	$25
Duplicate Certificate Fee	$25
Supervisor Application Fee	$30
CE Course Sponsor Fee	$60
Professional Firm Renewal Fee	$25
Initial Registration Fee	$50
Annual Registration Renewal Fee	$25

BOARD OF CHIROPRACTIC EXAMINERS

"The mission of the Minnesota Board of Chiropractic Examiners (MBCE) is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic to ensure a standard of competent and ethical practice in the profession.**"**

Board Members

Matt Anderson, DC, Bloomington, MN, Professional Member
(Appointed: 5/21/2007; reappt 2/14/2011)

Robert Daschner, DC, Waseca, MN, Professional Member

(Appointed: 4/22/2008; reappt 6/30/2012)

Howard Fidler, DC, St. Louis Park, MN, Professional Member

(Appointed: 4/28/2004; reappt 6/30/2012

Teresa Marshall, DC, Mankato, MN, Professional Member

(Appointed: 1/11/2002, reappt: 3/31/2006, 1/19/2010)

LeRoy Otto, DC, Lake City, MN, Professional Member

(Appointed: 4/2/2013)

Ralph Stouffer, EdD, Roseville, MN, Public Member

(Appointed: 3/31/2006; reapptd 5/21/2007, 2/16/2011)

Gregory Steele, Becker, MN, Public Member

(Appointed: 4/2/2013)

Board Staff

Larry A Spicer, DC, Executive Director
Anne Braam, Administrative Support
John Burbey, Continuing Education Coordinator
Lori Blanski, Licensing Coordinator
Micki King, Health Program Representative

Minnesota Board of Chiropractic Examiners
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Letter from the Executive Director

The Minnesota Board of Chiropractic Examiners (MBCE) was established by legislative act on 3-13-1919. Minnesota Statutes 148.01-148.108 and Minnesota Rules 2500 give the board authority to regulate, license by examination and renewal, and investigate complaints. The mission of the MBCE is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of chiropractic; to ensure a standard of competent and ethical practice in the profession.

Licensing/Credentialing Services: The purpose of regulation through licensing is to set and enforce standards of competence and ethical practice, and to ensure that persons licensed as doctors of chiropractic meet educational, examination, and continuing education standards. Staff process applications, verify compliance with statutory requirements, provide assistance and information to a variety of customers, and work in collaboration with other agencies at the state, federal, and national levels.

To meet these functions, the MBCE operates under five key service strategies:

- Maintain an integrated database of licensee information, registrations, discipline, and complaints
- Publish information on the web, including licensure information, disciplinary orders, and rulemaking efforts
- Conduct regular board meetings where citizens have input into the review of operations and rulemaking efforts
- Respond to public requests for information on chiropractors, continuing education sponsors, and licensee's status
- Manage funds soundly

The Board accomplishes its core public safety and regulatory mission of doctors of chiropractic by:

- Administering minimum educational and examination requirements for initial licensure as a doctor of chiropractic and administering requirements and processes for renewal of licensure
- Enforcing standards of ethical practice; responding to inquiries, complaints and or reports regarding applicants, or licensees
- Investigating complaints of alleged violations of statutes, holding educational and disciplinary conferences, and taking legal action when appropriate against licensees who fail to meet minimum standards of practice or who may otherwise constitute a harm to the public as a result of improper/unethical practice
- Approving continuing education providers
- Providing information about licensure and standards of practice, through professional education outreach efforts, the Board's website, online license verification services, and telephone, mail or email inquiries

The Board provides core public safety services through the regulatory oversight of doctors of chiropractic, as noted in the strategies listed above, to ensure both high standards of chiropractic practice and excellent customer service. Services are provided to the general public, consumers of chiropractic services, applicants and licensees, students and faculty in chiropractic academic programs, other state and local agencies, state and national professional chiropractic associations and finally the national testing organization as well as the Federation of Chiropractic Licensing Boards.

Discipline/Complaint Resolution Services: Staff, Board Members, and the Office of the Attorney General work collaboratively to review, investigate, and take action, as appropriate, in alleged complaint cases against licensed doctors of chiropractic. When a licensee is determined to have engaged in conduct which is a violation of the statutes or rules the Board is empowered to enforce, an appearance before Board Members may occur. Licensees may enter into an agreement for corrective action with the Board's complaint panel, or may become subject to disciplinary action, with such final action determined by the full Board. Either of these two remedies is public once completed. In addition, staff provide informational services to a variety of customers regarding the Board's statutory requirements and standards of practice, including how to file a complaint and the complaint resolution process. The Board also works with the Health Professionals Services Program (HPSP), the state's diversion program for regulated professionals who are impaired, as an additional method to ensure public protection.

Online Services: The board maintains a very robust web site which includes: Information on Board structure, meetings, and policies; licensing information, applications and renewal forms for nearly all licenses/registrations; information on continuing education programs and sponsors; access to specific statutes and rules directly impacting the profession; information on current emerging issues impacting the profession; information on access to the Health Professional Services Program, and links to many other related sites, and online license application and renewal. The Chiropractic Board was the first among the Health Related Licensing Boards to provide online license renewal capability. The board renewed well in excess of 4000 licenses and registrations last fiscal year, and generally appreciates approximately a 90%+ online application renewal rate.

Key Activity Goals & Measures

The MBCE works to meet the MN Milestone of access to government information 24x7x365 through its self-service website. The MBCE works to protect the public from access to impaired practitioners by prompt investigation of complaints and resolution of disciplinary matters through educational conferences, corrective action agreements, board orders and/or contested case proceedings as deemed required based on the severity of the infractions reported. The MBCE collaborates with other licensing boards and state agencies to create an efficient state government.

Larry A Spicer, DC, Executive Director, Minnesota Board of Chiropractic Examiners

Year	Type of License	Persons Licensed as of June 30	Credentials Renewed	New Licenses Issued	Credentials Renewed Online	
7/1/2013-6/30/2014	Doctor of Chiropractic (DC) License	3069	2965	138	2648	89%
	Acupuncture Registration	668	657	16	582	89%
	Animal Chiropractic Registration	33	26	7	n/a	n/a
	Independent Examiner Registration	51	50	3	46	92%
	Professional Firm Registration	901	796	149	727	91%
	Graduate Preceptor Registration	15	n/a	15	n/a	n/a
	Totals	**4737**	**4494**	**328**	**4003**	
7/1/2012-6/30/2013	Doctor of Chiropractic (DC) License	3019	2922	135	2650	91%
	Acupuncture Registration	670	659	17	612	93%
	Animal Chiropractic Registration	30	26	3	n/a	n/a
	Independent Examiner Registration	53	53	6	44	83%
	Professional Firm Registration	786	716	88	660	92%
	Graduate Preceptor Registration	11	n/a	11	n/a	n/a
	Totals	**4569**	**4376**	**260**	**3966**	
7/1/2011-6/30/2012	Doctor of Chiropractic (DC) License	2956	2861	124	2604	91%
	Acupuncture Registration	666	655	24	594	91%
	Animal Chiropractic Registration	27	26	1	n/a	n/a
	Independent Examiner Registration	58	57	5	49	86%
	Professional Firm Registration	731	685	70	636	93%
	Graduate Preceptor Registration	12	n/a	12	n/a	n/a
	Totals	**4450**	**4284**	**236**	**3883**	**91%**

The MBCE issues one type of license: Doctor of Chiropractic (DC). In addition to and contingent upon this license, a DC may obtain registrations in Acupuncture, Animal Chiropractic, Independent Examiner, Professional Firm and Graduate Preceptor; however, these registrations require an active and good-standing DC license. The registration for Animal Chiropractic was established in FY09 and has attracted increased interest from DCs.

Year	Type of License	Persons Licensed as of June 30	Credentials Renewed	New Licenses Issued	Credentials Renewed Online	
7/1/2010-6/30/2011	Doctor of Chiropractic (DC) License	2896	2781	156	2539	92%
	Acupuncture Registration	649	655	24	601	97%
	Animal Chiropractic Registration	23	22	3	n/a	n/a
	Independent Examiner Registration	57	52	8	47	90%
	Professional Firm Registration	698	658	60	607	92%
	Graduate Preceptor Registration	10	n/a	12	n/a	n/a
	Totals	**4333**	**4137**	**258**	**3794**	**92%**
7/1/2009-6/30/2010	Doctor of Chiropractic (DC) License	2816	158	2715	2393	89%
	Acupuncture Registration	631	23	624	534	86%
	Animal Chiropractic Registration	20	0	20	n/a	n/a
	Independent Examiner Registration	51	7	48	40	84%
	Professional Firm Registration	665	68	614	522	85%
	Graduate Preceptor Registration	19	n/a	19	n/a	n/a
	Totals	**4217**	**274**	**4021**	**3489**	**87%**
7/1/2008-6/30/2009	Doctor of Chiropractic (DC) License	2750	2665	115	2356	89%
	Acupuncture Registration	627	620	22	539	87%
	Animal Chiropractic Registration	12	12	0	n/a	n/a
	Independent Examiner Registration	49	49	3	40	82%
	Professional Firm Registration	623	589	68	545	93%
	Graduate Preceptor Registration	16	n/a	16	n/a	n/a
	Totals	**4089**	**3935**	**224**	**3480**	**89%**

Statistics above are shown *annually* vs. *biennially*. For the purposes of this report, those who completed their renewal form online are counted as one in the numbers under Online Renewals, whether or not they paid their renewal fee online.

Biennium Ending	Complaints Closed in Biennium	Complaints Opened in Biennium Length of Time Complaint was Open	Disciplinary Action Taken
6/30/14	361	400 374 < one year 26 > one year	79 Actions Taken*
6/30/12	310	296 < one year 14 > one year	
6/30/10	420	375 < one year 45 > one year	
6/30/08	348	321 < one year 27 > one year	

* Types of Action taken During Biennium ending June 30, 2014			
Type of Action	**#**	**Type of Action**	**#**
Board Order	4	Reinstate from suspension/revocation with probation and/or conditions	15
Corrective Action Agreement	11	Stipulations to cease practicing	2
Court Orders following a hearing	2	Suspended for failure to pay taxes or child support	4
Probation w/conditions, restrictions, fines, etc.	3	Issued "Unconditional" license upon completion of disciplinary terms	12
Revocations	3	Voluntary Surrender of license under public order	6
Suspensions	17		

Cases going over one year generally involve one or more of the following:

- an investigation by Attorney General's Office,
- the licensee elects to go to hearing rather than accept the Board's proposed settlement when a violation has been determined
- if the case involves civil or criminal charges, the panel may place the complaint on hold pending a court ruling as a criminal conviction may be another violation for which we can impose discipline uncontested, or if acquitted, we may rethink the strength of our case

Allegation (No. of Complaints per Biennium by allegation type)	2014	2012	2010	2008
Acupuncture violations	1	1	1	7
Address/phone change failure to notify Board	0	2	4	1
Advanced physical or mental disability	2			
Advertising	69	46	110	73
Aiding or abetting unlicensed practice, & delegating	5	6	23	8
Animal Chiropractic Violation (new law 2010)	3	4	X	X
Application disclosure (DWI, conviction, etc.)	60	59	29	18
Billing dispute	7	13	20	5
Conviction of a crime of moral turpitude or felony	31	21	13	20
Delegating professional responsibilities to unqualified person	3			
Disciplinary action in another state/jurisdiction	8	12	6	4

COMPLAINTS BY TYPE

Allegation (No. of Complaints per Biennium by allegation type)	2014	2012	2010	2008
Exercising influence on a patient or client for financial gain	26	27	46	25
Failure to make a report or cooperate w/investigation	6	2	25	2
Failure to pay fee or complete CE for annual renewal	4			
Fraud-deception in applying for a license	1	5	0	2
Graduate Preceptorship program violation	0	2	3	1
Gross or repeated mal practice	25	26	19	19
Habitual intemperance in alcohol or drugs	28	20	24	21
HPSP violation, noncompliance	4	3	3	4
Independent exams, false or misleading	13	11	13	3
Improper management of records (lost or release of)	16	23	19	17
Other, not chiropractic, i.e. taxes, child support, federal law	47	35	28	16
Petition for end of discipline	8	18	13	11
Practice outside scope	12	5	8	7
Practice under a false or assumed name, failure to update name change	2			
Practicing w/o a license, revoked, suspended, prior to licensure, etc.	23	13	23	15
Prepaid plans rule violation (new law in 2011)	4	1	X	X
Professional corporation registration violation	9	5	5	7
Poor recordkeeping-documentation of care	11	9	18	15
Revealing privileged patient information, breach	4			
Splitting fees, runners, cappers	33	14	25	3
Unable to practice illness, incompetence, drugs, etc	14	12	15	16
Unethical practices, runners making direct contact (new law 2008)	9	7	35	x
Unprofessional conduct, unethical or deceptive practices	16	17	29	12
Unprofessional, sexual misconduct	21	16	20	13
Unprofessional, providing unnecessary services	7	6	7	7
Unprofessional, charging unconscionable fees	19	16	30	15
Unprofessional, threatening or dishonest fee collection	16	20	40	14
Unprofessional, fraud on patients or insurance	8	14	20	8
Unprofessional, waving deductible or co-pay	0	0	2	1
Violation of a Board Order	15	13	13	4

Our current database tracks the source of complaints such as from the public, the profession, government agency, insurance agency, etc. It does not track how the complaint was received, i.e. phone, US Mail, e-mail, in person, etc.

We require an original signed waiver for the release of protected information for the majority of complaints, i.e. the complaint and patient records.

Total Receipts for BIENNIAL REPORT PERIOD of 07/01/2012 to 06/30/2014				
Source Code	**Fee Type**	**Amount of Fee**	**Total $ Received**	**Terms**
609254	Acupuncture Application	$100.00	$3,750.00	upon application
609269	Acupuncture Renewal (inactive)	$25.00	$200.00	annual
609255	Acupuncture Renewal (active)	$50.00	$65,100.00	annual
609270	Acupuncture Reinstatement	$100.00	$150.00	Upon application
609267	Animal Chiropractic Active Renewal	$75.00	$3,750.00	annual
609268	Animal Chiropractic Inactive Renewal	$25.00	$300.00	annual
609266	Animal Chiropractic Initial Registration	$125.00	$1,250.00	upon application
609265	Continuing Education Audit Penalty	$300, $600, $900	$198,492.28	as assessed
609258	Continuing Education Seminar Fee	$100.00	$10,500.00	upon application
609273	Continuing Education Sponsor Fee	$500.00	$37,000.00	upon application
609260	Copies	$.25 / page	*see MISC*	upon request
609260	Copies of Board Orders / Lawbooks	$10.00	*see MISC*	upon request
553094	Credit Card Handling Fee	$1.50	*$11,772.00**	per transaction
609248	DC Active License Renewal	$200.00	$1,119,250.00	annual
609245	DC Application Fee	$250.00	$70,950.00	upon application
609250	DC Inactive License Renewal	$150.00	$47,400.00	annual
609256	Disciplinary Fee / Civil Penalty	up to $10,000.00	$77,665.92	as assessed
609262	Duplicate License / Miscellaneous	$10.00 / various	$1,630.00 / $451.26	upon request
609247	Graduate Preceptorship Fee	$100.00	$5,200.00	upon application
609252	Independent Examiner Registration	$150.00	$2,250.00	upon application
609253	Independent Examiner Renewal	$100.00	$10,300.00	annual
609274	Labels of Chiropractors (partial or complete)	$15.00 or $150.00	$0.00	upon request
609251	License Reinstatement	$100.00	$1,100.00	upon application
609259	License Verification	$10.00	$2,640 .00	upon request
609261	Lists of Chiropractors (partial or complete)	$10.00 or $100.00	$6,865.00	upon request
609272	NSF Service Charge	$25.00	$323.50	as assessed
609264	Prior Year Late Fee (DC / Firm)	$150.00 / $5.00	$3,525.00	accrued monthly
609263	Prior Year Renewal Fee	$200.00	$12,800.00	upon application for rein-statement
608254	Professional Firm Initial	$100.00	$27,400.00	upon application
609271	Professional Firm Renewal	$25.00	$37,975.00	annual
609249	Renewal Penalty Fee (DC / Firm)	$150.00 / $5.00	$12,770.00	accrued monthly
513122	Surcharge	$25.00 / $20.00 / $15.00	*$124,208.50**	upon application/renewal

*The Credit Card Fee is collected from licensees who use the online renewal system; it does not reflect the total cost to the MBCE for the each online transaction. This fee and the Surcharge fee are paid out and not kept by the Board, the amount in the budget is therefore $0.

Shaded areas represent a fee that has changed its source code or name; but there are no statutory changes.
The totals above are for two fiscal years. The Board has not raised its licensing fees since 1993!

DISBURSMENTS AND EXPENDITURES

Total Disbursements for BIENNIAL REPORT PERIOD of 07/01/2012 to 06/30/2014	
Category	**Total Amount $**
Salaries, Benefits, & Per Diems	$668,227.52
Office Rental, Maintenance, Utilities	$78,695.11
Computer, Communications, Printing & Advertising	$33,553.52
Professional / Technical Services	$14,478.88
Supplies & Equipment	$45,826.23
Travel – In State & Out of State	$16,443.02
Other Operating Costs	$19,360.82
Legal Costs	$343,430.40
Health Professionals Service Program (HPSP)	$37,870.42
Unspecified Indirect Costs	$53,378.83
TOTAL	**$1,311,264.75**

RECEIPTS AND DISBURSEMENTS

Year	Total $ Received	Total Disbursements and Expenditures
7/1/2013-6/30/2014	$821,692.58	$657,311.57
7/1/2012-6/30/2013	$939,295.38	$653,953.18
7/1/2011-6/30/2012	$800,468.63	$550,423.63
7/1/2010-6/30/2011	$718,276.54	$638,396.26
7/1/2009-6/30/2010	$717,985.19	$639,885.80
7/1/2008-6/30/2009	$699,661.43	$627,415.60
7/1/2007-6/30/2008	$678,458.43	$614,312.11

Features available on the Board's website include:

- License and registration renewal
- Information on obtaining a license and registration
- Information on renewal of licenses and registrations
- Public information such as disciplinary orders
- Information on how to file a complaint or resolve disputes
- Online change of address/phone number capability
- Information on MBCE meetings and meeting content
- Information on emerging issues which may affect the profession.

Emerging issues seen in regulation of licensees include:

- An increase in types and forms of fraudulent schemes to which doctors may be subjected
- Changes in health regulatory issues
- Management of impairment problems such as chemical dependency

Awards received by the MBCE include:

- 1993 Outstanding Licensing Board
- 2005 Executive Director awarded the George Arvidson Award, the Federation of Chiropractic Boards' highest honor (Note: the Executive Director is the only Executive Director of a Chiropractic Board to ever receive this award)
- 2009 Executive Director was appointed to the Board of the Federation of Chiropractic Licensing Boards
- 2012 Executive Director was re-appointed to the Board of the Federation of Chiropractic Licensing Boards

Current contested cases include topics and results such as:

- Chemical addiction and sexual misconduct. Resulted in probation, practice restrictions, and professional monitoring and therapy
- Exploiting patients for financial gain, providing excessive/unnecessary care, charging unconscionable fees, delegating professional duties to unqualified staff; ongoing at this time
- Splitting fees; ongoing at this time
- Violation of a board order; resulted in suspension
- Denial of petition for unconditional license due to lack of restitution to victims; ongoing at this time
- Exploiting patients for financial gain, excessive care, improper billings, inadequate records; resulted in suspension
- Exploiting patients for financial gain, improper billings, inadequate records; resulted in revocation
- Denial of application for license based on conviction in another jurisdiction of a felony related to the practice; the Board prevailed
- Restraint of trade; the Board prevailed

Major program accomplishments for the MBCE in the past biennium include:

- Development / implementation of new state of the art database program
- Implementation of online applications for licenses and registrations
- Legislative Audit with no deleterious findings
- Continued high rate of online renewal utilization
- Improved continuing education audits with reduced audit failures

Issues which will need to be addressed in the next biennium include:

- Changes to the Chiropractic Practice Act
- Budget
- Changes to MS § 214
- New requirements resulting from the 2012 Sunset Legislation

The MBCE office is staffed with 4.8 full-time employees who work on a daily basis to:

- License applicants for Doctor of Chiropractic (DC)
- Approve registrations for: Acupuncture, Animal Chiropractic, Professional Firm, Graduate Preceptorship and Independent Examiner
- Renew the licenses and registrations listed above
- Manage funds received
- Manage continuing education
- Investigate and resolve complaints and disciplinary actions

Rules activity during the past biennium that affect the MBCE include:

- Independent Examiner Rule - Final Adoption Pending
- Waiver of Continuing Education for first year of license/registration - Pending
- Reduction of Continuing Education for long term licensees - Withdrawn
- Animal Rehabilitation definition - Pending

BOARD OF COSMETOLOGIST EXAMINERS

Mission

The Board's core mission is to constantly strive to serve and care for our licensees, applicants, and the public by being committed to public protection, superior service, excellence, and continuous improvement.

Vision

The Board is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.

Board Member	Residence	Seat	Term End Date
Chelsey Bell	Pierz	Esthetician	January 2018
Laurie Boggess	Minnetonka	Cosmetologist	January 2016
Kurt Deile	Andover	Public	January 2015
Nicole Dixon	Minneapolis	Private School Instructor	January 2018
Mary Finnegan	Aitkin	Pubic School Instructor	January 2018
Robert Salmonson	Rice	Cosmetologist	January 2015
Vacant	Vacant	Nail Technician	Vacant

Board Staff	
Gina Stauss Fast, Executive Director	
Diane DelaBarre, Assistant Executive Director	
Jenna Bohl, Interim Licensing Division Manager	
Alex Herbert, Licensing Specialist Andrew Reding, Field Inspector Catrina Mairose, Licensing Specialist Diane Anderson, Field Inspector Frank Weiland, Field Inspector Nancy Mayberry, Customer Service Specialist	Raeoun Jacobson, Field Inspector Rebecca Gaspard, Rules & Compliance Analyst Sheila Peters, Licensing Specialist Tami Thein, Assistant to the Executive Director Tim Hoeppner, Field Inspector

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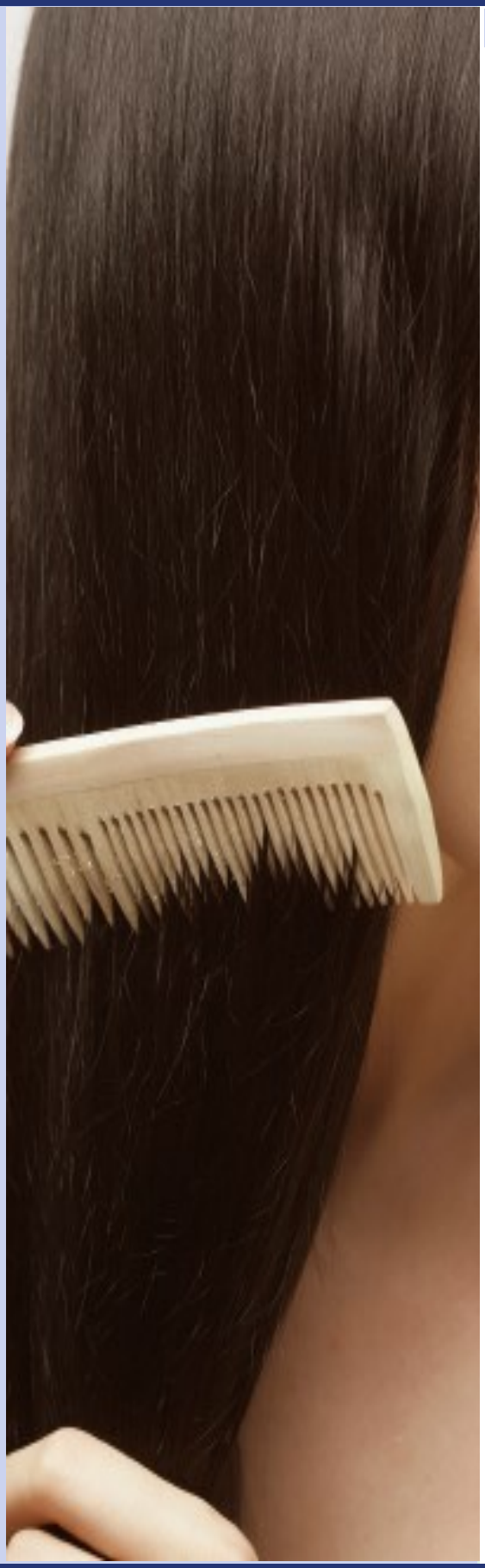
Board e-mail: bce.board@state.mn.us
Board website: http://www.bceboard.state.mn.us



Letter from the Executive Director

The Board of Cosmetologist Examiner's (BCE) core mission is to constantly strive to serve and care for our licensees, applicants and the public by being committed to public protection, superior service, excellence, and continuous improvement. Minnesota Statutes 155A.20-155A.35 provides the legislative authority for the Board of Cosmetologist Examiners to regulate cosmetology practice in the State of Minnesota for the purpose of health and safety of the public.

To accomplish the Board's mission, the BCE office is being divided internally into four divisions. The division are: 1) Licensing Division, 2) Inspection Division, 3) Compliance Division, and 4) Administrative Division. As the Board has continued to grow, it has been important to have staff specialize in their respective areas in order to provide optimal, efficient, and excellent service.

The BCE has had a bus last few years, in particular, enhancing our technology platforms to offer more online services and create licensee account management pages.

The Board is currently undergoing a major rules revision, the first one since 1983. The Board is hosting six town halls throughout the state to get licensee and public input. The Board is eager to implement national infection control practices and streamline the wording of the rules, remove unnecessary and outdated rules as well as use plain language.

The Inspection and Compliance Division has also grown to include five full-time inspectors and two Compliance Specialists. Inspections have been redesigned to be an educational experience to ensure compliance wit licensure, sanitation, and disinfection standards. The BCE has also distributed a self-inspection document pedicure guide for licensees to be able to self-inspect their salons. We continue to publish resources for both the public and licensees to promote salon safety.

The BCE also takes every opportunity to maximize the use of technology to create more public awareness, protection, and streamlined service to our licenses and the public. All license applications and renewals are available online, with our most popular applications available as enterable applications. Further, the Board has an online license lookup site that is in real-time and can be accessed 24 hours a day to verify license holders. The BCE also displays final enforcement action orders online. Lastly, the BCE offers licensees the ability to renew their licenses online, creating a location where they can renew their licenses 24 hours a day.

The Minnesota Board of Cosmetologist Examiners is dedicated to public protection while encouraging industry development. The Board believes that leading with a vision and making sound decisions results in quality outcomes and successful operations.

The Board has five meetings set for 2014 and encourages the public and licensees to attend as these meetings are very informative and open to the public. I encourage all licensees and applicants to go online to www.bceboard.state.mn.us to get the most up to date information.

Gina Stauss Fast, JD

Executive Director

Previous Years	Type of License	Number of persons licensed	Percent Renewed Online
2014 January 1st—September 1st	Operator Licenses	17661	
	Manager Licenses	16461	
	Instructor Licenses	404	
	Salon Licenses	5397	
	School Licenses	40	
	Other Licenses	571	
	Totals	40534	
2013	Operator Licenses	17785	
	Manager Licenses	16143	
	Instructor Licenses	393	
	Salon Licenses	5415	
	School Licenses	42	
	Other Licenses	442	
	Totals	40220	
2012	Operator Licenses	18337	96% of eligible online renewals
	Manager Licenses	16155	
	Instructor Licenses	444	
	Salon Licenses	5369	
	School Licenses	42	
	Other Licenses	493	
	Totals	40840	
2011	Operator Licenses	18812	96% of eligible online renewals
	Manager Licenses	16153	
	Instructor Licenses	463	
	Salon Licenses	5814	
	School Licenses	40	
	Other Licenses	536	
	Totals	41822	

**The chart above denotes all initial licensing activities for each year annually.

Major Board Functions

Licensing Division – Responsible for credentialing over 17 different license types to ensure each applicant has met the requisite education and competence required to practice cosmetology or to operate a cosmetology salon or school.

- Set cosmetology licensure requirements through the rule revision process.
- Review individual applicant and licensee documentation to determine if they have completed the appropriate requirements.
- Review and approve continuing education provider applications and programs.
- Review academic programs to determine if they meet requirements to prepare students for cosmetology careers.
- Communicate with licensees and the public regarding licensure, education and proper practices.

Inspection Division – Responsible to inspect all licensed salons and schools in the state to ensure public safety is met and salons are demonstrating Infection Control practices that adhere to statute and rule regulations as well as practice standards.

- Inspect all salons located in the state of Minnesota to ensure compliance with all state statues and rules relating to the delivery of cosmetology services to the public.
- Inspect all individuals working in salons in the state of Minnesota to ensure compliance with the state statues and rules relating to cosmetology and proper licensure.
- Inspect all cosmetology schools located in the state of Minnesota to ensure compliance with all state statues and rules relating to the education of future cosmetologist.

Compliance Division – Responsible to investigate complaints and take action against practitioners, salons, or schools that violate laws and rules the Board is empowered to enforce.

- Accept complaints and reports from the public.
- Determine whether the complaint is properly submitted and if the Board has jurisdiction, and if so, what type of action is needed.
- Refer inquires and complaints to inspectors, investigators, complaint committees, and other agencies, if necessary.
- Respond to complainants and agency reports by informing the complainants of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceedings.
- Board issues complaints based on inspections with serious violations and/or repeated violations to protect the public.

Administrative Division – Responsible to organize, assist and manage the other three divisions to work in harmony to accomplish the goals, mission, and vision of the Board in order to protect the health and safety of the public.

- Provide information to the public and applicants concerning requirements for licensure including an online license look-up system.
- Improve the practice of cosmetology by providing information to licensees to prevent inappropriate practice.

Board Meetings

10 Board Meetings during Biennium. Each Board meeting is approximately 5 hours.
12 Complaint Meetings during Biennium. Each Complaint meeting is approximately 6 hours.

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open
2014 Most recent year	189	105	84
2013	208	277	69
2012	233	180	53
2011	177	165	12
2010	139	104	35

**All data compiled after Board of Cosmetologist Examiners separated from the Board of Barbers in 2009.

**Measured annually and not on a fiscal year

***The Board changed its complaint intake process in 2014, and therefore the total number of complaints has changed. This includes the ability for the Board to process complaints in one year or less, as well as issue inspection penalties in lieu of opening a complaint.

RECEIPTS AND DISBURSEMENTS

Year	Receipts	Disbursements
FY 2014	$1,921,000	$1,346,000
FY 2012	$1,837,552	$1,046,000
FY 2010	$1,376,099	$691,000

FEE INFORMATION

Fee	Amount
Initial Operator	$139
Operator Renewal	$81
Initial Salon Manager	$172
Manager Renewal	$114
Initial Instructor	$172
Instructor Renewal	$114
Initial School Manager	$172
School Manager Renewal	$114
Salon License	$243
Salon Renewal	$160
School License	$2,650
Salon Renewal	$2,150
Certificate of Identification	$20
Hair Braiding Registration	$20

"The Mission of the Minnesota Board of Dentistry is to ensure that Minnesota citizens receive quality dental health care from competent dental health care professionals."

Board Members

Neal Benjamin, DDS, Lino Lakes, MN, Dentist
(Term Exp: 2017)
David Gesko, DDS, Bloomington, MN, Dentist
(Term Exp: 2016)
Nancy Kearn, DH, Wyoming, MN, Dental Hygienist
(Term Exp: 2017)
John "Jake" Manahan, JD, Bloomington, MN, Public Member
(Term Exp: 2015)
Allen Rasmussen, International Falls, MN, Public Member
(Term Exp: 2016)
Joan A. Sheppard, DDS, Bloomington, MN, Dentist
(Term Exp: 2015)
Steven Sperling, DDS, Rochester, MN, Denstist
(Term Exp: 2018)
Paul Walker, DDS, Shoreview, MN, Dentist
(Term Exp: 2015)
Teri M. Youngdahl, LDA, Elk River, MN, Licensed Dental Assistant
(Term Exp: 2018)

Board Staff

Judith Bonnell, Complaint Analyst
Deborah Endly, Compliance Officer
Sheryl Herrick, Office Manager
Amy Johnson, Licensing & Professional Development Analyst
Kathy T. Johnson, Legal Analyst
Paul Kukla, Dental Consultant
Mary Liesch, Director of Complaints & Compliance
Joyce Nelson, Licensing Administrator
Michelle Schroeder, Administrative Assistant
Marshall Shragg, Executive Director
Vicki Vang, Administrative Assistant

Minnesota Board of Dentistry
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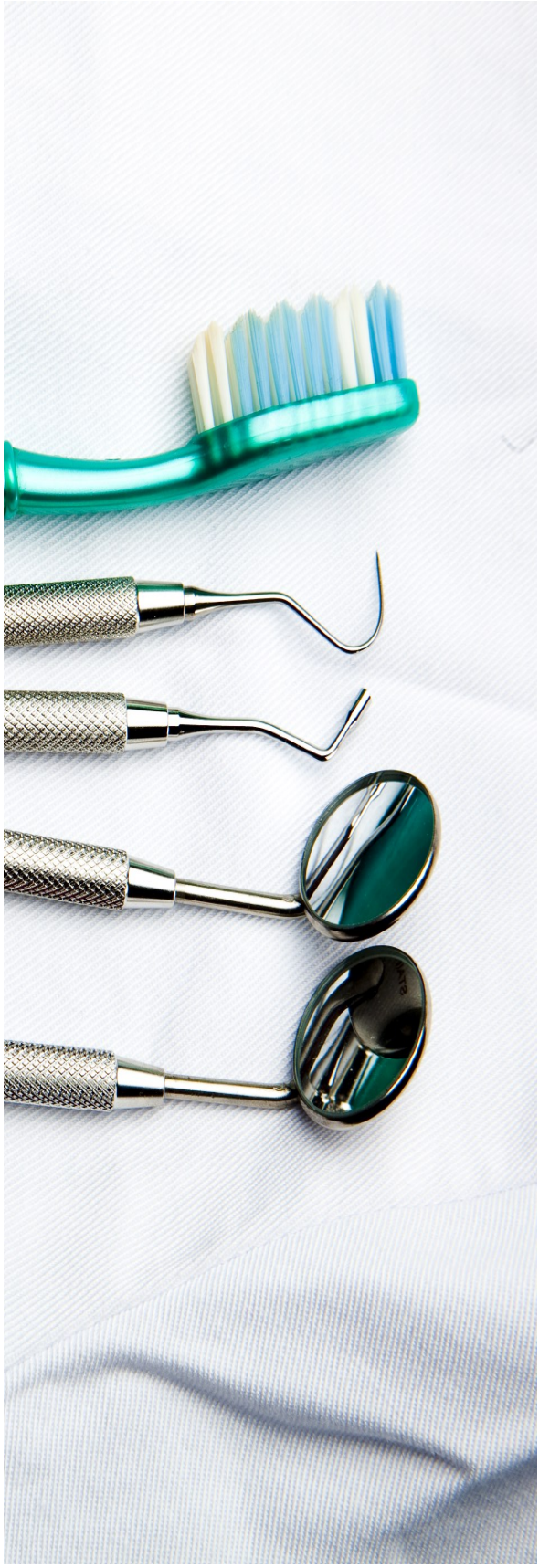
Board Website: http://www.dentalboard.state.mn.us



Letter from the Executive Director

The Board of Dentistry's mission is "to ensure that Minnesota citizens receive quality dental care from competent dental health care professionals." The Board accomplishes its mission through services that include: establishing the educational and examination and other qualification standards for initial licensure as dentists, dental therapists, dental hygienists and dental assistants; determining requirements for license renewal, such as professional development (continuing education); accepting, investigating, and resolving complaints regarding licensed dental professionals; tracking compliance of those licensees who are under corrective or disciplinary action of the Board; registering professional firms; disseminating public information; and engaging in policy initiatives to ensure that related statutes and rules that protect the public through regulating dental professions remain relevant.

Major activities recently engaged in by the Board of Dentistry have included:

- operationalizing the recommendations from its strategic plan, the framework for providing improved services to the public and to licensees

- maintaining a comprehensive web site that provides on-demand public information. The web site (www.dentalboard.state.mn.us) now offers on-line renewals, license verification, address changes, and other interactive features

- contracting with Prometric to develop and administer both the Board's Jurisprudence Exam and the State Dental Assisting Licensure Exam in secure testing facilities

- establishing program requirements for instruction of developing clinical examinations for Dental Therapists and Advanced Dental Therapists, the first such mid-level dental providers in the country. The Board issued a report in February 2014 in conjunction with the Minnesota Department of Health addressing the early impacts of Dental Therapists in Minnesota (http://mn.gov/health-licensing-boards/images/2014DentalTherapistReport.pdf)

- ensuring access to dental health services for all Minnesota citizens remains an issue that the Board continues to explore ways to address. The Board has been working with many government organizations, community groups and professional associations to address access from a regulatory perspective

- The Minnesota Board of Dentistry continues to function as the administering board for the Health Professionals Services Program (HPSP). HPSP is a shared program of the health regulatory boards and the Minnesota Department of Health established to promote early intervention, diagnosis and treatment for impaired health professionals, and to provide monitoring services as an alternative to board discipline.

Marshall Shragg, Executive Director

Minnesota Board of Dentistry

Biennium Ending June 30	Type of License	Number of New Licenses issued	Number of Renewed Licenses	Online Renewals	
2014	Dentist	298	3,735	3,147	84.3%
	Dental Hygienist	453	5,089	4,506	88.5%
	Dental Therapist	25	14	14	100%
	Licensed Dental Assistant	555	6,621	5,523	83.4%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2014: **17,169**	Full Faculty Dentist	6	16	N/A	N/A
	Limited Faculty Dentist	9	13	N/A	N/A
	Guest Dentist	8	42	N/A	N/A
	Guest Dental Hygienist	2	3	N/A	N/A
	Guest Dental Assist	3	1	N/A	N/A
	Limited General Dentist	2	3	N/A	N/A
	Resident Dentist & Dental Provider	66	34	N/A	N/A
	Specialty Dentist	7	39	N/A	N/A
	Limited Registration	0	4	N/A	N/A
	TOTAL:	**1,434**	**15,614**	**13,176**	**84.4%**
2012	Dentist	291	3,749	3,020	80.6%
	Dental Hygienist	476	4,881	4,093	83.9%
	Dental Therapist	6	0	0	0
	Licensed Dental Assistant	591	6,663	5,162	77.5%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2012: **17,129**	Full Faculty Dentist	3	18	N/A	N/A
	Limited Faculty Dentist	7	6	N/A	N/A
	Guest Dentist	3	40	N/A	N/A
	Guest Dental Hygienist	0	2	N/A	N/A
	Guest Dental Assist	2	3	N/A	N/A
	Limited General Dentist	0	10	N/A	N/A
	Resident Dentist & Dental Provider	58	45	N/A	N/A
	Specialty Dentist	4	26	N/A	N/A
	Limited Registration	0	4	N/A	N/A
	TOTAL:	**1,441**	**15,447**	**12,275**	**79.5%**
2010	Dentist	172	3,728	2,908	78%
	Dental Hygienist	351	4,688	3,704	79%
	Licensed Dental Assistant	628	6,480	4,536	70%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2010: **16,417**	Full Faculty Dentist	4	21	N/A	N/A
	Limited Faculty Dentist	1	12	N/A	N/A
	Guest Dentist	11	40	N/A	N/A
	Guest Dental Assist	2	7	N/A	N/A
	Limited General Dentist	2	0	N/A	N/A
	Resident Dentist	40	81	N/A	N/A
	Specialty Dentist	5	21	N/A	N/A
	Limited Registration	0	4	N/A	N/A
	TOTAL:	**1,216**	**15,082**	**11,148**	**73.9%**

Year	Type of License	Number of New Licenses	Number of Re-newed Licenses	Online Renewals (Number / Per Cent)	
2008	Dentist	280	3,726	2,645	71%
	Dental Hygienist	493	4,496	3,147	70%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED AS OF JUNE 30, 2008: **15,791**	Licensed Dental Assistant	759	6,330	3,925	62%
	Full Faculty Dentist	6	16	N/A	N/A
	Limited Faculty Dentist	7	12	N/A	N/A
	Guest Dentist	0	37	N/A	N/A
	Guest Dental Assistant	1	7	N/A	N/A
	Guest Dental Hygienist	1	2	N/A	N/A
	Limited General Dentist	0	0	N/A	N/A
	Resident Dentist	47	77	N/A	N/A
	Specialty Dentist	15	11	N/A	N/A
	TOTAL	**1,609**	**14,714**	**9,717**	**66.0%**

The Minnesota Board of Dentistry…

- now licenses more than 17,000 dental professionals
- began online renewals November 2004 (now representing over 80% of all renewals)
- changed from an annual renewal period to a biennial, staggered renewal period during biennium ending June 30, 2006 (7/1/2004 – 6/30/06)
- began licensing dental therapists in 2011

Number and Types of Complaints Received

Complaint Type	FY2014	FY2013	FY2012	FY2011	FY2010	FY2009
Competency	84	83	82	91	121	125
Licensure	17	18	37	11	13	12
Prescription or drugs	10	21	17	20	11	19
Sexual misconduct	0	1	4	1	4	2
Auxiliary misuse	20	23	12	12	10	8
Sanitary/safety	11	9	9	6	3	3
Advertising	2	27	6	7	5	3
Unprofessional conduct	65	59	42	69	62	53
Fraud	8	6	21	15	13	6
Failure to cooperate with Board	16	16	15	8	4	15
Unconscionable Fees	2	7	0	1	3	2
Disability	3	5	1	2	0	2
Mandatory Reporting (HPSP types)	3	1	3	2	1	1
TOTAL	**241**	**276**	**249**	**245**	**250**	**251**

Number of Complaints Opened and Closed by Biennium

Biennium Year ending June 30	Number of Complaints Closed During Biennium	Number of Complaints Open as of June 30	Disciplinary Action Taken
2014	524	134	71
2012	452	148	48
2010	611	124	43
2008	515	139	39

Note: The data shown include complaints that had been open at the start of the biennium. Thus, the data cannot be compared directly to the number of complaints listed in previous reports.

Complaint Resolutions

Resolution of complaints received in year ending June 30	**FY14**	**FY13**	**FY12**	**FY11**	**FY 10**	**FY 09**
Revocation	0	0	0	0	0	0
Voluntary surrender	4	1	7	3	3	6
Suspension with or without stay	6	6	3	5	1	5
Restricted /limited /conditional license	6	4	6	7	12	10
*Civil penalties**	*5*	*1*	*3*	*7*	*2*	*3*
*Reprimand**	*0*	*0*	*0*	*3*	*1*	*3*
Agreement for corrective action	47	25	22	16	33	16
*Referral to HPSP **	*2*	*2*	*1*	*1*	*14*	*10*
Dismissal or closure	197	199	3	7	315	206
Other	0	0	0	3	0	0

* *Not included in the total number of cases closed. Civil penalties and referrals to HPSP are not considered separate actions, but rather, they are included as part of disciplinary board orders.*

Fiscal Year	Receipts	Disbursements
FY 2014	**$1,532,007**	**$1,535,368**
FY 2013	**$1,580,532**	**$1,608,692**

FEE INFORMATION

Fee	FY2014	FY2013
Dentist Initial Application	$140	$140
Dentist Biennial Renewal Application*	$336	$336
Dentist Credential Application	$725	$725
Dental Hygienist Initial Application	$55	$55
Dental Hygienist Biennial Renewal Application*	$118	$118
Dental Hygienist Credential Application	$175	$175
Dental Therapist Initial Application	$100	$100
Dental Therapist Biennial Renewal Application*	$180	$180
Dental Therapist Credential Application	$265	$265
Licensed Dental Assistant Initial Application	$55	$55
Licensed Dental Assistant Biennia Renewal Application*	$80	$80
Resident Dentist or Dental Provider Initial Application	$55	$55
Resident Dentist or Dental Provider Annual Renewal Application	$50	$50
Guest Licensure (DDS, DH, RDA) Initial Application	$50	$50
Guest Licensure (DDS, DH, RDA) Annual Renewal Application	$50	$50
Limited Registered Dental Assistant Initial Application	$15	$15
Limited Registered Dental Assistant Biennial Renewal Application	$24	$24
Limited General Licensed Dentists Initial Application	$140	$140
Limited General Licensed Dentists Annual Renewal Application	$155	$155
** Those who failed to renew their credential by their expiration date were subject to a 25% late fee if biennial renewal or 50% late fee if an annual renewal.*		

*Note: The annual renewal fees were **reduced** in 1999 to the levels indicated above. Biennial renewals are now staggered throughout the year based on birth month and odd/even year). Since that time, the Board of Dentistry has operated under deficit spending in compliance with state directive to spend down reserve funds. Spending authority approved by the legislature over the decade has not kept pace with actual operating costs resulting from mandated salary and benefit costs for Board staff, costs of leased space, equipment and technology, on-line services and payments, etc. In addition, fees collected by the Board of Dentistry have been allocated to support HIV/HBV programming, the Volunteer Health Care Provider Program, the Minnesota Department of Health's Oral Health Pilot Project, Health Professional Services Program, a duplicative E-licensing initiative of the Office of Enterprise Technology, and significant transfers to the State's General Fund for miscellaneous services.*

A new license type, Limited General License, was created August 2008.

New license types—Dental Therapist and Resident Dental Provider— were introduced in 2011.

The 2012 Legislature established a requirement for registration of dental laboratories through the Board of Dentistry, which took effect January 1, 2013.

BOARD OF DIETETICS AND NUTRITION PRACTICE

"The Mission of the Minnesota Board of Dietetics and Nutrition Practice is to:

- Promote public interest in receiving quality dietetic and nutrition services from competent licensed dietitians and nutritionist
- Protecting the public by ensuring that all licensed dietitians and nutritionists meet the educational and practical requirements specified in law.
- Protecting the public by setting standards for quality dietetic and nutrition service"

Board Members

Debra Sheats, St.Paul, MN, Professional Member
(Appt Date: 2011)
Kristen Halonen, Cokato, MN, Public Member
(Appt Date: 2011)
Rebecca Werner, New Ulm, MN, Professional Member
(Appt Date: 2013)
Lea Wetzell, Minneapolis, MN, Professional Member
(Appt Date: 2013)
Susan Parks, Mendota Heights, Professional Member
(Aptt Date: 2010)
Margaret Schreiner, Eagan, MN, Public Member
(Appt Date: 2013)
Stacey Millett, St. Paul, MN, Public Member,
(Appt Date: 2010)

Board Staff

Ruth Grendahl, Executive Director
Anna Hartsel, Office and Administrative Specialist

Minnesota Board of Dietetics and Nutrition
University Park Plaza Building
2829 University Avenue Southeast, Suite 555
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Office telephone: 651-201-2764 Office Fax: 651-201-2763
Office e-mail: board.dietetics-nutrition@state.mn.us
Board Website: http://www.dieteticsnutritionboard.state.mn.us

Letter from the Executive Director

It has been a very busy biennium!

There are currently 1700 licensed dietitians and nutritionists in Minnesota, an increase of 281 new licensees or 18% in just the past two years. We only expect this trend to continue with the increased growth for services. Although the number of licensees has increased dramatically, complaints have not seen the same trend, pointing to an effective Complaint Review Process and educational component to licensure. At the same time new licensees increased significantly, staffing remained constant.

The Board promotes awareness of best practices in the profession. An example of this is passage by the legislature in 2013 of our prescription protocol initiative, which can now be found in Minnesota Statute 148.633. This allowed Minnesota to be one of a handful of states that does not have any statutory or regulatory impediments to the Centers for Medicare and Medicaid Services (CMS) new rule allowing qualified dietitians and nutritionists hospital privileges to order therapeutic diets without physician supervision or approval. This rule has been cited by CMS for improving quality of care and saving $459 million per year nationally.

We are committed to the advancement of offering more and better online services to licensees and the public. Collaborative efforts for advancing and offering more online services has been a success in this biennium, with a newly created database system. Currently license renewals and new licensee applications can be completed online. Technological improvements continue to allow us to accommodate the increased workload without staffing increases.

The Board members continue to provide high quality, customer focused, efficient, and cost effective services. They are to be commended for their exceptional dedication and time commitment required to serve on a State Board.

Executive Director

Previous Years	Type of License	New Licenses Issued	Licenses Reinstated	Licenses Renewed	Licenses Renewed Online	
7/1/2013-6/30/2014	Dietitian	150	5	1469		
Most Recent Year	Nutritionist	4	0	67		
	Total: 1608	**154**	**5**	**1536**	1290	84%
7/1/2012-6/30/2013	Dietitian	121	9	1388		
	Nutritionist	6	0	61		
	Total: 1535	**127**	**9**	**1449**	826	57%
7/1/2011-6/30/2012	Dietitian	106	11	1,337		
	Nutritionist	2	1	62		
	Total: 1,477	**108**	**12**	**1,399**	**765**	**55%**
7/1/2010-6/30/2011	Dietitian	100	7	1,298		
	Nutritionist	6	0	59		
	Total: 1427	**106**	**7**	**1,357**	**655**	**48%**
7/1/2009-6/30/2010	Dietitian	78	5	1,256		
	Nutritionist	2	1	58		
	Total: 1,363	**80**	**6**	**1,314**	**512**	**38%**
7/1/2008-6/30/2009	Dietitian	90	8	1219		
	Nutritionist	0	0	58		
	Total: 1,307	**90**	**8**	**1,277**	**457**	**35%**

COMPLAINTS

Year	Number of Complaints Received	Number of Complaints Closed Year Ending June 30	Number of Complaints Open As of June 30	Open < One Year Open > One Year
7/1/2013-6/30/2014	4	4	2	>One Year = 0 <One Year = 2
7/1/2012-6/30/2013	2	2	2	>One Year = 1 <One Year = 1
7/1/2011-6/30/2012	6	5		
7/1/2010-6/30/2011	6	6		
7/1/2009-6/30/2010	4	4		
7/1/2008-6/30/2009	0	3		

RECEIPTS AND DISBURSEMENTS

Year	Fee Receipts	Disbursements
7/1/2013-6/30/2014	$111,740	$107,063
7/1/2012-6/30/2013	$99,132	$102,155
7/1/2011-6/30/2012	$91,548	$69,194
7/1/2010-6/30/2011	$88,690	$119,668
7/1/2009-6/30/2010	$80,784	$88,612
7/1/2008-6/30/2009	$81,132	$99,406

FEE INFORMATION

Fees	Amount
Dietitian Application by Petition	$200
Dietitian Application without CDR registration	$175
Dietitian Application with CDR Registration	$100
Initial Dietitian License Fee	$150
Nutritionist Application by Petition	$200
Nutritionist Application Fee	$175
Nutritionist Initial License Fee	$150
Reinstatement Fee	$92.50
Annual Renewal Fee	$45

The Board's strategies and values include:

Ensuring that educational standards for prospective licensees and continuing education for licensees are initially met and maintained.

Licensing qualified individuals so that Minnesotans seeking to use their services will be able to identify those working in the field with skills necessary to provide services in compliance with Minnesota Statutes and Rules.

Implementing disciplinary and compliance actions when licensees do not perform in accordance with the current standard of practice.

Educating the public on health-related professions, practitioners, and standards.

Licensure Requirements are:

Dietitian Minimum Requirements: *As of November 30, 2014—1469 Licensed Dietitians*

BS or postgraduate degree

900 hour supervised field experience

Completed the registration examination for dietitians – national examination

Nutritionists Minimum Requirements: *As of November 30, 2014—67 Nutritionists*

Masters or Doctoral Degree in nutrition

900 hours supervised field experience or

Certified as a Certified Nutrition Specialists

Required Continuing Education

Minimum of 45 continuing education units every three years by participating in board-approved continuing education programs

Mission

The Minnesota Health Professionals Services Program's (HPSP) mission is to protect the public by providing monitoring services to regulated health professionals whose illnesses may impair their ability to practice safely.

HPSP's goals are to promote early intervention, diagnosis and treatment for health professionals with potentially impairing illnesses, and to provide monitoring services as an alternative to board discipline. Early intervention enhances the likelihood of successful treatment, before clinical skills or public safety are compromised.

HPSP Staff

Monica Feider, MSW, LICSW, Program Manager

Tracy Erfourth, BS, Case Manager

Marilyn Miller, MS, LICSW, Case Manager

Mary Olympia, BS, LSW, Case Manager

Kurt Roberts, BA, LADC, Case Manager

Kimberly Zillmer, BA, LADC, Case Manager

Sheryl Jones, Office Manager

Daisy Chavez, Case Management Assistant

Minnesota Health Professionals Services Program

1380 Energy Lane, Suite 202

St. Paul, MN 55104

Telephone: 651-643-2120 Office FAX: 651-643-2163

HPSP website: http://www.hpsp.state.mn.us

Letter from the Program Manager

Public protection is the core function and highest priority of the Health Professionals Services Program (HPSP). Minnesota Statutes, section 214.31 to 214.37 charges HPSP with the responsibility to "*protect the public from persons regulated by the* [health licensing] *boards* [and the Emergency Medical Services Regulatory Board and the Dept. of Health] *who are unable to practice with reasonable skill and safety by reason of illness, use of alcohol, drugs, chemicals or any other material, or as a result of any mental, physical or psychological condition*."

HPSP is a program of the health-licensing boards that provides monitoring services to health professionals with illnesses that may impact their ability to practice safely. HPSP implements monitoring contracts to ensure health professionals obtain and follow appropriate treatment and do not cause patient harm. A plan may include the participant's agreement to comply with continuing care recommendations, practice restrictions, random drug screening, and support group participation.

HPSP is unique from other programs in the nation in that it monitors health professionals from all 15 health related licensing boards as well as practitioners regulated by the Emergency Services Regulatory Board and the Department of Health. This consolidated model has key advantages because services and expertise are centralized. With one number to call for health care employers, co-workers and medical providers, the reporting process is simplified and intervention expedited. IN addition, all regulated health practitioners in Minnesota have access to the same level of service.

In fiscal year 2014, HPSP embarked on a comprehensive strategic planning process facilitated by Management, Analysis and Development (MAD). Seven strategic goals have been identified that address key areas of program operations. We are now in the process of developing action plans for each strategic goal.

HPSP is committed to public safety by providing effective monitoring services to health professionals with potentially impairing illnesses and by promoting early intervention, diagnosis and treatment.

Respectfully,

Monica Feider, MSW, LICSW

Program Manager Health Professionals Services Program

Administering Board

HPSP is a program of the Minnesota health related licensing boards. As such, it is governed by a Program Committee and Advisory Committee and must be administered by one of the boards. The Board of Dentistry, under the leadership of Marshall Shragg, serves as HPSP's Administering Board.

Program Committee

Minn. Stat. 214.34, Subd. 1(a) states: "A Health Professionals Services Program Committee is established, consisting of one person appointed by each participating board, with each participating board having one vote. The committee shall designate one board to provide administrative management of the program, set the program budget and the pro rata share of program expenses to be borne by each participating board, provide guidance on the general operation of the program, including hiring of program personnel, and ensure that the program's direction is in accord with its authority." The Program Committee's goals are to ensure that the public is protected, participants are treated with respect, the program is well-managed, financially secure and operating consistently within the statute. The Program Committee meets quarterly. Current Program Committee members include:

Keith Berge, Medical Practice
Michelle Falk, Optometry
Yvonne Hunshamer. Behavioral Health
Anne Kukowski, Department of Health
Rabih Nahas, Pharmacy
Kathy Polhamus (Vice Chair), Physical Therapy
Margaret Schreiner, Dietetics and Nutrition
Judy Swanhom, Podiatric Medicine
Jennifer Deschaine, Emergency Services
Scott Fischer , Psychology
Rosemary Kassekert, Social Work
Teresa Marshall, Chiropractic Examiners
Bruce O'Leary, Marriage and Family
Allen Rasmussen, Dentistry (Chair)
Randy Snyder, Nursing Home Admin.
Sharon Todoroff, Veterinary Medicine

Advisory Committee

Minn. Stat. 214.34, Subd. 1(c) states: "An advisory committee is established to advise the program committee consisting of..." and goes on to list various professional associations and two public members. The Advisory Committee's goals are to: 1) Promote early intervention, diagnosis, treatment and monitoring for potentially impaired health professionals; 2) Provide expertise to HPSP staff and Program Committee members; and 3) Act as a liaison with membership.

Jim Alexander, MN Pharmacists Association
Lois Bosch, MN Chapter NASW
Lois Cochrane- Schlutter, MN Psychological Association
Stephen Gulbrandsen, MN Dental Association
Eric E. Hansen, MN Assn of Marriage and Family
Teresa Knoedler, MN Medical Association
Jeff Morgan, Physicians Serving Physicians
Karen Sames, MN Occupational Therapy Assoc.
Munna Yasiri, Public Member
Bruce Benson, MN Health Systems Pharmacists
Marcia Brower, MN Veterinary Association
Mark Dehen, MN Chiropractic Association
Jody Haggy , MN Nurses Association
Meghan Hartigan, MN Ambulance Association
Sheryl Lundquist, MN Academy of Dietetic and Nutrition
Tracy Keizer, MN Academy of Physician Assistant
Matthew Vienz, Public Member
Rose Nelson, Ad-Hoc Member

The major functions of the Health Professionals Services Program are to:

Provide health professionals with services to determine if they have an illness that warrants monitoring:

- Evaluate symptoms, treatment needs, immediate safety and potential risk to patients
- Obtain substance, psychiatric, and medical histories along with social and occupational data
- Determine practice limitations, if necessary
- Secure records consistent with state and federal data practice regulations
- Collaborate with medical consultants and community providers concerning treatment

Create and implement monitoring contracts:

- Specify requirements for appropriate treatment and continuing care
- Determine illness-specific and practice-related limitations or conditions

Monitor the continuing care and compliance of program participants:

- Communicate monitoring procedures to treatment providers, supervisors and other collaborative parties
- Review records and reports from treatment providers, supervisors and other sources regarding the health professional's level of functioning and compliance with monitoring
- Coordinate toxicology screening process
- Intervene, as necessary, for non-compliance, inappropriate or inadequate treatment, or symptom exacerbation

Consult with licensees, licensing boards, health employers, practitioners, and medical communities:

- Provide information and set standards for early intervention and monitoring of health professional with potentially impairing illnesses;
- Provide outreach services to hospitals, clinics, and professional associations;
- Conduct research on professional impairment, appropriate care, and potential for harm; and
- Consult with health-licensing boards on illness related issues.

How HPSP Protects the Public :

Employers report licensees to HPSP for reasons, including but not limited to:

- Stealing narcotics or appearing intoxicated; and
- Appearing manic, psychotic, or unable to practice safely because of cognitive decline.

Health professionals self-report to HPSP for reasons including but not limited to:

- Being terminated or put on leave due to symptoms of mania, psychosis, dementia or other medical disorders;
- Being terminated for stealing drugs or showing up to work intoxicated; and
- Seeking treatment for a substance disorder.

How HPSP responds:

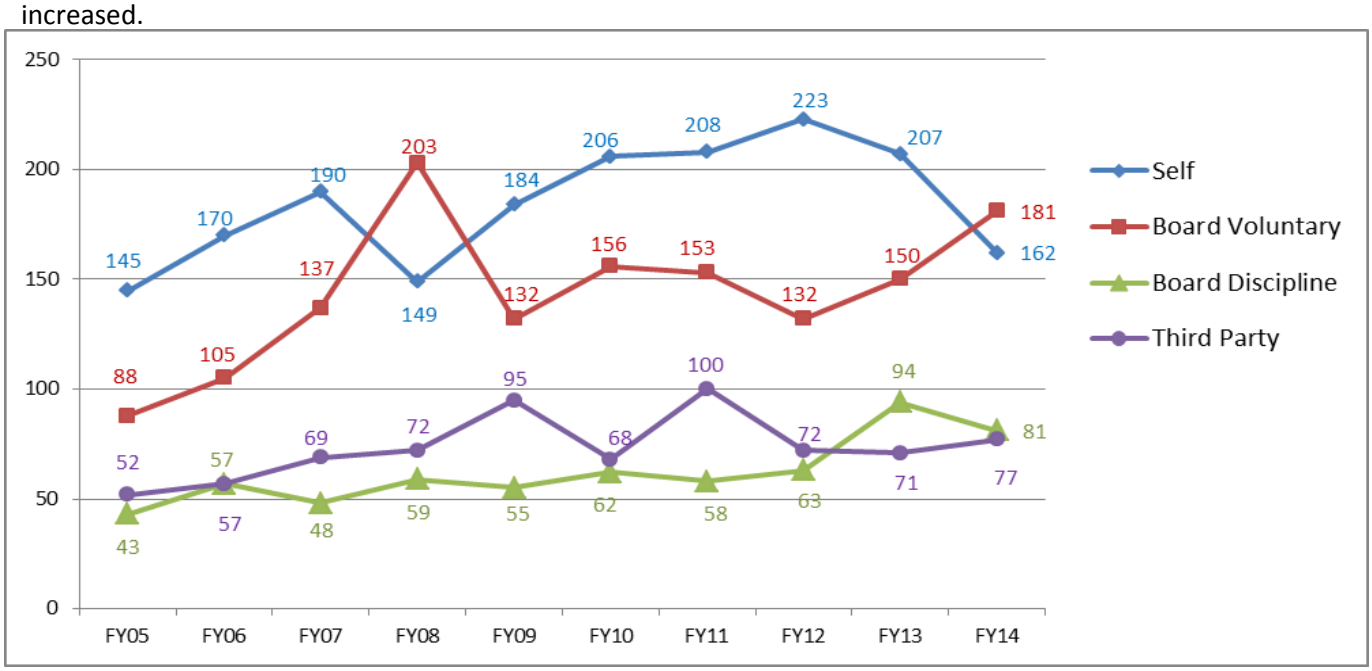
HPSP intervenes immediately. HPSP may request that the practitioner refrain from practice pending assessment and/or treatment to determine the appropriate level of care and whether the practitioner is safe to return to practice. After the assessment is completed, HPSP implements monitoring contracts and reviews the practitioner's ongoing compliance with the monitoring contract.

HPSP's enabling legislation went into effect in August of 1994. At that time, five licensing boards participated in the program. Today all fifteen health-licensing boards participate, as well as the Emergency Medical Services Regulatory Board and professions administered by the Department of Health. This totals over 250,000 persons eligible for program services.

Referral Trends

The chart below shows the number of persons referred to HPSP by fiscal year and referral source.

Over the past two years self-referrals have decreased significantly while board voluntary (non-disciplinary) referrals increased.

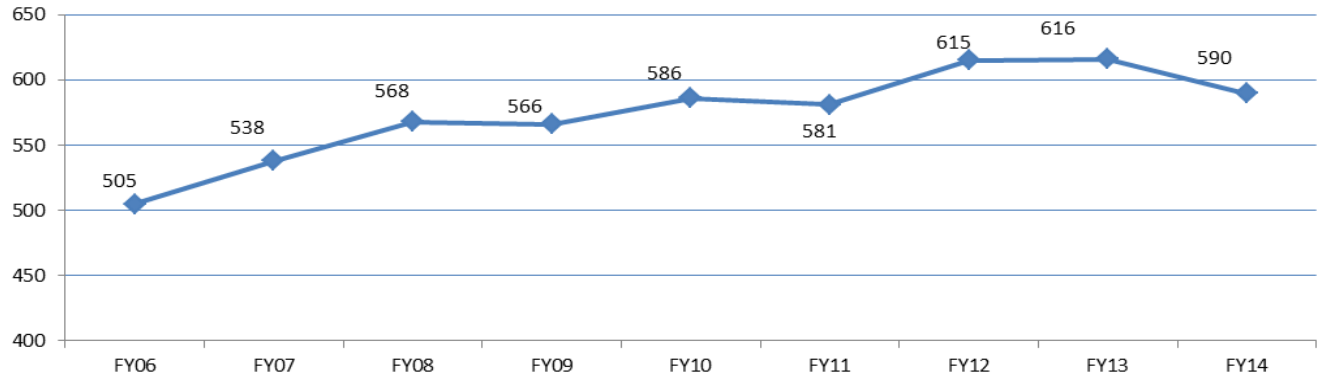


Biennial Referrals and Discharges

The 2013-2014 biennium saw 1,023 health professionals referred to HPSP and 1,049 discharged. Forty-three percent were self referrals while 17% were referred by colleagues, employers and other concerned parties. The remaining 40% were referred by their boards. The sheer number of self and third party referrals demonstrates the effectiveness of HPSP and illustrates that health professionals are aware of the program and seeking monitoring prior to board involvement.

Another indication of program effectiveness is that is that 52% of persons engaged in monitoring successfully completed the conditions outlined in their monitoring contracts. Because HPSP is not a treatment program, it monitors how health practitioners manage their illnesses and their professional practice. When health practitioners fail to meet monitoring requirements, HPSP reports them to their board for investigation. The combination of monitoring and reporting non-compliance to boards results in effective public protection.

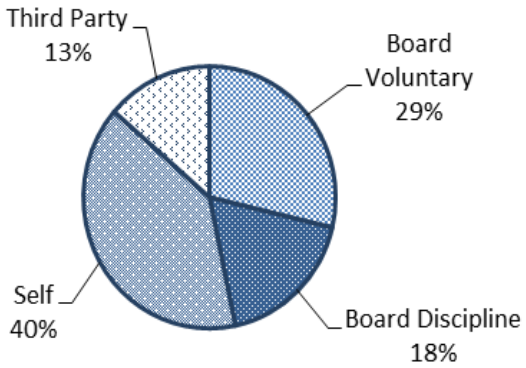
Trend Data—Number of Cases Open at End of Fiscal Year



The chart below shows the number active cases at the end of fiscal year.

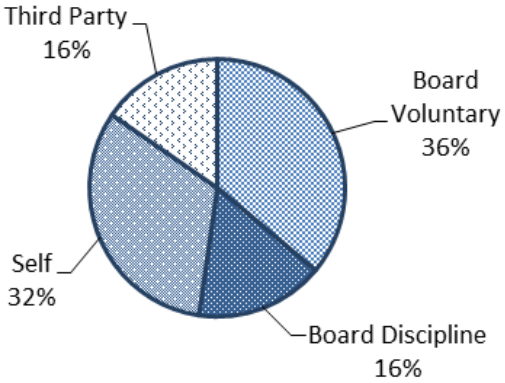
Fiscal Year 2013 Referrals by First Referral Source

Self and third party referrals made up 53% of referral is fiscal year 2013. The chart on the right shows the percentage of referrals by first referral source from July 1, 2012to June 30, 2013:



Fiscal Year 2014 Referrals by First Referral Source

In fiscal year 2014, self-referrals dropped to a level not seen since 2008. At the same time, board voluntary referrals increased by 21%st rate The chart on the right shows the percentage of referrals by first referral source from July 1, 2013 to June 30, 2014:



Referrals Sources in Fiscal Years 2013 and 2014

The table below shows the numbers of health professionals referred to HPSP by board and first referral sources in fiscal years 2013 and 2014.

Board	Nursing Home Administrators		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Dept. of Health		Dietetics and Nutrition	
First Referral Source	FY13	FY14	FY13	FY14	FY13	FY13	FY13	FY14	FY13	FY14	FY13	FY13
Board Non-Discipline	0	1	13	8	15	16	46	65	1	2	1	0
Board Discipline	0	0	2	3	2	2	5	5	1	0	0	0
Self	1	1	6	2	3	5	3	0	1	1	0	1
Third Party	0	0	5	5	0	0	1	7	0	1	1	0
SUM	1	2	26	18	20	23	55	77	3	4	2	1
Board	Emergency Medical Services		Marriage & Family Therapy		Medical Practice		Nursing		Optometry		Pharmacy	
First Referral Source	FY13	FY14	FY13	FY14	FY13	FY13	FY14	FY13	FY14	FY13	FY13	FY14
Board Non-Discipline	14	9	2	2	11	12	37	43	0	1	0	3
Board Discipline	1	1	0	0	5	2	72	65	0	0	3	1
Self	5	7	1	4	47	30	122	93	0	0	7	10
Third Party	0	0	0	0	9	10	46	47	0	0	4	2
SUM	20	17	3	6	72	54	277	248	0	1	14	16
Board	Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Total	Total
First Referral Source	FY13	FY14	FY13	FY14	FY13	FY13	FY14	FY13	FY14	FY13	FY13	FY14
Board Non-Discipline	4	1	0	0	1	1	2	10	3	7	150	181
Board Discipline	2	1	0	0	0	1	0	0	1	0	94	81
Self	1	3	0	0	3	1	6	4	1	0	207	162
Third Party	1	0	0	0	2	2	2	1	0	2	71	77
SUM	8	5	0	0	6	5	10	15	5	9	522	501

Discharges in Fiscal Years 2013 and 2014

All discharges other than *Completion, Non-Jurisdictional* and *Deceased* are reported to the licensing boards for further review. The tables below show the numbers of health professionals discharged from HPSP by discharge category. Non-jurisdictional discharges represent persons referred to HPSP, but no illness was identified to monitor.

Board	Nursing Home Administrators		Behavioral Health & Therapy		Chiropractic Examiners		Dentistry		Dietetics and Nutrition		Dept. of Health	
Discharge Category	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14
Completed monitoring	0	0	2	6	2	3	6	7	0	0	1	0
Did not complete monitoring	0	0	8	6	3	6	9	8	0	0	1	2
Did not engage in monitoring	0	0	9	7	4	1	6	10	1	0	0	2
Non-Jurisdictional	0	2	4	1	10	14	34	55	0	0	0	1
Deceased	0	0	0	0	0	0	0	0	0	0	0	0
SUM	0	2	23	20	19	24	55	80	1	0	2	5
Board	Emergency Medical Services		Marriage & Family Therapy		Medical Practice		Nursing		Optometry		Pharmacy	
Discharge Category	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14
Completed Monitoring	2	2	1	1	34	33	100	91	0	0	6	3
Did not complete monitoring	5	4	1	1	12	17	113	106	0	0	4	5
Did not engage in monitoring	5	4	0	2	8	7	51	45	0	0	4	4
Non-Jurisdictional	3	5	2	3	14	11	30	19	0	0	2	0
Deceased	0	0	0	0	0	1	1	0	0	0	0	0
SUM	15	15	4	7	68	69	295	261	0	0	16	12
Board	Physical Therapy		Podiatric Medicine		Psychology		Social Work		Veterinary Medicine		Total	Total
Discharge Category	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14	FY13	FY14
Completion	3	1	0	0	2	1	3	6	0	0	162	154
Did not complete monitoring	0	0	0	0	0	0	4	3	2	4	94	89
Did not engage in monitoring	4	2	0	0	1	0	0	1	0	3	104	117
Deceased	0	0	0	0	0	0	0	1	0	0	1	2
SUM	10	5	0	0	3	3	8	15	3	9	522	527

The Health Licensing Boards, the Emergency Services Regulatory Board (EMSRB) and the Department of Health fund HPSP. The Health Licensing Boards' income is generated through licensing fees and placed in the 171 State Government Special Revenue Fund. Each board pays an annual $1,000 fee and a pro-rata share of program expenses based on the number of participants they have in the program. Program participants pay for evaluations, treatment and costs associated with toxicology screening (if required).

Licensing fees fund 97% of HPSP. The remaining 3% is paid for partially by the general fund for persons regulated the EMSRB and the Department of Health. HPSP is a service program and does not generate revenue.

HPSP is invested in providing the most cost effective service to the health licensing board and their licensees. Roughly 90% of the HPSP budget is directed to salaries and benefits. The remaining 10% covers rent and all other operational costs.

Fiscal Year 2013 Budget: $704,000 + $36,600 carry over from fiscal year 2012 = $740,600
Fiscal Year 2013 Expenses: $700,000

Fiscal Year 2014 Budget: $843,000
Fiscal Year 2014 Expenses: $790,000

HPSP carried over roughly $53,000 from fiscal year 2014 to fiscal year 2015. The money was intended to fill a vacant case manager position. However, this will be deferred due to outstanding costs associated with unemployment benefits. It is hoped that case manager position will be fully funded in the upcoming biennium.

BOARD OF MARRIAGE AND FAMILY THERAPY

The Board of Marriage and Family Therapy was established by the Minnesota Legislature in 1987 in MS 148B. The Board's mission is limited to the following duties set forth in that statute:

•Adopting and enforcing rules for marriage and family therapy licensing, which shall be designed to protect the public;

•Developing techniques, including examinations and other methods, for determining whether applicants and licensees are qualified, and issuing licenses to qualified individuals

•Establishing and implementing procedures designed to assure licensee compliance with board rules;

•Studying and investigating the practice of marriage and family therapy within the state in order to improve the standards imposed for the licensing of marriage and family therapists and to improve the procedures and methods used for enforcement of the board's standards;

•Formulating and implementing a code of ethics for all licensed marriage and family therapists; and

•Establishing continuing education requirements for marriage and family therapists.

Board Members

Shonda Craft, PhD, LMFT, St. Paul, MN Higher Education Representative (*Appt Date: 5/6/12)*
Mark Flaten, MS, LMFT, Minneapolis, MN, Professional Member *(Appt Date: 6/30/2008; Reappt: 5/16/2012)*
Herb Grant, PhD, LMFT, Minneapolis, MN, Professional Member (*Appt Date: 6/29/2006; Reappt: 4/15/2014)*
Kathryn Graves, JD, Minneapolis, MN, Public Member (*Appt Date: 6/11/2014)*
Denny Morrow, PhD, St. Paul, MN, Public Member *(Appt Date 10/28/2010; Reappt: 6/30/2011)*
Bruce O'Leary, LMFT, Maple Grove, MN, Professional Member *(Appt Date: 5/26/2011)*
John Seymour, PhD, LMFT, Mankato, MN, Professional Member *(Appt Date: 6/29/2006; Reappt: 4/15/2014)*

Board Staff

Jennifer Mohlenhoff, Executive Director
Nancy O'Brien, Office Administrator
Sara Casebolt, Administrative Specialist

Minnesota Board of Marriage and Family Therapy
University Park Plaza Building
2829 University Avenue Southeast, Suite 400
Minneapolis, MN 55414
Phone: 612-617-2220
Office email: mft.board@state.mn.us
Board Website: http://www.bmft.state.mn.us

Letter from the Executive Director

The Board of Marriage and Family Therapy's mission is to protect the public through effective licensure and enforcement of the statutes and rules governing the practice of marriage and family therapists to ensure a standard of competent and ethical practice. The Board fulfills its mission through provision of the following services:

- Issuance of initial license and license renewal for qualified professionals.
- Response to public and agency inquiries, complaints, and reports regarding licensure and conduct of applicants and licensees.
- Taking disciplinary or corrective action against an applicant or licensee for misconduct.
- Set standards of practice and professional conduct for licensees.
- Setting educational standards for initial licensure and continuing education requirements for maintaining licensure.
- Reviewing applicant education and training to determine compliance with licensure requirements.
- Providing information about licensure requirements and standards of practice to citizens and other interested persons or agencies.

In the past biennium, the Board continued to handle the growing number of licensure applications and now reviews and processes well over 300 licensure applications per year. With this growth, come additional service requirements in the areas of complaint review and investigation, continuing education course approval, and post-graduate supervision oversight. As the number of marriage and family therapy graduate programs continues to increase, the Board must ensure these graduate programs meet the educational standards set forth in statute.

The Board continues to work to maximize its use of technology in providing essential services. The Board is part of a collaborative of seven small health licensing boards in developing and maintaining its licensing system, database, and web applications. This collaboration allows the Board to maximize its technology output in a cost-effective manner.

Board members continue to show great dedication to maintaining the high level of training and professionalism denoted by Minnesota MFTs. Board staff continue to provide customer-focused and cost-effective services.

Jennifer L. Mohlenhoff, Executive Director

Minnesota Board of Marriage and Family Therapy

The Board of Marriage and Family Therapy continues to oversee a growing number of mental health professionals. Applicants for both the national examination and state licensure exam continue their steady increase over the past biennium. Board staffing changed this biennium when the executive director position became full-time and a permanent, part-time staff person was added. The Board now has 2.5 permanent employees.

The Board continues to focus on effective utilization of technology. Online renewal for LMFT licenses was instituted in November 2004 and is now used by over 87% of licensees. Online license renewal for LAMFT licenses was implemented January 2012 and was used by 90% of licensees in the most-recent renewal cycle. All application, continuing education and complaint forms are available on the Board's website. Online license verification became available in 2009, allowing citizens to verify licensure status of all LMFTs and LAMFTs in Minnesota.

Board Members

Statute requires the Board to have seven members who are appointed for four-year terms by the Governor. Of the seven, four must be Licensed Marriage and Family Therapists, one must be engaged in the teaching or research of marriage and family therapy and two must be public members who have no direct affiliation with the practice of marriage and family therapy. The Board meets six times per year. The Board also administers over 175 oral examinations, the final step in the MFT state licensure process, each year. Board members staff five standing committees: complaint, application review, continuing education, rules, and executive.

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals	
7/1/2012-6/30/2014	LMFT	342	3,284	2,857	87%
	LAMFT	333	504	453	90%
	Total licenses: 2,107				
7/1/2010-6/30/2012	LMFT	320	2,750	2,151	78%
	LAMFT	315	427	168	73%
	Total licenses: 1,801				
7/1/2008-6/30/2010	LMFT	252	2,274	1,689	74%
	LAMFT	186	388	0	0%
	Total licenses: 1,675				
7/1/2006-6/30/2008	LMFT	215	1,930	1,223	63%
	LAMFT	212	336	0	0%
	Total licenses: 1,301				

- The Board of Marriage and Family Therapy issues two primary licenses : Licensed Marriage and Family Therapy (LMFT) and Licensed Associate Marriage and Family Therapy (LAMFT). The LAMFT license was instituted in 2000.
- License applications continue to increase, with the Board issuing over 300 licenses per year.
- Minnesota continues to have the highest number of applicants annually take the national MFT licensure examination; 49 states require passage of the national exam for licensure.
- Online license renewal for LMFTs was instituted November 1, 2004.
- Online license renewal for LAMFTs was instituted January 1, 2012.
- Online license verification was made available in 2009.

Year	Complaint Type	Complaints Received	Complaints Closed	Cases Left Open	Disciplinary Action Taken
7/1/2012-6/30/2014	Violation of confidentiality	6			
	Lack of professional competence	86			
	Physical contact with client, supervisee or student	3			
	Other dual relationship	18			
	Other	17			
	Total	130	89	40 Open<1 year =1 Open>1 year=39	8
7/1/2010-6/30/2012	Violation of confidentiality	3			
	Lack of professional competence	38			
	Physical contact with client, supervisee or student	2			
	Other dual relationship	12			
	Other	8			
	Total	63	61	27	4
7/1/2008-6/30/2010	Violation of confidentiality	4			
	Lack of professional competence	25			
	Physical contact with client, supervisee or student	1			
	Other dual relationship	38			
	Total	68	50	53	1
7/1/2006–6/30/2008	Violation of confidentiality	14			
	Lack of professional competence	9			
	Physical contact with client, supervisee or student	6			
	Other dual relationship	31			
	Total	60	44	60	2

RECEIPTS AND DISBURSEMENTS

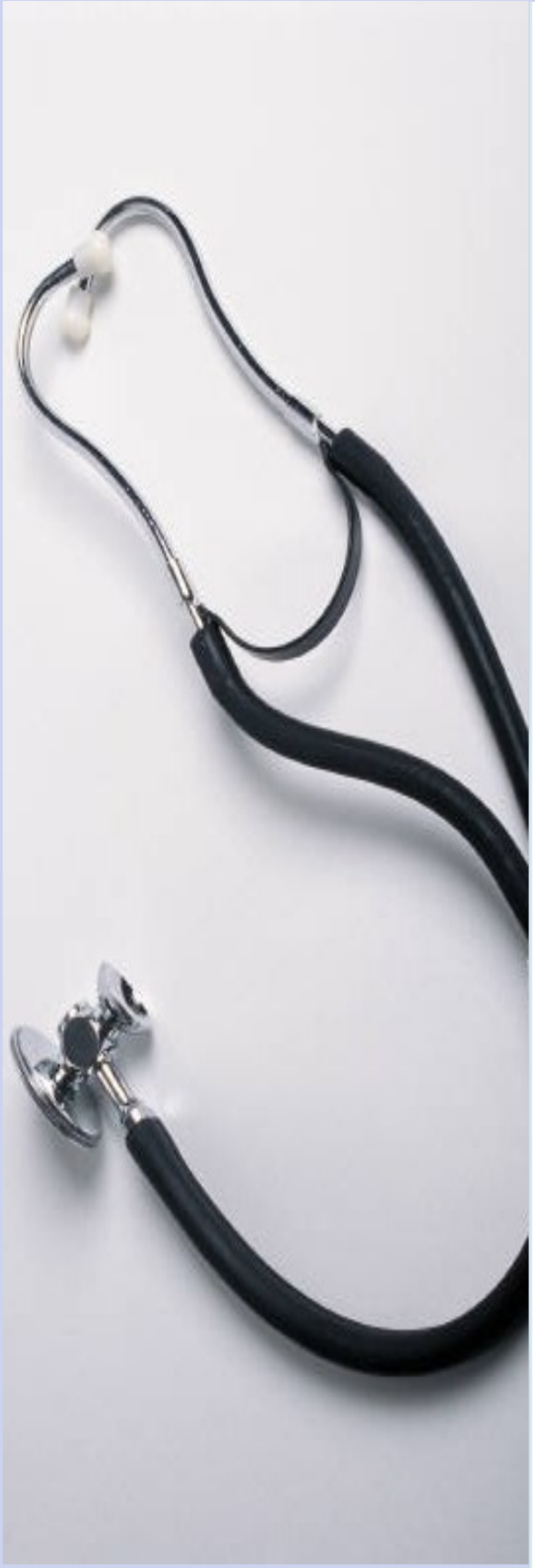
Fiscal Year	Receipts	Disbursements
2014	$652,141	$335,906
2012	$577,610	$303,732
2010	$515,954	$278,433
2008	$458,510	$249,149

FEES

Item	Fee
Application for written (national) examination	$110
Application for state licensure (LMFT)	$110
Annual renewal (LMFT)	$125
Application for licensure (LAMFT)	$75
Annual renewal (LAMFT)	$75
Licensure by reciprocity	$220
CE sponsor program approval	$60

- The application for written examination fee and the application for licensure by reciprocity fee were decreased effective 2014. The last fee increase occurred in FY2002.

"The board's mission is to protect the public by extending the privilege to practice to qualified applicants, and investigating complaints relating to the competency or behavior of individual licensees or registrants."



Board Members

Keith H. Berge, MD, Rochester, MN, Professional Member
(Appt Date: 09/08; Reappt: 06/12)

Mark Eggen, MD, Shoreview, MN, Professional Member
(Appt Date: 04/09); Reappt: 06/13)

V. John Ella, JD, Robbinsdale, MN, Public Member
(Appt Date: 03/10; Reappt: 06/14)

Sarah Evenson, JD, MBA, Maple Grove, MN, Public Member
(Appt Date: 04/09; Reappt: 7/12)

Dr. Eduardo T. Fernandes, Minneapolis, MN, Professional Member
(Appt Date: 06/14)

Rebecca Hafner-Fogarty, MD, MBA, Avon, MN, Professional Member
(Appt Date: 06/12)

Subbarao Inampudi, MD, Minnetonka, MN, Professional Member
(Appt Date: 04/09; Reappt: 06/13)

Irshad H. Jafri, MB, BS, FACP, Minneapolis, MN, Professional Member
(Appt Date: 10/12)

Kelli Johnson, MBA , St Paul, Public Member
(Appt Date: 03/10; Reappt: 06/14)

Gerald T. Kaplan, MA, LP, Minneapolis, MN, Public Member
(Appt Date: 03/11)

Patricia J. Lindholm, MD, FAAFP, Fergus Falls, MN, Professional Member
(Appt Date: 10/13)

Charles F. Moldow, MD, Minneapolis, MN, Professional Member
(Appt Date: 06/12)

Allen G. Rasmussen, MA, International Falls, MN, Public Member
(Appt Date: 09/14)

Maria K. Statton, MD, PhD, Bemidji, MN, Professional Member
(*Appt Date: 06/13)*

Jon Thomas, MD, MBA, Vadnais Heights, MN, Professional Member
(Appt Date: 3/10; Reappt: 06/14)

Joseph Willett, DO, FACOI, Marshall, MN, Professional Member
(Appt Date: 03/11)

Letter from the Executive Director

This past biennium provided an opportunity for the Board of Medical Practice to regain stability after receiving positive reviews from the Office of the Legislative Auditor in July 2012 and the Working Group studying the Medical Practice Act in January 2013. Both reviews were conducted as a result of legislation following unwarranted media criticism and evaluation by the state's Sunset Advisory Commission during the previous biennium. We are pleased to report that no problems were identified with either the Board's processes or its authorizing statute, and we found the evaluation processes to be heartening. The reports are accessible on the Board's website at www.bmp.state.mn.us.

We are also pleased to report that members of the Board of Medical Practice continue to serve prominently on the Federation of State Medical Boards (FSMB), the national organization of state medical boards. The FSMB's primary mission is facilitating "high and uniform standards" for medical licensure and the FSMB acts as a national force pushing all states to seek excellence in medical regulation. Minnesota has a long and distinguished history in providing leadership to that organization and continues to do so. In April 2013, current Board Member Jon Thomas, MD, MBA, became Chair of the FSMB Board of Directors and he currently serves as Chair of the FSMB Governance Committee. Current Board Vice President Mark Eggen, MD, was appointed in 2013 to the FSMB's Nominating Committee. He also currently serves as Chair of the FSMB's Minimum Data Set Task Force and is a member of the State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup. Current Board Member Sarah Evenson, JD, MBA, was appointed in 2014 to the FSMB's Finance Committee. Current Board Member Rebecca Hafner-Fogarty, MD, MBA, served on the FSMB's Foundation Board of Directors and currently serves on the FSMB's Editorial Committee. Also, former Board Member Gregory Snyder, MD, DABR, continues to serve on the FSMB's Board of Directors. Congratulations to current and former Board Members serving at the FSMB. We expect that the Board will continue to have a strong and active leadership presence at the FSMB in the future.

The Board of Medical Practice experienced significant change during the past biennium upon announcements of retirements of several long-term staff, including the Assistant Director Richard Auld, PhD, in October 2013, the Licensure Unit Supervisor Jeanne Hoffman, MBA, in April 2014, Medical Regulations Analyst William Marczewski, JD, in April 2014, and Executive Director Robert Leach, JD, in August 2014. Despite the loss of institutional memory that these former staff provided, we have been invigorated by the opportunities for both internal promotions and addition of new staff. In January 2014, the Board appointed a search committee to undertake the process of evaluating applicants for the Executive Director position, conducting interviews, and making a recommendation to the full Board. In July 2014, the Board hired Ruth Martinez, MA, as its next Executive Director.

Ruth Martinez, M.A.

Executive Director, Minnesota Board of Medical Practice

Staff Members

Wendy Boswell, Licensure Specialist
Vicki Chelgren, Licensure Specialist
Barb Dressel, Receptionist
Mary Erickson, Senior Medical Regulations Analyst
Pat Hayes, Licensure Coordinator
Matthew Heffron, Senior Medical Regulations Analyst
Polly Hoye, Legal Analyst
Elizabeth Huntley, Complaint Review Unit Supervisor
Cheryl Johnston, ED Admin. Assistant
Lois Kauppila, Office Manager
Roselynn Kowalczyk, CRU Assistant
Maura LeClair, Medical Regulations Analyst
Paul Luecke, Licensure Specialist
Ruth Martinez, Executive Director
Debbie Milla, Accounting Officer
Helen Patrikus, Medical Regulations Analyst
Rachel Prokop, Licensure Specialist
Molly Schwanz, Licensure Unit Supervisor
Karen Stuart, CRU Assistant
Anthony Wijesinha, Medical Regulations Analyst

Minnesota Board of Medical Practice
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2829 University Avenue Southeast, Suite 500
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Telephone: 612-617-2130

Office e-mail: medical.board@state.mn.us
BoardWebsite:www.medical.board@state.mn.us

BOARD STRUCTURE

The board is comprised of 16 members; eleven members must be Minnesota licensed physicians, including no less than one doctor of osteopathy, and the remaining five members are members of the public. Board members are appointed by the governor. Also, the overall make-up of the Board must reflect a state geographic balance, and the physician members must reflect the broad mix of expertise of physicians practicing in Minnesota. All members serve terms of four years; no member may serve more than eight consecutive years.

The Board holds regular business meetings every other month, with dates reserved on the alternate months for disposition of special legal issues. The full Board meets on Saturdays scheduled one year in advance.

Complaint Review Committee

Committee members review complaints filed against health professionals regulated by the Board, and make decisions regarding the investigation of the complaints and make decisions and recommendations regarding the proper disposition of the complaints. The Complaint Review Committees typically meet monthly on weekdays, with the specific dates of the meetings established by committee members. Complaint Review Committees are comprised of two physician members and one public member.

Licensure Committee

Committee members review applications for licensure or registration made by health professionals regulated by the Board, and make decisions and recommendations regarding the granting of licensure or registration. The Licensure Committee typically meets every other month on weekdays or weekday evenings. The Licensure Committee is comprised of four physician members and one public member.

Policy and Planning Committee

Committee members review and make decisions and recommendations regarding policy issues facing the Board, including legislative matters, promulgation of administrative rules, educational outreach, public information resources, etc. The Policy and Planning Committee meets quarterly, typically on weekday evenings. The Policy and Planning Committee is comprised of at least two physician members and at least two public members.

Biennial period ending June 30	Type of License	New Licenses Issued	Credentials Renewed	Credentials Renewed Online
7/1/2012-6/30/2014 **TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2013-6/30/2014:** **27,560**	Acupuncturist	102	1075	896 (83.35%)
	Athletic Trainer	216	1730	1400 (80.92%)
	Traditional Midwife	11	55	35 (63.64%)
	Naturopathic Doctor	19	92	39 (42.39%)
	Physician Assistant	465	4293	3755 (87.48%)
	Physician and Surgeon	2849	43336	40481 (93.41%)
	Respiratory Therapist	258	3816	3430 (89.88%)
	Telemedicine	274	1184	855 (72.21%)
	Resident Permit	1533	0	N/A
7/1/2010-6/30/2012 **TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2011-6/30/2012:** **25,700**	Acupuncturist	88	933	623 (83.23%)
	Athletic Trainer	175	1509	993 (81.33%)
	Traditional Midwife	5	33	N/A
	Naturopathic Doctor	16	62	N/A
	Physician Assistant	387	3609	2,553 (94.5%)
	Physician and Surgeon	2346	41134	34,559 (91.51%)
	Respiratory Therapist	198	3628	2,768 (82.55%)
	Telemedicine	197	869	201 (44.62%)
	Resident Permit	1717	0	N/A

Year	Type	Newly Issued	Active Licensed/ Renewed	Online Renewals	
7/1/2008-6/30/2010	Acupuncturist	88	933	623	83.23%
	Athletic Trainer	175	1509	993	81.33%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2009-6/30/2010	Traditional Midwife	5	33	N/A	N/A
	Naturopathic Doctor	16	62	N/A	N/A
24,316	Physician Assistant	387	3609	2553	94.50%
	Physician and Surgeon	2346	41134	34559	91.51%
	Respiratory Therapist	198	3628	2768	82.55%
	Telemedicine	197	869	201	44.62%
	Resident Permit	1717	0	N/A	N/A
7/1/2006-6/30/2008	Acupuncturist	81	667	507	76.01%
	Athletic Trainer	156	1189	828	69.64%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2007-6/30/2008	Traditional Midwife	2	29	N/A	N/A
	Physician Assistant	303	2359	2023	85.76%
	Physician and Surgeon	2293	37062	230377	81.96%
22,911	Respiratory Therapist	244	3291	2768	84.11%
	Telemedicine	103	414	N/A	N/A
	Resident Permit	1,676	0	N/A	N/A
7/1/2004-6/30/2006	Acupuncturist	80	560	411	79.04%
	Athletic Trainer	140	1059	703	71.08%
TOTAL NUMBER OF PERSONS LICENSED OR REGISTERED 7/1/2005-6/30/2006	Traditional Midwife	7	25	N/A	N/A
	Physician Assistant	243	1929	1536	84.98%
	Physician and Surgeon	1969	35362	22970	66.82%
21,655	Respiratory Therapist	217	3079	2371	79.82%
	Telemedicine	102	299	N/A	N/A
	Resident Permit	1618	1618	N/A	N/A

Biennium ending June 30 of Fiscal Year	Receipts	Disbursements
2014	$10,847,180	$7,796,647
2012	$10,181,278*	$7,449,684
2010	$9,335,076	$7,770,120
2008	$9,084,669	$7,310,960
2006	$8,687,292	$7,545,914
2004	$8,323,026	$8,307,901

*Including 10% license / application fees for MN OET e-licensing surcharge

Year ending June 30	# of Complaints Received / Opened in year / biennium	# of Complaints Closed in year / biennium	Complaints Open as of June 30 / biennium	Disciplinary Action Taken
2014	633	818	132	73
2013	881	900	<1 year = 51 >1 year = 81	68
2012	825	792		68
2011	789	811	<1 year = 255 >1 year = 84	99
2010	817	1079		87
2009	890	857	<1 year = 197 >1 year = 128	69
2008	868	785		74
2007	832	728	<1 year = 436 >1 year = 168	65

Year	Type of Complaint	Complaints Received
Most recent Biennium: 7/1/2012-6/30/2014	Actions by another jurisdiction	65
	Incompetency/Unethical Conduct	1392
	Unprofessional Conduct	1363
	Illness	143
	Non-Jurisdictional	31
	Medical Records	358
	Becoming Addicted	93
	Prescribing	643
	Sexual Misconduct	51
	Miscellaneous	371

Year	Type of Complaint	Complaints Received
7/1/2010-6/30/2012	Actions by another jurisdiction	105
	Incompetency/Unethical Conduct	1450
	Unprofessional Conduct	1401
	Illness	157
	Non-Jurisdictional	43
	Medical Records	290
	Becoming Addicted	67
	Prescribing	699
	Sexual Misconduct	70
	Miscellaneous	331

Year	Type of Complaint	Complaints Received
7/1/2008-6/30/2010	Actions by another jurisdiction	100
	Incompetency/Unethical Conduct	1415
	Unprofessional Conduct	1233
	Illness	162
	Non-Jurisdictional	42
	Medical Records	253
	Becoming Addicted	79
	Prescribing	662
	Sexual Misconduct	73
	Miscellaneous	324

Year	Type of Complaint	Complaints Received
7/1/2006-6/30/2008	Actions by another jurisdiction	69
	Incompetency/Unethical Conduct	1445
	Unprofessional Conduct	1433
	Illness	131
	Non-Jurisdictional	38
	Medical Records	203
	Becoming Addicted	66
	Prescribing	530
	Sexual Misconduct	78
	Miscellaneous	381

Year	Type of Complaint	Complaints Received
7/1/2004-6/30/2006	Actions by another jurisdiction	67
	Incompetency/Unethical Conduct	1461
	Unprofessional Conduct	1432
	Illness	145
	Non-Jurisdictional	39
	Medical Records	212
	Becoming Addicted	67
	Prescribing	568
	Sexual Misconduct	82
	Miscellaneous	381

Board of Medical Practice Functions

- Setting and administering educational and examination standards for initial and continuing licensure or registration for each health profession regulated by the Board
- Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports
- Providing information and education about licensure requirements and procedures and standards of practice to the public, the health care community, and other interested clientele
- Responding to inquiries, complaints and reports from the public and other health care regulators regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners
- Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports

BMP Major Activities during the Biennium

Report of the Workgroup to Study the Medical Practice Act

The Commissioner of Health's workgroup to study the Medical Practice Act convened in August 2012 and, in January 2013, issued its report to the Legislature. The workgroup did not identify any significant problems with the Board's authorizing statute and made recommendations for minor housekeeping changes, which were implemented during the 2013 legislative session.

Educational Outreach & Staff Development

In this biennium, board members and staff have delivered presentations to credentialing committees and hospital personnel regarding the relationship between peer review activities and complaint review and disciplinary processes and procedures. Through these presentations, credentialing committees and the board have identified similarities in investigative and peer review processes, and have discussed data practices limitations on the exchange of confidential and private data. The board and credentialing committees have sought to clarify and improve the timeframe for reporting privileging actions, completing investigations, and resolving complaints against individuals who have been subject to privileging actions.

Board members and staff continue to participate in educational conferences and work groups on the topic of narcotic and Opioid prescribing. Inappropriate use of Opioids in the treatment of chronic pain continues to be an issue of concern in the community and is reflected in the number of complaints seen by the board's Complaint Review Committees and resulting disciplinary actions enacted by the board. Current and former board members also participate in work groups and other activities related to improvement of the Minnesota Prescription Monitoring Program.

Several board staff attended educational conferences and seminars relating to leadership development. In addition, board staff was invited to attend a Mental Health Summit addressing the need for qualified mental health providers across the state. Board staff continue to attend meetings of a Task Force on Immigrant IMGs (International Medical Graduates), evaluating licensure requirements and pathways for foreign trained providers to successfully acquire the necessary skills to obtain a health professional license in Minnesota.

Contested Case Activity

The Board of Medical Practice began this biennium with eight contested cases on file with the Office of Administrative Hearings. During the biennium, the board filed an additional 23 Notices of Hearing. During the biennium, 14 cases resulted in a settlement for disciplinary action (Stipulation and Order) or corrective action (Agreement for Corrective Action) either prior to, or as a result of mediation. Three cases were settled without discipline either prior to, or as a result of mediation. Two cases were closed without action upon the death of the licensee. Six cases received a Hearing with the Office of Administrative Hearings and resulted in oral arguments before the board. Each of the six contested cases argued before the board resulted in a disciplinary order. At the end of the biennium, six cases remained pending with the Office of Administrative Hearings. Of the six pending cases, five have not yet been scheduled for a Hearing. Each Contested Case is related to one or more complaints filed against a licensee.

National Leadership

The Minnesota Board of Medical Practice continues to provide leadership at the national level. In 2013, Board Member Jon Thomas, MD, MBA, served as Chair of the Federation of State Medical Boards' Board of Directors. Also, former Board Member Gregory Snyder, MD, DABR, continues to serve on the Federation of State Medical Boards' Board of Directors. Board Vice President Mark Eggen, MD, was elected in 2013 to the Federation of State Medical Boards' Nominating Committee. Board Member Sarah Evenson, JD, MBA, was appointed in 2014 to the Federation of State Medical Boards' Finance Committee. Board member Rebecca Hafner-Fogarty, MD, MBA, continues to serve on the Federation of State Medical Boards' Foundation Board.

"The mission of the Minnesota Board of Nursing is to protect the public's health and safety through regulation of nursing education, licensure and practice."

Board Members

David Brewer, Pine Island, MN, Professional Member
(Appt Date: 7/20/2010)
Cindy DeJarlais, Pine City, MN, Professional Member
(Appt Date: 7/20/2010)
Jeanine Gangeness, Bemidji, MN, Professional Member
(Appt Date: 3/30/2013)
Jason George, Apple Valley, MN, Public Member
(*Appt Date: 6/30/2011)*
Deborah Haagenson, Park Rapids, MN, Professional Member
(Appt Date: 8/31/2009; reappt 8/31/2009)
Marilyn Krasowski, Minneapolis, MN, Professional Member
(Appt Date: 7/20/2010)
Deborah Meyer, Virginia, MN, Professional Member
(Appt Date: 8/31/2009; reappt: 6/30/2012)
Christine Norton, Cottage Grove, MN, Public Member
(Appt Date: 6/30/2011)
Monica Parks, Hastings, MN, Professional Member
(*Appt Date: 6/30/2011)*
Julie Riportella, Minneapolis, MN, Professional Member
(Appt Date: 6/30/2011)
Diane Scott, Bemidji, MN, Professional Member
(Appt Date: 6/30/2011)
Sue Sendelbach, St Paul, MN, Professional Member
(Appt Date: 6/30/2012)
Steven Strand, Duluth, MN, Professional Member
(Appt Date: 6/30/2012)
Natya Stroud, Fridley, MN, Professional Member
(Appt Date: 6/30/2012)
Stuart Williams, Minneapolis, MN, Public Member
(Appt Date: 7/20/2010)
Amy Witt, Lake Elmo, MN, Professional Member
(Appt Date: 8/31/2009)

Letter from the Executive Director

The Board's mission is to protect the public's health and safety through regulation of nursing education, licensure and practice.

Minnesota Statutes sections 148.171-148.285 provide the Board with the authority to regulate nursing practice. The Board's mission is accomplished through the following service areas:

- Licensing
- Education
- Discipline/complaint resolution
- Nursing practice standards
- Data

The Board of Nursing holds nurses accountable for conduct based on legal, ethical and professional standards. The Board achieves its mandate of public protection by outlining these standards and issuing a license to practice nursing. Once the license is issued, the Board's job continues by monitoring licensees' compliance to state law and taking action against the licenses of those nurses who have exhibited unsafe nursing practice and present a risk of harm to the public.

The Board is mission-driven and engages in strategic thinking to focus on critical issues, explore ideas, and continuously align agenda items with organizational priorities. Strategic planning has resulted in increased efficiencies and effectiveness by identifying desired outcomes and assignment of resources.

The Board strives toward its goal of public protection by:

- Assuring an ethical and competent nursing workforce through comprehensive credentials review and provision of a legally defensible nurse licensure examination.
- Establishing and conducting a complaint investigation process that is expedient, just, and commensurate with the perceived risk of harm to the public.
- Upholding standards for nursing education approval through consultation and survey.
- Interfacing with state, national and federal agencies and information systems and national nurse and regulatory organizations to analyze and disseminate data for evidence-informed regulatory decisions.
- Collaborating in statewide initiatives on nursing practice, education, and patient safety.

The Board strives for excellence in regulation and to improve efficiencies. Efforts to increase efficiencies fall into two major categories, those related to agency operations and others related to cross-disciplinary collaboration. Efficiencies effected for board operations include maximization of technology for licensure services, access and data submission to national data bases, and paper-less meetings; participation in National Council of State Boards of Nursing for trend analysis, research, streamlining interstate collaboration and promotion of uniformity in nurse licensure; utilization of a national nurse licensure examination; and recent revision of rules to streamline nursing program approval.

Letter from the Executive Director (Continued)

Efficiencies related to cross-disciplinary collaboration are achieved through inter-board operation of the Health Professionals Services Program, a monitoring program for health professionals whose practice is impaired due to illness; a criminal background check unit; and a voluntary cooperative administrative services unit to perform accounting, purchasing, human resources and technology functions common to all the health-related licensing boards. Additionally, the Board collaborates with other health-related boards in common legislative initiatives.

The Board values alliances with internal and external stakeholders to enable development and implementation of public policy that is well grounded, reasonable and attainable. The Board engages with other state agencies to assure congruence on issues involving health care delivery, patient safety organizations to address patient safety issues, and coalitions of health care providers and enforcement agencies to identify best practices for addressing violations of the law such as drug diversion and patient abuse. Collaboration with these groups ensures that the work of the Board reflects relevant professional issues and practice standards.

The Minnesota Board of Nursing is committed to public protection through leadership in patient safety, evidence-informed regulation, congruence of education, practice and regulation for all levels of nursing practice, dissemination of data, and efficient, customer-centric delivery of services.

Shirley A. Brekken, Executive Director
Minnesota Board of Nursing

Number of employees and employee responsibilities

The Board of Nursing has 34 employees and conducts business through five major service areas: credentialing, education, discipline/complaint resolution, nursing practice and data.

Administration
1 Executive Director
1 Administration Program Assistant

Licensure
1 Director of Operations
1 Operations Program Assistant
5 Customer Service Specialists

Education
1 Director of Education
1 Nursing Education Specialist
1 Education Program Assistant

Discipline/Complaint Resolution
1 Discipline Coordinator
5 Nursing Practice Specialists
3 Legal Analysts
1 Investigator
1 Paralegal
1 Nursing Practice Program Assistant
6 Administrative Assistants
1 Student Worker

Nursing Practice
1 Director of Practice & Policy
1 Advanced Practice Nursing Consultant
1 Nursing Practice Specialist

In addition, seven Administrative Services Unit staff, shared among all health-related regulatory boards, serve all Board of Nursing service areas.

Minnesota Board of Nursing
2829 University Avenue Southeast, Suite 200
Minneapolis, MN 55414
Telephone: 612-317-3000 FAX: 612-617-2190

Board website:
http://www.nursingboard.state.mn.us
Office e-mail: nursing.board@state.mn.us

Biennium Ending June 30 of Year	Type of Complaint	Complaints Received	Complaints Closed	Complaints Open as of June 30
2014	RN	2314		
	LPN	977		
	Total	**3,291**	**3,709**	**<1year: 1,105** **>1year: 108**
2012	RN	1,198		
	LPN	547		
	Total	**1.745**	**1,805**	**<1 year: 716** **>1 year: 225**
2010	RN	993		
	LPN	457		
	Total	**1,450**	**1,368**	**<1 year: 514** **>1 year: 80**
2008	RN	903		
	LPN	582		
	Total	**1,485**	**1,152**	**<1 year: 625** **>1 year: 226**

The age of open complaints has continued to decline over the biennium. In the summer of 2013, the Board participated in a Kaizen event facilitated by the Minnesota Office of Continuous Improvement. The goal of the event was to determine what was "value-added" in the board's complaint resolution processes and to reduce the case resolution time. Prior to the Kaizen event, it took, on average, 198 days to resolve a complaint. One year later at the close of FY2014, after incorporating many of the Kaizen recommendations, case resolution time was 129 days, a reduction of 35%.

Ninety percent of all cases were resolved in less than twelve months in the fiscal year 2013. Ninety-six percent were resolved in 18 months or less. The total number of open cases has sharply decreased from that of FY2012. Beginning January 2012, the Board included on the license renewal application a series of questions that are potential grounds for discipline. As expected, the first two year cycle of renewals brought an increased number of complaints. Since then, the number of complaints has decreased.

One of the recommendations from the Board's Kaizen event was to add a "discipline only" board meeting in alternating months with the Board's bimonthly business *and* discipline meeting. The board implemented this recommendation in keeping with its mission to protect the public. Public safety is enhanced by acting on disciplinary matters *every* month because nurses who are not safe to practice are taken out of practice or monitored more quickly. The board takes is mission to protect the public very seriously and has produced results that matter most to the public.

Total Number Licensed Registered as of Year	Type of License	New Licenses Issued during biennium	Credentials Re-newed	Online Renewals (# / %) Fiscal year	
2014 RN 93,872 LPN 23,603 Total 117,475	RN	12,694	82,884	78,079	94.2%
	LPN	3,759	20,248	18,202	89.9%
	RN Permit	3,918			
	LPN Permit	392			
	PHN Certificates	2,038			
	Certified Nurse Practitioners	3,864			
	Registered Nurse Anesthetists	1,794			
	Clinical Nurse Specialists	548			
	Certified Nurse Midwives	282			
	Total: 132,421	**25,905**	**103,132**	**96,281**	**93.4**
2012 RN 88,625 LPN 24,002 Total 112,653	RN	12,026	77,472	71,802	92.7%
	LPN	3,839	20,383	17,715	86.9%
	RN Permit	3,770			
	LPN Permit	457			
	PHN Certificates	1,578			
	Certified Nurse Practitioners	3,067			
	Registered Nurse Anesthetists	1,696			
	Clinical Nurse	526			
	Certified Nurse Midwives	258			
	Total: 125,072	**27,217**	**97,855**	**89,517**	**91.5%**

Total Number Licensed Registered as of Year	Type of License	New Licenses Issued	Credentials Re-newed	Online Renewals (# / %) Fiscal year	
2010	RN	11,166	74,177	67,241	90.6%
RN 83,728	LPN	3,541	21,011	17,422	82.9%
LPN 24,008	RN Permit	5,877			
Total 107,736	LPN Permit	376			
	PHN Certificates	1,302			
	Certified Nurse Practitioners	2,542			
	Registered Nurse Anesthetists	1,576			
	Clinical Nurse	511			
	Certified Nurse Mid-wives	217			
	Total: 122,296	**27,108**	**95,188**	**84,663**	**88.9%**
2008	RN	10,873	68,875	60,223	87.4%
RN 77,950	LPN	3,339	20,693	16,085	77.7%
LPN 23,642	RN Permit	3,164			
Total 101,592	LPN Permit	609			
	PHN Certificates	1,000			
	Certified Nurse Practitioners	2,312			
	Registered Nurse Anesthetists	1,547			
	Clinical Nurse	499			
	Certified Nurse Mid-wives	214			
	Total: 113,125	**23,557**	**89,568**	**39,004**	**86.3%**

The Board of Nursing licenses registered and licensed practical nurses, and registers advanced practice registered nurses and public health nurses to assure the public that the individuals who practice nursing in Minnesota have the requisite education, competence, and ethical character to practice nursing safely and effectively. The Board has made licensure services available to the public 24x7 since 2002 and has been recognized as a state and national leader for efficient and effective online services. Nurses renew their licenses biannually. Licenses are issued to applicants within 24 hours of all requirements being met.

Employers are required to verify a nurse's authority to practice nursing in Minnesota. Failure to verify a license could result in a nurse whose license has been suspended, revoked or encumbered in some other manner, or expired to practice nursing illegally. If the authority to practice has been removed due to inability to practice nursing with reasonable skill and safety, the public would be at risk if the employer did not assure the nurse has the authority to practice nursing.

The National Council Licensure Examination for Registered Nurses (NCLEX-RN®) and the National Council Licensure Examination for Practical Nurses (NCLEX-PN®) are used by the Minnesota Board of Nursing and all other U.S boards of nursing to assist in making licensure decisions. Use of this national, valid, legally defensible examination efficiently standardizes the measurement of knowledge and competence. It facilitates the mobility of nurses without requiring retesting.

Year	Receipts	Appropria-tion	Disbursements	Surplus (Shortfall)	Transfers from Board to Other State Entities
2014	$5,866,250	$3,637,000	Direct: $3,413,698	$1,133,347	
			Indirect:$1,318,566		
			Total: $4,732,263		
2013	$5,686,059	#3,668,000	**Direct: $3,349,290**	$1,044,581	
			Indirect: $1,292,188		
			Total: $4,641,478		
2012	$5,063,079*	$3,545,000	Direct: $2,859,390	$1,217,816	
			Indirect: $985,873		
			Total: $3,845,263		
2011	$5,791,799*	$3,289,000	Direct: $3,311,087	$1,207,966	General Fund: $3,694,381 OET for E-licensing: $12,748
			Indirect: $1,272,746		
			Total: $4,583,833		
2010	$5,663,406	$3,287,000	Direct: $3,098,483	1,415,429	General Fund: $235,836 OET for E-Licensing: $540,361
			Indirect: $1,149,494		
			Total: $4,247,977		
2009	$5,250,288	$3,216,000	Direct: $3,214,457	$625,558	DHS long term home and community based care employee scholarship fund: $930,000
			Indirect: $1,410,272		
			Total: 4,624,730		
2008	$5,064,959	$3,055,000	Direct: $2,776,070	$1,237,800	DHS long term home and community based care employee scholarship fund: $930,000
			Indirect: $1,051,089		
			Total: $3,827,159		

*The government shutdown in July 2011 caused a disproportionate number of RN and LPN renewals to occur in the last months of FY2011 that should have occurred in the first months of FY2012. This resulted in an additional $665,000 collected in FY2011 that should have been collected in FY2012.

License/Service	Term	RN	LPN
Licensure by examination	Lifetime	$105	$105
Re-examination	N/A	$60	$60
Licensure by endorsement	Lifetime	$105	$105
Registration renewal	Two years	$85	$85
Reregistration	6 months—2 years	$105	$105
Border State Registry	Varies	$50	$50
Public Health Nurse certification	Lifetime	$30	$30
Verification to DEA for APRNs	N/A	$50	$50
Replacement license certificate	N/A	$20	$20
Verification of licensure status	N/A	$20	$20
Verification of examination scores	N/A	$20	$20
Copy of microfilmed licensure application materials	N/A	$20	$20
Nursing business registration:	One year	Initial: $100 Annual: $25	N/A
Practicing nursing without current registration	Two times the amount of the current registration renewal fee ($85) for any part of the first calendar month, plus the current registration renewal fee ($85) for any part of any subsequent month up to 24 months.		
Practicing without current APRN certification	$200 of the first month or any part of and $100 each subsequent month or part thereof.		
eLicensing surcharge	Ten percent of the application fee for initial licensure by examination or endorsement ($10.50), renewal of RN or LPN registration ($8.50) and RN and LPN reregistration ($10.50).		

Service	Term	
Auto Verification Service subscription	One year	The fee is set according to a sliding scale based on the number of records included in the subscription, from $100 for 1-100 records to $1000 for a subscription consisting of over 5000 records.
Data requests	One cent per each record included in the file, plus a $5 file creation fee.	

The Board has not raised licensure or renewal fees since 2001. The Board offers most of its services online. Overall online application use is 93%. Online renewal has been available to licensees since 2002 and 95% of nurses renew online. Since 2010 the Board, through its surplus or directly from licensees, has contributed approximately $550,000 per year to the Elicensing project.

The Minnesota Board of Nursing regularly collects more in fees than the legislature appropriates the Board to spend. The Board's current accumulated surplus is approximately $5,500,000, which is slightly more than one year's operating costs.

Nursing Education Program Approval

The Board promotes excellence of nursing education standards and approved nursing education programs by monitoring program graduation pass/fail rates on the national nurse licensure examination; facilitating innovative approaches to address nursing workforce and nursing faulty shortages; providing consultation to nursing education programs regarding national nurse licensure examination (NCLEX®) pass rates; developing and conducting research to promote a safe, competent and sufficient nursing workforce; and advising prospective students regarding educational tracks and scholarships. The Board established requirements for initial and continuing approval of licensure preparing nursing programs.

Table 1. Approved licensure-preparing programs			Table 2. Report of graduates of licensure-preparing programs		
Number of Nursing Programs			Number of Graduates	FY 2012	FY 2013
Practical	23		Practical	1919	1794
Professional – Associate	24		Professional – Associate	2042	2066
Professional – Baccalaureate	18		Professional – Baccalaureate	1136	1113
Professional – Master's	3		Professional – Master's	90	90

Tables 3 and 4 provides an overview of the number of nursing programs receiving initial or continued approval for the 2009-2010 biennium, 2011-2012 biennium and 2013-2014 biennium.

Table 3. Initial program approval of licensure-preparing nursing programs

Approval of New Programs	FY 09 - FY 10	FY 11 - FY 12	FY 13- FY 14
Practical Nursing	0	0	0
Professional Nursing – Associate	2	4	0
Professional Nursing – Baccalaureate	2	0	1
Professional Nursing – Master's	1	0	0
Total	5	4	1

The Board granted new program approval to University of Northwestern – St. Paul program during the 2013-2014 biennium.

Table 4. Continuing program approval of approved licensure-preparing nursing programs

Approval of Programs	FY 09 - FY 10	FY 11 - FY 12	FY 13 – FY 14
Practical Nursing	4	27*	24**
Professional Nursing	5	46*	28**
Total	9	73*	52

*Number includes 25 practical and 43 professional programs granted continued approval on 4/5/2012 in accordance to new program approval rules effective 6/28/11. In the transition to new rules, 2 practical and 3 professional programs were approved in both years.
**Number includes 20 practical and 11 professional programs granted continued approval on 4/3/2014 in accordance to new program approval rules effective 3/31/14. In this transition, 2 practical programs were each approved two times.

On-site surveys, collection and review of annual reports, review of improvement plans submitted by programs, decisions of national nursing accreditation bodies, and analysis of the National Council Licensure Examination (NCLEX®) data were used to evaluate each nursing education program's compliance with statutes and rules. Analysis of all available data provides a basis for the education reports submitted to the Board for decision-making.

The Board requires oversight of programs that have first-time licensure examination (NCLEX®) success rates at 75% or below for a calendar year. During calendar years 2012 and 2013, sixteen nursing programs were below the minimum standard. Table 5 presents a comparison of programs below minimum standard for calendar years 2008 through 2013.

Table 5. Programs below minimum standard NCLEX® (National Council Licensure Examination)

Year(s) below minimum standard	2010	2011	2012	2013
1 year	3 (1 PN, 2 ADN)	7 (2 PN, 5 Baccalaureate)	4 (3 ADN, 1 Baccalaureate)	11 (1 PN, 6 ADN, 4 Baccalaureate)
2 consecutive years	3 (1 PN, 2 ADN)	2 (1 PN, 1 ADN)	2 (2 PN)	4 (3 ADN, 1 Baccalaureate)
3 consecutive years	0	1 (1 PN)	0	0
Total	6	10	6	15

All programs with first-time NCLEX® candidate success rates of 75 percent or less within a calendar year are required to submit plans of corrective action. Programs with first-time NCLEX® success rates of 75 percent or below for one calendar year were required to submit plans of corrective action. For programs below minimum standard for two consecutive calendar years, the Board conducted an on-site survey to determine progress on the previously submitted plan. Following the survey, revised plans of corrective action were submitted as required by rule. An on-site survey for compliance with all applicable rules and for the implementation of the revised plan of corrective action was required for the program below minimum standard for three consecutive calendar years.

Summary of New Rules Related to Nursing Education and Credentialing

New program approval rules were promulgated in 2011. The rule revision initially incorporated accreditation by a national nursing accrediting agency for all nursing education programs by January 1, 2016. Due to the emergence of an additional national nursing accrediting agency and the desire to provide this additional option to nursing programs, the Board engaged in expedited rule making and the date by which all program will be required to hold this accreditation was changed to January 1, 2018. Other key elements, such as compliance with submission of a designated minimum data set and meeting identified NCLEX® first-time success rates, continued as elements of regulatory oversight.

BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

Mission

"The mission of the Board of Examiners for Nursing Home Administrators is to promote the public's interest in quality care and effective services fro residents of nursing facilities by ensuring that licensed administrators are qualified to perform their administrative duties."

Board Members

James Birchem, LNHA, Little Falls, MN, Professional Member
(Term: 3/1/2004 ; Reappt: 6/30/2012) [3rd term]

Thomas Pollock, LNHA Maple Grove, MN, Professional Member
(Appt: 5/15/2007; Reappt 6/26/2011) [2nd term]

Jennifer Pfeffer, LNHA, Mankato, Professional Member
(Appt: 6/30/2006; Reappt:1/28/2010)

Dr. Jane Pederson, MD Woodbury, MN, Professional Member
(Appt: 7/15/1996; Reappt:2/3/2009) [5th term]

Nancy Tuders, RN Grand Rapids, MN, Professional Member
(Appt: 5/15/2007; Reappt 6/26/2011) [2nd term]

Ann Tagtmeyer, Mendota Heights, Public Member
(Appt: 12/30/1999 ; Reappt: 6/30/2012) [4th term]

Chandra Mehrotra, Ph.D., Duluth, Public Member
(Appt: 5/15/2003 ; Reappt: 6/26/2011 [3rd term]

Marilyn Reierson, Public Member, Savage, MN
(Term: 01/02/2017; Appointed 01/02/2013)

Nathan J. Johnson, LNHA, Forest Lake, MN, Professional Member
(Term: 01/02/2017; Appointed 01/02/2013)

The following are appointed by the Commissioners of Health and of Human Services and serve as non-voting designees of those commissioners:

Josh Berg, MN Department of Health
Robert Held, MN Department of Human Services

Board Staff

Randy Snyder, Executive Director
Jessica Schultz, Office Manager

Minnesota Board of Examiners for Nursing Home Administrators
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Letter from the Executive Director

The Board of Examiners for Nursing Home Administrators (BENHA) fulfilled its mission for this biennium by investing in its future through strategic planning. As the only federally required health occupation board in Minnesota, the legislative requirement also mandates a majority of board members be comprised of non-licensees. The Board continues to influence optimal residential models of care for tomorrow's elder care continuum.

Highlights for the past two years include the investment with the National Board of Long Term Care Administrators (NAB). This important relationship continued with the Executive Director serving as the Chair of the National Association of Boards (NAB). Members of the BENHA also served on various national committees including the preparation of the national examination. On a national level, the licensure of Nursing Home Administration is being modified to reflect the growing continuum of care across the services and supports of the long term system. The Minnesota Board will serve as the agency for other long term care administrator credentials, if legislatively required.

The Board continues to invest in the state approved Long Term Care Centers of Academic Excellence. Currently, seven Minnesota colleges and two border colleges carry national recognition for their work in creating leaders for new models of elder care throughout the upper Midwest and nationally.

The Board advocates in its role of assuring leaders responsible for Minnesota long term care centers are ethical and resident centered in their decision making practices. Continued investment to cultivate new leaders for tomorrow's service delivery remains critical, even more so as challenging economic environments requires a continued strong investment and commitment. Quality leadership creates efficient and effective communities that care for our state's aging population.

Randy Snyder, Executive Director

Minnesota Board of Examiners for Nursing Home Administrators

Year ending June 30, 2014

Total licensed or registered	Credentials Renewed Online Number / Per Cent	New Licenses Granted
852	732 / 93.2	52

Previous Years Ending June 30	Total licensed or registered	Credentials Renewed Online Number / Per Cent	New Licenses Granted
2013	853	731/92.4%	58
2012	856	739/91.4%	45
2011	853	742 / 92.9%	44
2010	851	716 / 90.5%	44
2009	846	711 / 89.3%	46

The Board initiated online renewals on May 1, 2002. BENHA licensees were early adaptors to online services with nearly 50% of renewals completed online the first year to a consistent 88% to 92% in the past several years. Online Applications were initiated in 2011 with over 80% of all applications for licensure currently completed online. The board continues to advance technology in its strategic plan and to streamline processes when possible.

The online Administrator of Record data enhancement automatically notifies the BENHA, the Minnesota Department of Health and Department of Human Services of changes when administrators begin or end their employment. This is a valuable technology advancement for administrators and key stakeholders.

Through survey, the initial licensure process received a customer service rating of 9.28 out of 10 in measuring staff availability, knowledge, and response to information requests about licensure requirements and process. The office also had a rating of 9.6/10 to BENHA service and assistance during the application process.

Complaints Opened Year ending 6/30/14

Number of Complaints Opened
66

Previous Years Ending June 30	Number of Complaints Opened	Actions
2013	61	22
2012	68	18
2011	70	
2010	78	
2009	69	

Complaints Closed By Year ending June 30

Number of Complaints Closed 51	Number of Complaints Open as of June 30, 2014
	< one year = 15 > one year = 1

Previous Years Ending June 30	Number of Complaints Closed
2013	51
2012	60
2011	59
2010	78
2009	69

The Standards of Practice Committee is comprised of two long term care administrators with one non-administrator serving on this committee. They work diligently to assure the blending of public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint; the LNHA. As only board members serving on the complaint panel make the processing decisions, the first meeting typically reviews the preliminary information and in a great majority of those cases is either dismissed or additional information is sought before the committee feels comfortable in dismissing or closing the case at the second meeting. In approximately one-fourth of all cases, the LNHA (administrator) is required to submit a response to an committee directed inquiry or appear before the committee. Typically, most complaints do not rise to a disciplinary level; rather, they require redirection or exposure to new education. In the past year, only three administrators repeated the process. The Committee feels this process promotes greater public safety for consumers of long term care supports and services.

The Committee has incorporated 'just culture' principles whereas many of the complaints are resolved with professional quality improvement standards and educational redirection, without escalating to a contested case. With many of the complaints, the corrective action is working towards better operational systems and therefore don't warrant formal individual administrative action. The Committee holds the administrator accountable for willful disregard for resident safety. Administrative coaching and directed education is the approach used for a majority of cases involving unintentional, yet actual resident harm as a result of an employee's action. The administrator is held accountable for continuous quality improvement and root cause analysis to minimize future sentinel events.

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending June 30	Receipts	Disbursements
2014	$232,980	$185,644
2013	$217,073	$118,761
2012	$206,409	$139,359 [3 boards-salary savings]
2011	$205,275	$198,634
2010	$196,995	$182,876
2009	$199,055	$184,061

FEES

Item	Fee
Application	$150
Original License	$200
Annual Renewal	$200
Acting Administrator Permit	$250

The Minnesota Board of Examiners for Nursing Home Administrators fees were last increased in 1995. In 2012, the board initiated a three board shared executive director trial to reduce overall board expense for three boards, however returned to one executive director for two boards. The board continues to advocate for responsible stewardship of all fees generated for board operations.

The Board completed its four year Strategic Plan this year and initiated a new four year plan in 2012. A significant focus is monitoring the work of the housing manager or assisted living administrator as found in many states. The board believes it would be the best equipped to serve as the credentialing agency if called upon and is ready to accept the increased responsibility, if legislatively directed.

The Board continues to be proud of creating a shared electronic licensing model with other small boards, and continued technology projects. The Board has maintained its customer service standard of a phone, email or limited mailed response within 48 hours of any applicant/licensee request for information at above a 95% service level with its current staffing structure of 1.5 FTE.

"It is the mission of the Board of Optometry to:

Promote public interest in receiving quality optometric health care from competent licensed optometrists

Protect the public by ensuring that all licensed optometrists meet the educational and practical requirements specified in law.

Protect the public by setting standards for quality optometric health care."

Board Members

Kari Slotten, Apple Valley, MN, Public Member
(Appt: 2014)
John Muellerleile, OD, Owatona, MN, Professional Member
(Appt: 2011)
Roger Pabst, OD, Redwood Falls MN, Professional Member
(Appt: 2005; Reappt:2009, 2013)
Patrick O'Neill, OD, Northfield, MN, Professional Member
(Appt: 2010; Reappt: 2011)
Michelle Shih-Ming Falk, OD, Woodbury, MN, Professional Member
(Appt: 2010, Reappt: 2014)
Don Sipola, OD, Virginia, MN, Professional Member
(Appt: 2012)
One Public Member is vacant as of 9/30/2014

Board Staff

Randy Snyder, Executive Director
Anna Hartsel, Office and Administrative Specialist

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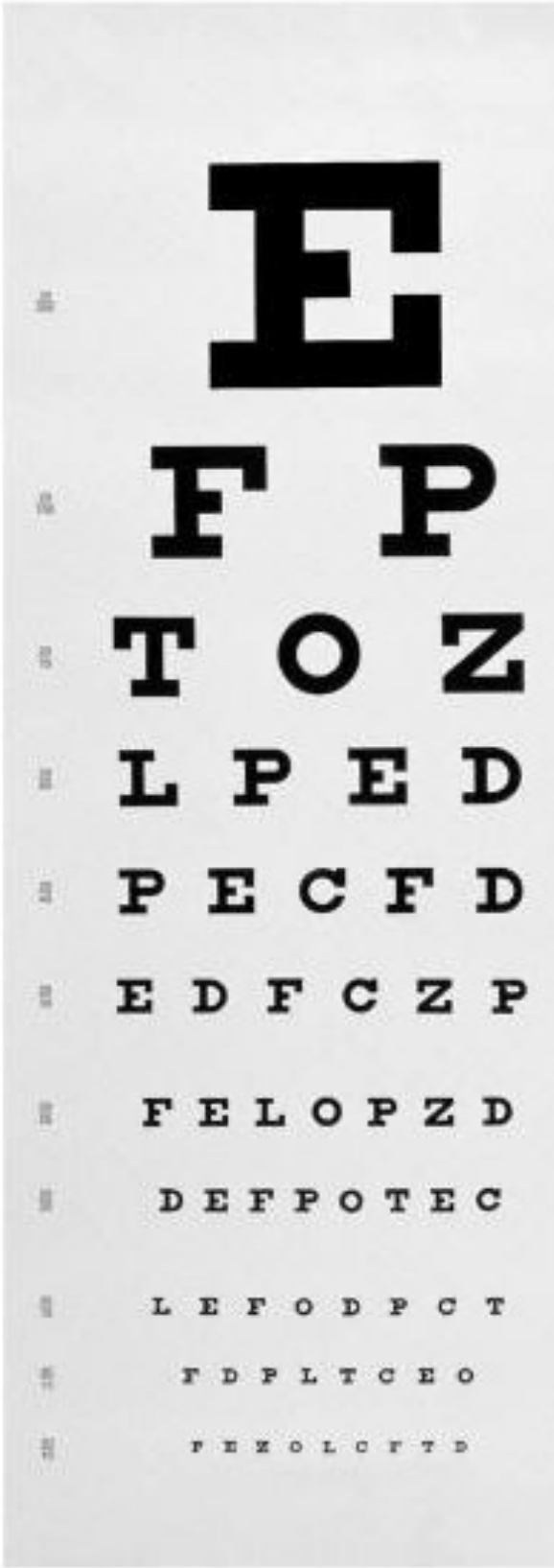

Letter from the Executive Director

The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality optometric care from competent optometrists. Public protection through licensure and regulation underlies every activity and all functions of the Board.

Updated in 2014, the board's website (www.optometryboard.state.mn.us) provides ready access to Online Annual License Renewals, Online address/phone number updates, Online reporting of continuing education, information about the status of individual Licensees, Complaint Forms, and Optometry Statutes and Rules. In the prior two years, Online Applications were added to the menu of online services. A significant project completed in 2013 resulted in technology merging the national continuing education data base (OE Tracker) with the Minnesota license renewal system. This resulted in a streamlined documentation process for continuing education for all Minnesota Optometrists.

Other strategic initiatives resulted in legislation to update all statutes with contemporary practice standards. The legislation was introduced in 2014 providing a valuable foundation to complete in 2015. Once statute revision is accomplished, all Minnesota Rules will be reviewed in the next two year period.

Minnesota Board members continue to be active on a national level and in 2014 Dr. Roger Pabst, OD, Redwood Falls, Minnesota was elected Chair of the Association of Regulatory Boards of Optometry, ARBO. The Board staff consists of 0.87 FTE employees in the positions of Executive Director and Office Administrative Specialist.

The Board continues to provide high quality, customer focused, efficient, and cost effective services. Board members are to be commended for their exceptional dedication and significant time spent to meet the mission of the board.

Randy Snyder, Executive Director
Minnesota Board of Optometry

CREDENTIALS

Year	Total number of persons licensed	New Licenses Issued	Credentials Renewed	Reinstated	Online Renewals	
7/1/2013-6/30/2014	1,085	47	1040	3	934	90%
7/1/2012-6/30/2013	1,077	48	1023	6	897	88%
7/1/2011-6/30/2012	1,045	43	999	3	552	55%
7/1/2010-6/30/2011	1,036	37	1,000	0	529	52%
7/1/2009-6/30/2010	1,023	23	1,006		477	47%
7/1/2008-6/30/2009	1,001	38	1,001		493	49%

COMPLAINTS

Year	Complaints Received	Complaints Closed	Cases Left Open	Disciplinary Action Taken
2014	10	6	Less than one year: 4	Cease and Desist: (1)
2013	12	10	Less than one year: 2	Stipulation and Order (1) Agreement for Corrective Action (2)
2012	10	7	Less than one year: 2 More than one year: 2	
2011	14	9	Les than one year: 4 More than one year: 1	
2010	5	10	Less than one year: 2	
			More than one year: 1	
2009	10	3	Less than one year: 5	
			More than one year: 8	
2008	10	8	Less than one year: 8	
			More than one year: 7	

RECEIPTS, DISBURSEMENTS AND FEES

In support of the mission of public protection, the Board responds to complaints and investigates optometrists who are alleged to have failed to maintain minimum standards necessary for the provision of safe and quality care, and when warranted, the Board provided timely and appropriate discipline or corrective action. The Complaint Review Committee of the Board is comprised of two Board members.

The Committee determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then may request additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Committee attempts to obtain a voluntary corrective action agreement or disciplinary action; and if necessary will pursue disciplinary action through a due process, contested case hearing, or potential court action.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2014	$124,467	$114,349
2013	$128,844	$114,337
2012	$118,888	$109,510
2011	$118,784	$121,467
2010	$117,174	$104,044
2009	$120,424	$128,511

FEES

Item	Fee
Professional Corporations	$100 initial report $25 annual report
Licensure Application	$87
Annual License Renewal	$105
Late Penalty Fee	1/3 renewal fee
Therapeutic Drug Certification	$50
Duplicate/Replacement	Varies
CE Application	$15
Emeritus Registration	$10
Endorsement Application	$87
Reinstatement Application	Varies

"The Minnesota Board of Pharmacy was established in 1885. Its mission is to preserve and protect the public health, safety, and welfare of Minnesotans by promoting the safe distribution of pharmaceuticals and the provision of quality pharmacy care.

The Board fulfills this mission through examination and licensure of pharmacists, regulation of the practice of pharmacy, inspection of licensed facilities, investigation of complaints, and the issuance of disciplinary orders and agreements for corrective action. Board staff also helps educate pharmacists and others about laws, rules and best standards of practice.

The Minnesota Prescription Monitoring Program, a tool that prescribers and pharmacists can use to help prevent prescription drug abuse, is also administered by the Board."

Board Members

Justin Barnes, St. Paul, MN, Public Member
(Appt: 2/2013; Reappt: 2/2014)
Karen Bergrud, Stewartville, MN, Professional Member
(*Appt: 5/2007; Reappt: 6/2011)*
Bob Goetz, Red Wing, Professional Member
(*Appt: 12/2011; Reappt: 4/2012)*
Kay L. Hanson, Brooklyn Park, MN, Professional Member
(Appt: 7/2004; Reappt: 3/2008, 4/2012)
Rabih Nahas, Minneapolis, MN, Professional Member
(Appt: 2/2013)
Laura Schwartzwald, Brainerd, MN, Professional Member
(Appt: 4/2010, Reappt.: 2/2014)
Stuart T. Williams, Minneapolis, MN, Public Member
(Appt: 6/2011)

Board Staff

Cody Wiberg, Executive Director
Beth Ferguson, Deputy Director
Pat Eggers, Office Manager
Ame Carlson
Barbara Carter
Jennifer Fischer
Candice Fleming
Sharon Holllinrake
Katrina Howard
Steven Huff
Les Kotek
Timothy Litsey
Judy Little
Michele Mattila
LeeAnn Olson
Karen Schreiner
Lori Thompson
Melissa Winger
Colette Zelinsky

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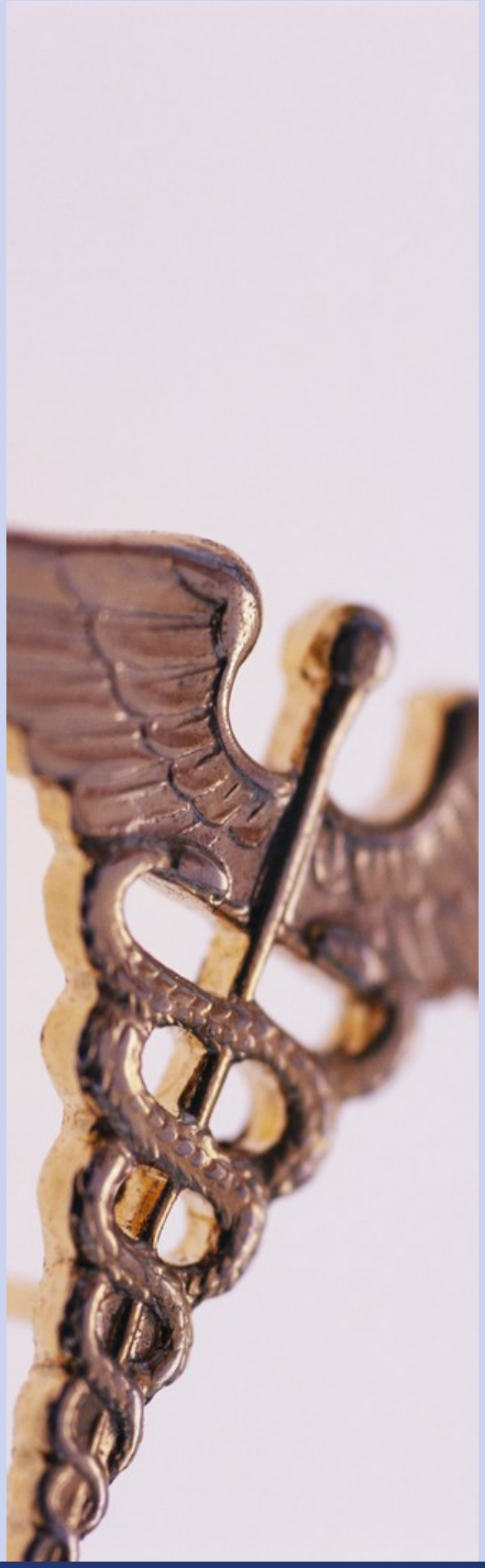


Letter from the Executive Director

Board of Pharmacy Mission

The mission of the Minnesota Board of Pharmacy is to preserve and protect the public health, safety, and welfare of Minnesotans by promoting the safe distribution of pharmaceuticals and the provision of quality pharmacy care. The Board fulfills this mission through examination and licensure of pharmacists, regulation of the practice of pharmacy, inspection of licensed facilities, investigation of complaints, and the issuance of disciplinary orders and agreements for corrective action. Board staff also helps educate pharmacists and others about laws, rules and best standards of practice.

The Minnesota Prescription Monitoring Program, a tool that prescribers and pharmacists can use to help prevent prescription drug abuse, is also administered by the Board.

Board of Pharmacy Functions

Setting educational and examination standards for initial and continuing licensure:

- Set licensure and internship requirements through the rules process.
- Develop the state's jurisprudence examination to determine candidate knowledge of Minnesota statutes and rules governing pharmacy practice.
- Review continuing education programs submitted by sponsors and individuals to determine if they meet requirements.
- Review individual applicant and licensee documentation of completion of requirements for initial and continuing licensure.

Conducting inspections of all pharmacies, drug wholesalers, drug manufacturers and controlled substance researchers in the state.

- Inspect all pharmacies located in the state of Minnesota to assure compliance with all statues and rules relating to prescription drug distribution and the provision of pharmaceutical care.
- Inspect all wholesalers located in the state of Minnesota to assure compliance with all statues and rules relating to the storage and distribution of prescription and non-prescription drugs.
- Inspect all manufacturers located in the state of Minnesota to assure compliance with Current Good Manufacturing Practices.
- Inspect all medical gas distributors located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.
- Inspect all controlled drug researchers located in the state of Minnesota to assure compliance with state and federal controlled substance statutes and regulations.

Responding to public and agency complaints regarding alleged misconduct of applicants, registrants, and licensees.

- Accept complaints from the public, health care providers and other government agencies.
- Decide whether a complaint is jurisdictional and, if so, whether and what type of action to pursue to resolve the matter.
- Refer inquiries and complaints to other investigative, regulatory, or assisting agencies, as necessary.
- Respond to complainants by informing them of action taken to resolve their complaints, while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation and disciplinary proceeding.

Letter from the Executive Director (Continued)

Setting standards of practice and conduct for licensees and pursuing educational or disciplinary action with licensees, to ensure that standards are met.

- Set standards of conduct and a basis for disciplinary action through the rules process.
- Seek information directly from the licensee and obtain evidence and relevant in-formation from other agencies in response to complaints or inquiries.
- Hold conferences with licensees to identify their role and responsibility in a matter under investigation.
- Provide applicant and licensee education to improve practice and prevent recurrence of problems.
- Obtain voluntary agreement for disciplinary action or pursue disciplinary action through a due process, contested case hearing; defend disciplinary action in court if necessary.
- Referring licensees and registrants, when appropriate, to the Health Professional Services Program.

Administering the State's Prescription Monitoring Program (PMP)

- Electronically collect data, on a daily basis, concerning controlled substance prescriptions from approximately 1,800 dispensers. (7 million prescriptions reported annually).
- Process applications from prescribers and pharmacists who want to access the PMP database through a secure Internet link.
- Cluster (i.e. link) profiles thought to be for a single individual who uses multiple names or addresses in an attempt to hide "doctor-shopping" behavior.
- Work with the Board's IT vendors to improve processes for the PMP.
- Make presentations to professional groups interested in learning about the PMP.

Provision of technical assistance to elected public officials, other state agencies, federal agencies and units of local government.

- Respond to requests from legislators for technical assistance concerning the practice of pharmacy, the distribution of pharmaceuticals, drug abuse and other related issues.
- Work with other state and federal agencies on issues concerning the practice of pharmacy, the distribution and disposal of pharmaceuticals, drug abuse, and other health care policy areas.
- Serve as consultants to licensees and registrants who have questions concerning practice standards, statutes, and rules.
- Respond to requests from the public for information about the practice of pharmacy and related topics.

Cody Wiberg, Pharm.D., M.S., R.Ph.

Executive Director, Minnesota Board of Pharmacy

Major activities during the biennium

In addition to its many routine activities, the board had the following major accomplishments during the biennium:

- Developed and obtained passage of legislation related to the regulation of the compounding of drugs. This was done in response to the shipment of contaminated products into Minnesota by a Massachusetts based pharmacy that sickened a dozen Minnesotans (and killed over 70 citizens in other states).
- Developed and obtained passage of legislation related to the Minnesota Prescription Monitoring Program. Most of the statutory changes sought were directly responsive to the recommendations of users of the PMP (i.e. prescribers and pharmacists). One change will allow Board staff to send unsolicited reports to prescribers and pharmacists about individuals who, based on PMP data, may be engaged in fraudulently obtaining prescription drugs.
- Expanded and remodeled the Board's Office to accommodate additional staff members. It was necessary to increase the Board's staff because the Board's workload has increased dramatically over the past decade. The number of facilities licensed by the Board increased by 924 between FY 2004 and FY 2014 (a 31% increase). The number of individuals licensed by the Board increased by 6,299 during the same period of time (a 49% increase). Due to several factors, the Board has seen the number of complaints that need to be processed triple since FY 2008.
- Provided technical assistance to legislators and legislative staff, the Governor's Office and other state agencies on numerous issues related to pharmaceuticals, the practice of pharmacy, and "street" drugs, including synthetic (designer) drugs, medical cannabis, prescription drug abuse, pharmacist immunizations, disposal of pharmaceutical waste, et cetera.

Year	Type of License	Credentials Issued or Renewed	Online Renewals	Total Persons Licensed or registered as of June 30
7/1/20013 - 6/30/2014	Pharmacist	8,544	84%	8,051
	Technician	10,531	72%	9,900
	Pharmacy	2,331		1,970
	Wholesaler	1,436		1,288
	Manufacturer	649		537
	Medical Gas Distributor	107		99
	Controlled Substance Researcher	19		16
	Interns	427		1,258
	Prescription Monitoring Program Users	3,957		14,072
	Total:	28,001		37,191
7/1/20012 - 6/30/2013	Pharmacist	8,282		7,841
	Technician	11,367		10,486
	Pharmacy	2,108		1,792
	Wholesaler	1,330		1,158
	Manufacturer	574		484
	Medical Gas Distributor	111		101
	Controlled Substance Researcher	25		23
	Interns	408		1,347
	Prescription Monitoring Program Users	2,000		10,015
	Total:	26,205		33,247
7/1/2011- 6/30/2012	Pharmacist	7,959	92%	7,939
	Technician	10,378	75%	10,289
	Pharmacy	1,855		1,849
	Wholesaler	1,170		1,164
	Manufacturer	512		508
	Medical Gas Distributor	95		91
	Controlled Substance Researcher	31		31
	Interns	1,501		1,495
	Prescription Monitoring Program Users	3,035		8,015
	Total	26,536		31,381

Year	Type of License	Credentials Issued or Renewed	Online Renewals	Total Persons Licensed or registered as of June 30
7/1/20010 - 6/30/2011	Pharmacist	7,665	92%	7,647
	Technician	8,597	75%	8,499
	Pharmacy	1,746		1,742
	Wholesaler	1,102		1,095
	Manufacturer	468		462
	Medical Gas Distributor	69		68
	Controlled Substance Researcher	377		369
	Interns	1,452		1,447
	Prescription Monitoring Program Users	3,443		4,980
	Total:	24,919		26,309
7/1/2009- 6/30/2010	Pharmacist	7,564	93%	7,546
	Technician	8,618	75%	8,552
	Pharmacy	1,706		1,701
	Wholesaler	1,075		1,067
	Manufacturer	408		401
	Medical Gas Distributor	71		68
	Controlled Substance Researcher	503		498
	Interns	1,440		1,436
	Prescription Monitoring Program Users	1,537		1,537
	Total:	22,922		22,806

During the past five fiscal years, the Board of Pharmacy has experienced a 63% increase in the total number of credentials issued. Most of that increase is due to the fact that the number of users registered to access the Prescription Monitoring Program (PMP) has increased from 1,537 at the end of FY 2010 to 14,072 at the end of FY 2014. (The PMP began operations in FY 2010). The remaining change represents growth in the "traditional" license and registration types that the Board has issued for many years.

The Board has offered online renewals for pharmacists and technicians since 2007. Pharmacists and pharmacy technicians can also certify the completion of continuing education online. In addition, the Board's regulatory and licensing database vendor is currently working on several projects that will further expand online services, including:

- The development of a new "Dashboard" that will simplify use of online services;
- Allowing individuals to apply online for new licenses and registrations;
- Allowing colleges of pharmacy to certify graduation online; and
- Allowing businesses to apply online for new licenses and registrations and to process renewals online.

Year	Complaints Received	Complaints Closed	Complaints Open as of June 30
2014	251	171	Less than one year: 114
			More than one year: 38
2013	115	82	Less than one year: 33
			More than one year: 7
2012	97	118	Less than one year: 24
			More than one year: 20
2011	123	130	Less than one year: 52
			More than one year: 5

Many of the complaints that the Board received during the biennium involved alleged dispensing errors (e.g., wrong drug dispensed, incorrect labeling of a prescription, wrong quantity of drug dispensed). Many others involved chemically dependent pharmacists and technicians. After a number of years of emphasizing the importance of having pharmacy technicians registered, the Board decided to take more aggressive action in cases involving lapsed technician registrations. Consequently, during the 2014 fiscal year, the Board opened many formal complaints involving lapsed technician registrations. During the biennium, the Board took disciplinary action against the licenses or registrations of 12 pharmacists, 17 pharmacy technicians, one pharmacy intern and two pharmacies.

RECEIPTS AND DISBURSEMENTS

Fiscal Year	Receipts	Disbursements
2014	$2,439,265	$2,436,770
2013	$2,380,090	$2,168,369
2012	$2,196,407	$1,680,032
2011	$1,905,102	$1,833,842
2010	$1,887,345	$1,738,930

FEES

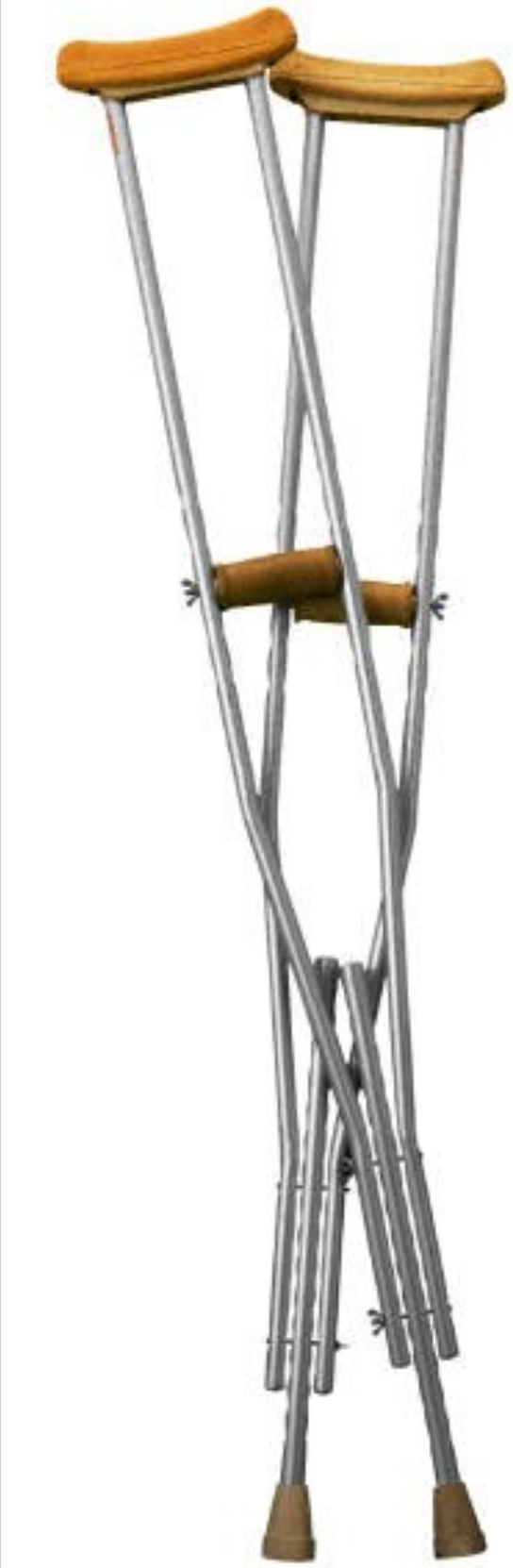
Item	Fee
Pharmacist Licensed by Examination: Application Fee	$130.00
Pharmacist Original Licensure	$130.00
Pharmacist Licensed by Reciprocity: Application Fee	$225.00
Pharmacy	$190.00
Wholesaler: Prescription	$200.00
Wholesaler: Non-Prescription and Veterinary Non-Prescription	$175.00
Wholesaler: Medical Gases	$150.00
Wholesaler : When Licensed as a MN Pharmacy	$125.00
Manufacturer: Prescription	$200.00
Manufacturer: Non-Prescription and Veterinary Non-Prescription	$175.00
Manufacturer: Medical Gases	$150.00
Manufacturer: When licensed as a MN Pharmacy	$125.00
Medical Gas Distributors	$75.00
Controlled Substance Researchers	$50.00
Pharmacy Intern	$30.00
Pharmacy Technician	$30.00
Intern Affidavit	$15.00
Duplicate Small License	$15.00
Duplicate Large License	$25.00

Emerging issues regarding the regulation of the practice of Pharmacy, the distribution of legal drugs and drug abuse.

There are several emerging issues that the Board is tracking:

- Abuse of prescription drugs remains a significant issue, with opioid abuse being most worrisome. The Board has worked with other state agencies to develop the State Substance Abuse Strategy (SSAS), which is a multi-agency, multi-faceted approach to prevent and address the far-reaching impacts of drug and alcohol abuse. During the 2014 Session, the Board sought statutory changes to make enhancements to the Minnesota Prescription Monitoring Program. The Board will be submitting a required report to the Legislature in December of 2014 that will make recommendations for additional changes.
- The abuse of synthetic, "designer" drugs has exploded during the past several years. These drugs can be extremely dangerous and their abuse has caused several deaths in Minnesota. Hundreds of other individuals have experienced significant adverse reactions after abusing these drugs, with many requiring treatment in emergency rooms. The Board has worked closely with legislators to make sure that these drugs are listed in Schedule I of the State's schedules of controlled substances. In addition, the Board is empowered to engage in the expedited rule-making process for the purpose of placing additional substances into Schedule I. During the 2014 Session, the Board was granted the authority to issue cease and desist orders to prevent retailers from selling these drugs.
- The U.S. Drug Enforcement Administration put out final rules in September, 2014 that allow pharmacies and other health facilities to receive controlled substances from "ultimate users" (patients and nursing homes) for the purpose of having them properly destroyed. This is not currently allowed under Minnesota law, so the Board of Pharmacy is working with the Minnesota Pollution Control Agency (MPCA) on legislation to change the statutes to allow patients and nursing homes to bring unwanted drugs to pharmacies and certain other health care facilities so that they can be properly destroyed.
- The United States Congress passed the Drug Quality and Safety Act (DQSA) in late 2013. Title I of the DQSA concerns the compounding and production of drug products by pharmacies and outsourcing facilities. During the 2014 Session, the Board sought statutory changes that aligned state law with Title I of the DQSA. Title II of the DQSA concerns wholesale drug distribution. The Board will need to seek statutory changes during the 2016 session to align state law with that portion of the federal act.

"The mission of the Board is public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants."



Board Members

Christopher Adams, Plymouth, MN, Professional Member
(*Appt: 6/20/2011)*
Kathy Fleischaker, Eden Prairie, MN, Professional Member
(*Appt: 12/27/1999; Reappt: 1/2003; 9/2007; 6/2011)*
Linda Gustafson, Minnetonka, MN, Professional Member
(Appt: 3/5/2009; Reappt: 6/2011)
Bruce Idelkope, Minneapolis, MN, Professional Member
(Appt: 8/28/2000; Reappt: 1/2001; 1/2005; 3/2009; 4/2013)
Barbara Liebenstein, Dundas, MN, Public Member
(Appt: 7/7/2005; Reappt: 3/2009; 4/2013)
Sandra Marden-Lokken, Duluth, MN, Professional Member
(Appt: 7/7/2005; Reappt: 9/2007; 6/2011)
Julia McDonald, Otsego, MN, Professional Member
(Appt: 3/26/2014)
Kimberly McGarry, Rochester, MN, Professional Member
(Appt: 4/7/2013)
Debra Newel, St. Paul, MN, Public Member
(Appt: 10/19/2009; Reappt: 6/2011)
Kathy Polhamus, North St. Paul, MN, Public Member
(Appt: 9/4/2007; Reappt: 4/2010; 3/2014)
Debra Sellheim, Maplewood, MN, Professional Member
(Appt: 4/30/2010; Reappt: 3/2014)

Board Staff

Stephanie Lunning, Executive Director
Erin DeTomaso, Office Manager

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Letter from the Executive Director

The mission of the Board is to provide public protection by striving to ensure Minnesota citizens receive quality physical therapy services from competent physical therapists and physical therapist assistants. Public protection through licensure and regulation underlies every activity and all functions of the Board. The major functions of the Board are to ensure that applicants met the standards for licensure; to ensure that licensees meet the standards for license renewal; to identify licensees who fail to maintain minimum standards for the provision of safe and quality care, and when warranted to provide appropriate disciplinary or corrective action; and to provide information and education to the public.

The Board and staff have successfully met significant challenges during this biennium. The number of licensees and complexity of complaint cases and investigations have continued to steadily increase. New graduate applicants are now testing on four fixed dates each year, changing the workflow for staff and board members. The Board is implementing criminal background checks, including FBI fingerprint review, for initial licensure applicants. The Board's new website was designed for greater ease of use.

Continuing Competence remains an important focus for the Board. The Board is progressing through the rulemaking process for continuing competence activities in order to update the current continuing education rules.

The Board works cooperatively with other health regulatory boards to leverage development costs and resources to advance and maintain an integrated licensing and regulatory system, online services, and database. The boards have successfully worked together for over 13 years to provide an extremely functional, cost effective, and efficient electronic regulatory services for use by citizens, consumers, licensees, applicants, and Board staff.

The Board consistently provides high quality, customer focused, efficient, and cost effective services. Board members and staff are to be commended for their exceptional dedication and hard work to meet the increasing demands while continuing to provide public protection and service excellence.

Stephanie Lunning, PT, Executive Director

Year	Type of License	New Licenses Issued	Credentials Renewed	Online Renewals
7/1/2012-6/30/2014	PT 4,715	655		
	PTA 1,585	242		
	Total licenses: 6,300	**897**	**12,410**	**93%**
7/1/2010-6/30/2012	PT 4,344	488		
	PTA 1,455	173		
	Total licenses: 5,799	**661**	**11,094**	**92%**
7/1/2008-6/30/2010	PT	452		
	PTA	497		
	Total licenses: 5,422	**1301**	**10,385**	**90%**

Electronic government services were initiated by the Board in FY03 with online renewal of licenses, and online initial applications were implemented in FY10. PTAs were initially licensed in FY08 and FY09.

The Board provides excellent customer service and uses efficient and cost effective processes and technology to support Board functions, including ensuring that applicants meet the standards for initial licensure, and physical therapists and physical therapist assistants meet standards for annual license renewal.

Year	Type of Complaint	Com-plaints Received	Complaints Closed in Biennium	Cases Left Open	Disciplinary Action Taken
7/1/2012-6/30/2014	Discipline in another State	2	77	Less than one year: 12 Greater than one year: 12	27 Discipline Orders
	Unprofessional conduct	44			
	Inappropriate delegation to a PTA or inappropriate task assign-ment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	10			
	Failing to comply with continuing education requirement	1			
	Failure to comply with court order	1			
	Non Jurisdictional	1			
	Practicing under lapsed or non-renewed license	3			
	Use of title physical therapist or PT without a license	11			
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7			
	Total	**80**			
7/1/2010-6/30/2012	Violation of a Board Order	1	64	Less than one year: 25 Greater than one year: 8	23 Discipline Orders
	Unprofessional conduct	47			
	Inappropriate delegation to a PTA or inappropriate task assign-ment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	5			
	Failing to comply with continuing education requirement	5			
	Conviction of a felony	3			
	Non Jurisdictional	2			
	Practicing under lapsed or non-renewed license	6			
	Disqualification by Office of Health Facility Complaints	1			
	Use of title physical therapist or PT without a license	10			
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	14			
	Total	**94**			

Year	Type of Complaint	Complaints Received	Complaints Closed in Biennium	Cases Left Open	Disciplinary Action Taken
7/1/2008-6/30/2010	Violation of a Board Order	1	79	Less than one year: 21 Greater than one year: 4	7 Discipline Orders
	Unprofessional conduct	83			
	Inappropriate delegation to a PTA or inappropriate task assignment to a PT aide, inadequate supervision of a student PT, PTA, student PTA, or a PT aide	8			
	Failing to comply with continuing education requirement	1			
	Conviction of a felony, dishonesty / fraud element	1			
	Non Jurisdictional	2			
	Practicing under lapsed or non-renewed license	13			
	Failing to consult with referral source when treatment was altered from order	4			
	Treatment without a referral beyond 30 days or by a PT with less than 1 year of experience	1			
	Disqualification by Office of Health Facility Complaints	2			
	Use of title physical therapist or PT without a license	3			
	Unable to practice with reasonable skill and safety by reason of any mental or physical illness or condition	7			
	Total	**104**			

The Board provides public protection through the regulation of physical therapy practice. The Board's complaint review process opens with an allegation in the form of a complaint or report submitted by members of the public including patients and members of their families, licensees, other health care providers, payers, or regulators. The Complaint Review Committee of the Board is comprised of 3 Board members (2 physical therapists and 1 public member). The Committee, on behalf of the Board, determines if the complaint is jurisdictional, and whether the information submitted is sufficient to initiate a complaint, and if not, then requesting additional information from the complainant. The Board also seeks information directly from the licensee, as well as obtaining investigation information from other agencies, and/or consultants. The investigation may include a conference with the licensee to identify their role and responsibility in the matter. Confidentiality and due process are strictly observed throughout the complaint review process and after resolution. When appropriate, applicants and licensees may be provided with education to improve their practice and prevent recurrence of problems. When formal action is warranted for public protection then the Board attempts to obtain a voluntary corrective action agreement or disciplinary stipulation and order; however when necessary the Board will pursue disciplinary action through a due process, contested case hearing, or potential court action.

RECEIPTS AND DISBURSEMENTS

Biennium Ends In	Receipts	Disbursements
2014	1,095,715	880,670
2012	977,302	$694,558
2010	$876,935	$747,775
2008	$828,155	$562,095

FEES

Item	Fee
PT and PTA Annual License Renewal	$60
PT and PTA Late Fee for Annual Renewal	$20
PT and PTA Initial Application	$100
PT and PTA Examination	$50
PT and PTA Temporary Permit Fee	$25
PT and PTA Duplicate License	$20
PT and PTA Certification of Licensure	$25
Continuing Education Course Review	$100

BOARD OF PODIATRIAC MEDICINE

The Minnesota Board of Podiatric Medicine is the official licensure agency for doctors of podiatric medicine (M.S. 153.01-153.26). Their mission is public protection. This is accomplished by
extending to qualified applicants the privilege to practice, investigating complaints relating to the competency or behavior of licensees and taking appropriate disciplinary actions. In addition to licensure and disciplinary actions, the Board also responds to inquiries regarding scope of practice, provides license verification information to credentialing agencies and medical facilities and initiates legislative changes to update the podiatric medicine practice act.

Board Members

Nicole Bauerly, DPM, Minneapolis, MN, Professional Member
(*Appt: 10/24/2012; Reappt: 1/2013)*
Schelli McCabe, DPM, St. Peter, MN, Professional Member
(Appt: 7/7/2006; Reappt: 3/2014)
James Nack, DPM, Mankato, MN, Professional Member
(Appt: 4/12/2004 ; Reappt:: 3/2012)
Stephen Powless, DPM, Minneapolis, MN, Professional Member
(Appt: 4/19/1995 Reappt: 2/2011)
Margaret Schreiner, Eagan, MN, Public Member
(Appt: 6/30/2016)
Judy Swanholm, St. Paul, MN, Public Member
(Appt: 3/29/10; Reappt: to 1/6/2014)

Board Staff

Ruth Grendahl, Executive Director

Minnesota Board of Podiatric Medicine
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Letter from the Executive Director

It has been a very busy biennium!
There are currently 240 licensed Doctors of Podiatric Medicine (DPM) in Minnesota. Since 2011 we have seen an increase of 27 licensed DPM, or 11% in just a few short years. We only expect this trend to continue with an increased need for services and an aging population. Although the number of licensees has increased dramatically, complaints have not seen the same trend, pointing to an effective Complaint Review Process and educational component to licensure.

Temporary permits are issued to residents participating in one of the four Minnesota residency programs being offered, which until last year was only three. Last biennium there were 14 temporary permits issued, which has now grown to 19. In 2011, 7 of the 14 new licensees that completed their residency program in Minnesota chose to practice here!

In 2014 the Board initiated legislative updates to strengthen our core mission of public protection. The following changes were enacted:

- increased the number of Continuing Medical Education (CME) hours required for license renewal from 30 CME to 40 CME every two years.
- required a re-entry program after being out of practice for greater than 2 years, as we were seeing more individuals taking a hiatus from practice and returning.
- required satisfactory completion of a clinical residency program. Statute stated completion of a one year residency program and currently only three programs are approved by the Council of Podiatric Medicine Education. Without this update, a resident dismissed from their program after one year might have been able to be licensed here.

We are committed to the advancement of offering more and better online services to licensees and the public. Collaborative efforts for advancing and offering more online services has been a success in this biennium, with a newly created database system. In 2015 renewals and new applications will be available online. Technological improvements continue to allow us to accommodate the increased workload without any staffing increases.

The Board members continue to provide high quality, customer focused, efficient, and cost effective services. They are to be commended for their exceptional dedication, time commitment and hard work that is required to serve on a State Board.

Ruth Grendahl, Executive Director

Year	Type of License	Licenses Issued
7/1/2103-6/30/2014	Podiatrists	238
	Temporary Permits	19
	Professional Corporations	48
	Total	306
7/1/2012-6/30/2013	Podiatrists	227
	Temporary Permits	16
	Professional Corporations	17
	Total	**265**
7/1/2010-6/30/2012	Podiatrists	224
	Temporary Permits	14
	Professional Corporations	21
	Total	**259**
7/12010-6/30/2011	Podiatrists	213
	Temporary Permits	15
	Professional Corporations	28
	Total	**256**
7/1/2009-6/30/2010	Podiatrists	207
	Temporary Permits	15
	Professional Corporations	40
	Total	**262**
7/1/2008-6/30/2009	Podiatrists	203
	Temporary Permits	7
	Professional Corporations	37
	Total	**247**
7/1/2007-6/30/2008	Podiatrists	193
	Temporary Permits	9
	Professional Corporations	41
	Total	**243**

Complaints Received Year Ending June 30	Number of Com-plaints Received	Number of Complaints Closed Year Ending June 30	Number of Com-plaints Open as of June 30	Open < One Year Open > One Year	Disciplinary Action Taken
2014	6	10	1	<One Year: 2 >One Year: 8	1 Stayed Suspension Civil Penalty $17,500
2013	8	20	3	<One Year: 9 >One Year: 11	1 Revocation 1 ACA
2012	12	3	20	<One Year: 9 >One Year: 8	
2011	19	17	8	<One Year: 8 >One Year: 3	
2010	10	9	8	<One Year: 5 >One Year: 3	
2009	9	19	4	<One Year: 4 >One Year: 0	
2008	11	8	9	<One Year: 6 >One Year: 3	
2007	9	9	9	<One Year: 8 >One Year: 0	

It is important to note that even though licensees have increased 11% since 2011, complaints have not followed the same trend with only 5 complaints received in 2014.

Fiscal Year	Receipts	Disbursements
2014	$113,727	$76,785
2013	$93,913	$104,608
2012	$110,185	$73,045
2011	$92,803	$85,143
2010	$95,858	$76,872
2009	$89,291	$81,454
2008	$91,061	$77,249
2007	$79,475	$75,785

Fee	Amount
Application for Licensure	$600
Licensure Reinstatement	$650
Biennial License Renewal Fee	$600
Temporary Permit—Annual	$250
Professional Corporation—Annual	$25
Licensing Verification	$30

The Minnesota Board of Podiatric Medicine has not increased it fees since 1999. Board members have been committed to operating efficiently, knowing the funds would be placed in a reserve account for costly future contested disciplinary actions and to delay fee increases. The Board is entirely fee supported and receives no General Fund dollars. The Board is responsible for collecting sufficient revenue from fees to cover both direct and indirect expenditures, which is deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF).

In 1995 the Health Licensing Boards voluntarily and informally created the Administrative Services Unit (ASU) which was statutorily formalized in 2011 (Minnesota Statutes Chapter 214.07). ASU was formed to increase efficiencies among the Boards in performing their duties.

Board of Podiatric Medicine Functions

Setting and administering educational requirements and examination standards for podiatric licensure:

- Reviewing podiatric functions and required knowledge, skills and abilities to aid in determining requirements for initial and continuing licensure
- Setting licensure requirements through statutes and administrative rules
- Developing and administering the state examination to determine candidate knowledge of Minnesota statutes and rules governing podiatric medicine
- Reviewing continuing education programs submitted by sponsors or individuals to determine if they meet requirements
- Reviewing individual applicant/licensee documentation for completion of requirements for initial and continuing licensure

Responding to public and agency inquiries, complaints and reports regarding licensure and conduct of applicants, permit holders, licensees and unlicensed practitioners

- Accepting complaints and reports from the public and health care providers and regulators
- Determining whether a complaint or inquiry is jurisdictional and deciding on the appropriate course of action to resolve the matter
- Referring inquiries and complaints to other investigative, regulatory or assisting agencies
- Responding to complainants and agency reports by informing the complainants/ agencies of action taken to resolve their complaints while observing provisions of the data practices act regarding the legal status of data obtained during the course of an investigation or disciplinary proceeding

Pursuing educational or disciplinary action with licensees as deemed necessary based upon results of investigations conducted in response to complaints/reports.

- Setting standards of conduct and a basis for disciplinary action through statutes and administrative rules
- Seeking information directly from the licensee as well as securing investigation and fact finding information from other agencies in response to complaints or inquiries
- Holding conferences with licensees to identify their roles and responsibilities in a matter under investigation
- Providing applicants and licensees with education to improve their respective practices and to prevent recurrence of problems
- Obtaining voluntary agreements to disciplinary actions, or pursuing disciplinary action through a due process, contested case hearing or court action, as needed

Providing information and education about licensure requirements and procedures and standards of practice to the public and other interested audiences

- Providing information to the community concerning requirements for podiatric licensure
- Providing information about careers in podiatric medicine and licensure requirements to prospective applicants for licensure
- Providing information to licensees to prevent inappropriate practice and for improved practice resulting in higher quality podiatric health care
- Providing the public with licensure information about podiatrists and notification regarding disciplinary action taken against licensees
- Providing information to legislative committees on statute changes and biennial budgets
- Providing information and discussing legislation with the association representative
- Providing information at the Executive Director's Forum and the meetings of the Council of Health Boards

"The Board of Psychology protects the public through licensure, regulation, and education to promote access to safe, competent, and ethical psychology service."

Board Members

Jeffrey L. Leichter, Ph.D., LP, Board Chair

Scott A. Fischer, Ph.D., LP, Board Vice Chair

Rajakumar David, Psy.D., LP, Board Secretary

Roger Boughton, EdD, Public Member

Deborah E. Fisher, Psy.D., LP, Doctoral Member

Amelia Versland, Ph.D., LP, Doctoral Member

Patricia A. Stankovitch, Psy.D., LP, Master Training Program Rep.

Patricia Orud, MA, LP, St Paul, MN, Master's Member

Carole Stiles, LICSW, Public Member

Brian Stawarz, MA, LP, Master's Member

Board Staff

Angelina M. Barnes, Executive Director

Leo Campero, Assistant Executive Director

Jessica Rundell, Management Analyst I

Scott W. Payne, Compliance Director

Joshua Bramley, Compliance Specialist

Kelly Finn-Searles, Continuing Education and Renewals

Joe Abbound, Licensure Lead

Paula Laundenbach, Licensure Specialist

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Letter from the Executive Director

The Minnesota Board of Psychology has made impressive strides on the core challenges we undertook at the beginning of fiscal year 2013, which focus on stakeholder outreach and the development of sound educational programming.

We focused on the Board values of professionalism, commonality of purpose, responsibility and integrity within the team. The team's central challenge was to be "customer-centric." We did this by implementing shared expectations of a stakeholder experience envisioned for our agency: Telephone calls answered by a friendly and helpful team member; timely responses to stakeholder questions and correspondence; decreased investigation and licensure times; and increased focus on meeting stakeholder educational needs. We aimed to give each stakeholder a positive interaction with the Board and the qualitative data we received is promising: *"Having been licensed by another state, I would like to commend the Minnesota Board for its effective communication with applicants and timeliness. It has been a very positive experience." –New applicant and licensee*

We built cohesion through respectful communication, coordination, and collaboration with the psychological community. We participated in a joint presentation of the Minnesota Psychological Association (MPA), the American Psychological Association (APA), and the Board. We engaged psychology graduate students in role play modules to prepare them for the ethical challenges in practice at the following programs: University of St. Thomas, University of St. Mary's, University of Minnesota, and Argosy University. This is what we heard: *"On behalf of the Department of Educational Psychology, [University of Minnesota] I would like to thank you all for coming to present to our program. It was an incredibly valuable experience, and I have no doubt that all who attended left feeling more knowledgeable and confident about licensure, continuing education, and working through ethical dilemmas. It was such a pleasure to learn more about the Board and get to know each of you." -Licensee and presentation sponsor at the University of Minnesota*

We worked to continuously improve our outreach to Board stakeholders. In May of 2014 we hosted a continuing education event entitled, "*Forging a Path through Change*." We hosted several "*Café Conference*," events which included the opportunity to work through hands-on modules, speak with staff, and provide feedback to the Board. Here's what one participant shared: *"I just wanted to thank you for the presentation last week. I've noticed and appreciated the outreach the board has done recently to licensed psychologists. I realize the primary function of the board is to protect the public, but as you have shown, forming good working relationships with those who are licensed can create an environment where potential issues are addressed before they become serious problems." -Licensee*

We recognized our vision that *"strong stakeholder relationships advance the Board's mission in Minnesota,"* in part by increasing our attentiveness to our stakeholders throughout Minnesota by hosting our 2nd and 3rd Annual "Greater Minnesota Board Meetings, at off-site locations with the 2013 meeting in Duluth, Minnesota and the 2014 meeting in Rochester, Minnesota. While in Rochester, we also offered a version of café conference entitled, *"Compliance Classroom,"* for which we received positive feedback. We leveraged technology to expand our message through the use of a Social Media and Communications Plan, including the use of Twitter, and online streaming of our educational offering which was "well done" as described by one participant: *"I am impressed with this educational experience. [I]t was well done and progressive. I learned a lot and [am] grateful to the Board for offering this on-line as living in greater MN means not being able to make it at times to sites in Mpls [sic]." –Licensee conference attendee*

We pursued continuous improvement toward excellence in the profession by creating a new position within the agency to provide increased resources, analysis, and guidance to stakeholders on complex ethical issues. We shared the Board's vision in public forums both local and national by participating actively in the Association of State and Provincial Psychology Boards (ASPPB) and the Federation of Association of Regulatory Boards (FARB), as well as through service on ASPPB Committees.

We completed an e-learning module to assist applicants in preparing for the Professional Responsibility Examination (PRE) and further positioned ourselves to achieve our goal that "*innovative use of technology advances efficient processes*," by laying the groundwork for the launch of a new website and database to significantly expand online services. We are grateful for the relationships we have developed in the psychological community and the continued opportunity to serve our mission through licensure, regulation, and education to promote access to safe, competent, and ethical psychological services.

In gratitude,

Angelina M. Barnes

Angelina M. Barnes, Esq.

Executive Director

Year	Type of License	Licenses Issued
07/01/2013—06/30/2014	Licensed Psychologist (LP)	135
	Total	**135**
07/01/2012—06/30/2013	Licensed Psychologist (LP)	113
	Total	**113**
07/01/2011—06/30/2012	Licensed Psychologist (LP)	130
	Total	**130**
07/01/2010—06/30/2011	Licensed Psychologist (LP)	98
	Total	**98**

The Minnesota Board of Psychology built upon its new administrative rules and developed a new Professional Responsibility Examination (PRE) focused on the Rules of Conduct and complex ethical scenarios. In addition to rewriting the examination, the Board undertook a project to create an e-learning module to assist applicants in preparation for the examination. The e-learning module is based on six ethical scenarios and allows an applicant or member of the public to walk through the scenario and select a response. Upon selection the tool will identify a correct or incorrect answer and provide an explanation and analysis of the ethical components. In addition the e-learning module provides accessible links to the statutory and administrative rules that are applicable in a "resources" section of the system.

FEES AND REVENUES

Fees 2014	Fee Amount
Licensed Psychologist Renewal	$500.00
Licensed Psychologist Renewal Late Fee	$250.00
Professional Responsibility Examination	$150.00
Examination for the Professional Practice of Psychology	$150.00
Licensed Psychologist for Licensure	$500.00
Convert Master's to Doctoral Level LP Licensure	$150.00
Guest Licensure	$150.00
Verification of Licensure	$20.00
Professional Firm — Registration	$100.00
Professional Firm — Annual Report	$25.00
Continuing Education Sponsor	$80.00
OET Surcharge	$50.00

The Board has not increased fees since approximately 2002. It should be noted that the fee for LP renewal is $500.00, but the additional required $50.00 is a surcharge administered by MN.IT Central, pursuant to Minnesota Statutes, section 16E.22.

RECEIPTS AND DISBURSEMENTS

Fiscal Year Ending In	Receipts	Disbursements
2014	1,212,990.18	1,063,822.32
2013	1,114,274.76	1,133,112.58
2012	1,166,964.21	903,562.46
2011	1,094,948.61	1,091,943.91

COMPLAINTS OPENED AND CLOSED

Biennium year ending June 30	Complaints Opened	Complaints Closed to Date	Number of Complaints Open	Disciplinary Action Taken
2014	146	121	<1 year: 121 >1 year: 25	Corrective Actions: 2 Disciplinary Orders: 4
2013	103	94	<1 year: 94 >1 year: 9	Corrective Actions: 1 Disciplinary Orders: 10
2012	132	122	<1 year: 111 >1 year: 21	Corrective Actions: 4 Disciplinary Orders: 13
2011	141	140	< 1 year: 118 > 1 year: 23	Corrective Actions: 12 Disciplinary Orders: 14

The Minnesota Board of Psychology has 7 full time and 2 part time staff members working within three distinct units: licensure, complaint resolution, and administration. A central focus of the staff is excellence in customer service and stakeholder outreach.

The team has worked to plan and host multiple educational programs during the biennium including café conference style seminars. These seminars have focused on providing Board information by subject matter experts in each substantive area of the Board. The team also planned and hosted the 2014 Continuing Education conference entitled, "Forging a Path through Change." Which focused on telepsychology, the role of regulation, ethical dilemmas, and assessing licensee and applicant competence within the field of psychology.

The Board has made new stakeholder connections and worked toward strong partnerships in education, training, and regulation to improve its impact.

BOARD OF SOCIAL WORK

"The Board's public safety mission is to ensure residents of Minnesota quality social work services by establishing and enforcing professional standards. The Board's vision is to protect the public through licensure of qualified social workers and to provide timely and impartial resolution of complaints against social workers."

Board Members Serving During FY 2012-2014

Michael Aguirre, LGSW, Professional Member (6/2013)

Karen Arnold Truax, LISW, Professional Member (6/2013 - 8/2014)

Christine Black-Hughes, LICSW, Professional Member (4/2008)

Jason Collins, LSW, Professional Member (6/2014)

Donna Ennis, LSW, Professional Member (6/2013)

David Hallman, LSW, Professional Member (2/2004)

Angie Hirsch, LICSW, Professional Member (4/2008)

Jacqueline Johnson, LICSW, Professional Member (4/2008 - 5/2014)

Rosemary Kassekert, Public Member (6/2005)

Janna Kovach, LSW, Professional Member (3/2009 - 1/2013)

Kathy Lombardi, LICSW, Professional Member (6/2014)

Susan McGeehan, LSW, Professional Member (6/2014)

Kenneth Middlebrooks, Public Member (7/2003)

Carol Payne, LSW, Professional Member (3/2009)

Ruth Richardson, Public Member (3/2009)

Tamerlee Ruebke, LSW, Professional Member (8/2007 - 5/2014)

Beverly Ryan, LISW, Professional Member (7/2005 - 1/2013)

David Sandry, Public Member (8/2007 - 5/2013)

Antonia Wilcoxon, Public Member (1/2001 - 1/2013)

Board Staff

Kate Zacher-Pate, Executive Director
Shirley Akpelu
Tralana Davis
Louis Hoffman
Michelle Kramer-Prevost
Sheryl McNair
Connie Oberle
Cheryl Pittelkow
Roberta Schneider
Lauren Stevens
Colleen Vossen

Minnesota Board of Social Work
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Telephone: 612-617-2100

Letter from the Executive Director

The mission of the Minnesota Board of Social Work (BOSW) is to ensure residents of Minnesota quality social work services by establishing and enforcing professional standards. Fifteen volunteer Board Members, including five public members, provide oversight to make certain we meet the needs of citizens and promote a diverse and qualified workforce.

Minnesota has four permanent licenses: Licensed Social Worker (LSW), Licensed Graduate Social Worker (LGSW), Licensed Independent Social Worker (LISW), and Licensed Independent Clinical Social Worker (LICSW). Temporary licenses are also issued to expedite employment of new graduates, military personnel, and licensees relocating to Minnesota from other states.

The demand for our services has grown in response to an increased number of licensees. From 2010 to 2014 the total number of licensees has increased by 10%, applications received by 42%, and licenses granted by 44%. The number and complexity of complaints received has also increased. The Board currently regulates 13,347 licensees with a staff of 10.3 FTEs providing licensing, compliance, complaint resolution, and operations services to a variety of customers and stakeholders. Despite a significant increase in the number of new applications received and licensees regulated, the Board has not increased fees since 2000 and actually decreased fees by 30% since 2006.

Key services provided to keep Minnesotans safe and promote efficiencies include:

- Licensing qualified baccalaureate and graduate degreed social workers by establishing and enforcing requirements for education, national examination, criminal background checks, supervision, continuing education, and ethical standards of practice
- Investigating and resolving complaints in a fair and timely manner when services do not meet standards to ensure that licensed social workers are accountable to the people they serve
- Providing outreach and education to the public, social work students, faculty, and organizations about licensing responsibilities, ethical practice standards, and the complaint resolution process

From January 1, 2013 through December 31, 2014, a licensing and public protection milestone was achieved when a time-limited grandfathering opportunity occurred to expand the number of licensed social workers in the workforce and to license more social workers from diverse populations. The modification of licensing exemptions (excluding county exemptions) to promote licensure of social workers regardless of practice setting was enacted during the 2012 Legislative session and set the stage for this special grandfathering provision.

Strategic goals for the next biennium are:

- Reaching out to wider audiences including the general public, employers, and ethnically diverse populations
- Creating a “jurisprudence” examination as an additional tool to better educate applicants and licensees about their professional responsibilities and the Board’s regulations
- Providing a new licensing option, the Emeritus Active License, for experienced, “seasoned” professionals who are retired to be engaged in the workforce by providing pro bono services and licensing supervision, and to respond to mental health workforce shortages
- Maximizing technology to increase efficiencies, improve customer service, increase data security, and decrease costs with electronic records and a new licensing data base system

I wish to sincerely thank and commend both our volunteer Board Members, who contribute approximately 1,500 hours per year of combined service, expertise, leadership, and passion, and our competent Board Staff. The Board remains mission-driven and continues to provide high quality services to help ensure public safety for Minnesotans.

Kate Zacher-Pate, LSW, Executive Director

Year	Type of License	Total Licenses	New Licenses Issued	Licenses Renewed	Online Renewals	Online Applications
7/1/2013 - 6/30/2014	LSW	5,814	508	2,170		
	LGSW	2,000	545	687		
	LISW	787	59	283		
	LICSW	4,746	282	1,960		
	Total	**13,347**	**1,394**	**5,100**	**84%**	**83%**
7/1/2012 - 6/30/2013	LSW	5,709	412	2,273		
	LGSW	1,792	426	650		
	LISW	771	30	294		
	LICSW	4,576	247	1,966		
	Total	**12,848**	**1,115**	**5,183**	**82%**	**76%**
7/1/2011 - 6/30/2012	LSW	5,724	390	2,316		
	LGSW	1,658	429	552		
	LISW	768	34	292		
	LICSW	4,450	303	1,745		
	Total	**12,600**	**1,160**	**4,905**	**78%**	**81%**
7/1/2010 - 6/30/2011	LSW	5,698	387	2,488		
	LGSW	1,674	445	578		
	LISW	775	34	326		
	LICSW	4,324	309	1,826		
	Total	**12,471**	**1,175**	**5,218**	**75%**	**76%**
7/1/2009 - 6/30/2010	LSW	5,785	346	2,257		
	LGSW	1,576	334	502		
	LISW	793	32	317		
	LICSW	4,044	269	1,694		
	Total	**12,198**	**981**	**4,770**	**75%**	**69%**
7/1/2008 - 6/30/2009	LSW	5,801	352	2,310		
	LGSW	1,534	305	523		
	LISW	805	21	337		
	LICSW	3,885	250	1,640		
	Total	**12,025**	**928**	**4,810**	**70%**	**69%**

RECEIPTS, DISBURSEMENTS AND MAJOR FEES

Year	Receipts	Disbursements
2014	$1,181,143	$1,193,454
2013	$1,143,384	$1,169,899
2012	$1,035,198	$1,055,986
2011	$1,071,936	$1,107,104
2010	$984,915	$994,788
2009	$1,088,602	$1,100,579

The Board is entirely fee supported and receives no General Fund dollars to provide all services. Fees must be collected to cover direct and indirect expenditures, deposited as non-dedicated revenue into the State Government Special Revenue Fund (SGSRF). The Board is granted authority to use these fees by the Minnesota Legislature to pay for all expenses allocated to Fund H7L.

Item*	Fee**
Licensure by Endorsement Application	$85.00
LSW, LGSW, LISW & LICSW Application	$45.00
Temporary License	$50.00
LSW License and Renewal	$81.00 (24 month fee)
LGSW License and Renewal	$144.00 (24 month fee)
LISW License and Renewal	$216.00 (24 month fee)
LICSW License and Renewal	$238.50 (24 month fee)

*All licensing and renewal fees submitted on or after July 1, 2010 through June 30, 2015 will be assessed a mandatory 10% State technology surcharge (not included in this table) by statute.

**Licensing and renewal fees have not been increased since 2000 and have been decreased by 30% since 2006.

Complaints Received by Type	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
Boundaries	6	3	12	10	17	10
Confidentiality	4	11	9	6	13	3
Failure to Make Mandated Report	0	1	1	0	2	1
Failure to Pay License Fee	0	2	4	1	1	3
Impairment	16	17	15	7	22	24
Violation of Licensing Requirement	6	2	2	3	10	4
Non-Jurisdictional	0	0	0	0	0	0
Unprofessional Conduct	0	1	0	3	14	10
Sub-standard Practice	68	47	43	45	43	48
Sexual Conduct or Harassment	4	5	7	10	2	2
Unlicensed Practice Misrepresentation	10	6	28	73	47	25
Violation of Board Order	0	0	0	0	0	0

FY ending June 30	Complaints Received & Opened	Complaints Closed	Complaints Pending at FY End	Complaints Resolved by <1 year/>1 year	Disciplinary Action Taken	Corrective Action Taken
2014	129	190	23	<1 year:104 >1 year: 2	21	1
2013	169	149	11	< 1 year: 150 >1 year: 11	13	2
2012	173	164	71	<1 year: 103 >1 year: 0	23	4
2011	137	118	23	<1 year: 119 >1 year: 4	10	2
2010	106	108	25	<1 year: 83 >1 year: 0	11	3
2009	123	137	37	<1 year: 113 >1 year: 10	4	0

"The mission of the Board is to promote, preserve, and protect the health, safety and welfare of the public and animals through the effective control and regulation of the practice of veterinary medicine."

Board Members

Barbara Fischley, DVM, North Branch, MN, Professional Member
(Appt: 1/20/2010; Reappt: 3/2014)
John Lawrence, DVM, Lonsdale, MN, Professional Member
(Appt: 7/8/2003; Reappt: 6/2011)
Mary Olson, DVM, Mora, MN, Professional Member
(Appt: 3/2/2014)
David Richter, Montgomery, MN, Public Member
(Appt: 4/2/2013)
Ronald Swiggum, DVM, St Charles, MN, Professional Member
(Appt: 6/30/2011; Reappt: 3/2012)
Sharon Todoroff, Columbus, MN, Public Member
(Appt: 4/2/2008); Reappt: 3/2012)
Michelle Vaughn, DVM, Richfield, MN, Professional Member
(Appt: 6/30/2011)

Board membership is comprised of seven, Gubernatorial-appointed citizens who administer the statutes and rules that govern the practice of veterinary medicine. Three scheduled board meetings are held each year with complaint committee meetings and conferences held on an as needed basis. Most complaint committee review is conducted on a closed, secured, web based application thus reducing the need for travel and complaint committee meetings. Teleconferences are also utilized for more in-depth complaint committee discussion when warranted.

Staff Members
Julia H. Wilson DVM, Executive Director
Mollie Brucher, Office Manager

Minnesota Board of Veterinary Medicine
University Park Plaza Building
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Minneapolis, MN 55414
Telephone: 651-201-2844 Office FAX: 651-201-2842
Office e-mail: vet.med@state.mn.us
Office website: mn.gov/health-licensing-boards/veterinary-medicine

Letter from the Executive Director

Public protection and public safety continue to be the mission and top priority of the Minnesota Board of Veterinary Medicine. The board has effectively and efficiently met this mission with the resources derived from licensing fees and spending authority appropriated by the legislature and the Governor. The Minnesota Board of Veterinary Medicine and the 14 other allied health licensing boards in Minnesota are sole profession, collaborative state agencies that continue to be recognized nationally as a model for organizational structure and regulation. Several Board of Veterinary Medicine members also serve on national committees and boards that influence the regulation of veterinary medicine throughout North America.

Julia Wilson, DVM

Executive Director

Minnesota Board of Veterinary Medicine

Year Ending June 30	Type of Credentials	Total Number of persons licensed or registered
2014	Veterinarian	3,249
2012	Veterinarian	3,182
2010	Veterinarian	3,114
2008	Veterinarian	3,046

Biennium Year ending June 30	Credentials Renewed	New Licenses Issued	Online Renewals (# / %)	
2014	3,121	330	2,705	87%
2012	2,927	255	2,429	83%
2010	2,847	276	2,278	80%
2008	2,758	304	1,783	65%

The Board initiated online renewals in December 2003. As of June 30, 2014, 87% of all licensees renew their veterinary license online using secure and user friendly electronic government services.

Biennium	Type of Complaint	Complaints Received	Complaints Closed	Complaints Open as of June 30	Disciplinary Action Taken
7/1/2012-6/30/2014	Incompetence	60	**114**		**Disciplinary orders: 14**
	Unprofessional Conduct	55			
	Chemical Dependency	14			
	Unlicensed Practice	14			
	Mental Health	1		**Less than one year: 18**	
	Non-jurisdictional	4		**More than one year: 5**	
	Total	**148**			
7/1/2010-6/30/2012	Incompetence	60	**132**		
	Unprofessional Conduct	43			
	Chemical Dependency	9			
	Unlicensed Practice	23			
	Sanitation	1		**Less than one year: 14**	
	Non-jurisdictional	9		**More than one year: 0**	
	Total	**145**			
7/1/2008-6/30/2010	Incompetence	66	**111**		
	Unprofessional Conduct	37			
	Chemical Dependency	5			
	Unlicensed Practice	32			
	Sanitation	4		**Less than one year: 11**	
	Non-jurisdictional	4		**More than one year: 2**	
	Total	**148**			
7/1/2006-6/30/2008	Incompetence	64	**111**		
	Unprofessional Conduct	35			
	Chemical Dependency	7			
	Unlicensed Practice	23			
	Sanitation	3		**Less than one year: 111**	
	Non-jurisdictional	4		**More than one year: 8**	
	Total	**134**			

There are five complaint committees each comprised of 2 board members: one large animal, two companion animal, one impaired veterinarian, and one continuing education. These committees are supported by board staff and an assistant attorney general. Only board members serving on the complaint committee determine the outcome of the complaint and possible remedy for the identified violations. These complaint committees work diligently to assure public safety and licensee accountability in a timely and direct manner for both complainants and the subject of the complaint.

Fee	Amount
Jurisprudence Examination	$50
Application	$50
Initial License	$200
Biennial Active License Renewal	$200
Biennial Inactive License Renewal	$100
Temporary Permit	$50
Late fee (Inactive renewal)	$50
Late fee (Active renewal)	$100
Professional Firm Registration	$100
Professional Firm Annual Report	$25
Duplicate License	$10
Mailing List	$100
CE Sponsor Approval	$50
License Verification	$25

Fiscal Year Ending In	Receipts	Disbursements
2014	$353,399	$199,451
2012	$341,215	$178,495
2010	$324,525	$169,494
2008	$320,320	$164,289

The Board of Veterinary Medicine's website offers licensees the ability to update address and contact information on line. Online complaint forms and continuing education sponsor forms are provided. The website also allows citizens of Minnesota to check license status of veterinarians and review disciplinary and corrective actions taken to remediate complaints. Frequently asked question answers and details of the complaint investigation process and results are available as well.

Beginning in FY 2014, a newsletter focused on licensee education on current issues was created. The newsletter is distributed to all licensed veterinarians three times a year and posted on the Board's website. The Board's executive director leads further educational efforts for veterinarians in collaboration with the Minnesota Veterinary Medical Association through presentations and articles in their newsletter.

The continuing evolution of new, scientifically based, information influences the practice of veterinary medicine. This evolution requires ongoing review of both best practices and standards of practice. Veterinarians are required to stay updated through continuing education. Based on complaints received, many still need more focus on new diagnostic and therapeutic options in areas such as pain management, veterinary dentistry, medical record keeping, and pharmacy regulations that pertain to veterinary medicine. The role of veterinary technicians and potential benefits of technician licensure is under active discussion, guided by a task force of stakeholders that is led by the Board. Complementary and alternative medicine, including animal chiropractic treatment and acupuncture, are considered the practice of veterinary medicine, as both encompass diagnosis and treatment of medical issues of animals. This delineation will continue to be a source of complaints of unlicensed practice of veterinary medicine.

The number of licensees, complaints and the complexity of the complaints continue to increase. Board staff in FY 2014 continued to operate at 2.0 FTE, in spite of these increases, addition of website features, and efforts to better inform the public and licensees about regulation of the practice of veterinary medicine in Minnesota. Prompt response to inquiries and service to the citizens of Minnesota continues to be a top priority to enhance public protection through the regulation of veterinary medicine.

"The purpose of this office, located in the Minnesota Department of Health (MDH), is to protect consumers who receive complementary and/or alternative health care services from practitioners who fall outside of state licensing authorities."

Program Manager
Gilbert Acevedo

The Minnesota Office of Unlicensed Complementary and Alternative Health Care Practice is administered and staffed by the Health Occupations Program within the Minnesota Department of Health. The Office does not have Board Membership, and does not have an Executive Director.

Minnesota Department of Health
Office of Unlicensed Complementary and Alternative Health Care Practitioners
PO Box 64882
St. Paul, MN 55164-0882
General Information: (651) 201-3721
Fax: (651) 201-3839

Office Website:
http://www.health.state.mn.us/divs/hpsc/hop/ocap
Office E-mail: Health.HOP@state.mn.us

The Office of Unlicensed Complementary and Alternative Health Care Practice (OCAP) is located within the Minnesota Department of Health (MDH). The purpose of OCAP is twofold: (1) to protect consumers of alternative and complementary health care services; and (2) to provide information about these services to the public.

Complementary and alternative health care practices include, but are not limited to, massage therapy; body work; acupressure; homeopathy; traditional naturopathy; herbal medicine; healing practices utilizing food, food supplements and nutrients; healing touch; aroma therapy; culturally traditional healing practices; traditional Oriental practices; meditation; Ayurveda; and detoxification practices and therapies.

OCAP was created specifically to provide oversight of unlicensed health care practitioners. Because OCAP does not perform any licensing or registration functions, OCAP action in fulfillment of its protective purpose is limited to receiving and investigating complaints against unlicensed complementary and alternative health care practitioners. Prohibited conduct is set forth in statute (Minnesota Statutes section 146A.08). Discipline may include civil penalties, revocation or suspension of the right to practice, censure, and imposition of costs incurred in an investigation leading to discipline.

Complementary and Alternative Health Care Practices — An Evolving Landscape

Two surveys conducted by the National Center for Health Statistics at the Centers for Disease Control and Prevention in 2002 and 2007 provide the most current and comprehensive information about American's use of complementary and alternative medicine (CAM). The 2002 National Health Interview Surveys (NHIS) found that approximately 36% of adult Americans used CAM. By 2007, use among adults had climbed to 38.3% and the first questions about use among children set usage at 12%. Within the context of Minnesota's regulatory framework, it is noteworthy that the surveys include dietary supplements, chiropractic and osteopathic manipulation, acupuncture, and yoga as CAM and that some of these, along with massage, constituted the most common such practices among those surveyed. (Nonvitamin, nonmineral dietary supplements (17.9%), chiropractic or osteopathic manipulation (8.5%), yoga with deep breathing or meditation (8.4%), massage therapy (6.8%); meditation (4.1%), and special diets (3.0%).) Quantifying use is not a simple matter. New practices develop. Practices are used in combination with one another. Practices previously considered complementary or alternative are tested and move into mainstream medicine. Thus, quantifying usage within the population is a moving target.

One thing that is certain is that CAM is not "small business." The 2007 NHIS found that Americans spent approximately $33.9 billion out-of-pocket on CAM. While this amount spent is only 1.5 percent of total health care expenditures, it is more than 11 percent of all out-of pocket expenditures. A great deal of spending on CAM is initiated by consumers themselves, and is neither recommended nor overseen by a traditional health care provider nor a CAM provider.

A vast amount of information about CAM is publicly available. However, sources of such information, and the credibility and motivation of those sources, differ widely. The average consumer is not likely to be adept at evaluating the information presented or the source of that information, and may not even realize that there is a need to do so. Adding to this confusion is the fact that a subset of CAM advocates reject the scientific methodology that is the basis for linking cause and effect in western medicine as a method for evaluating their practices. Even acknowledging that western science may have its limits, that each patient is uniquely individual and may respond somewhat differently, and that many CAM practices encompass a spiritual and bio-psychosocial component, if CAM is not subject to the same critical analysis as other health practices, we are left without a common metric with which to evaluate CAM practices.

Widespread use of CAM practices; administration of CAM to children; the fact that use is often self-initiated and self-directed; the lack of peer-reviewed research supporting many CAM practices; and the amount of money spent on these practices, all underscore the need for continuing or even increased regulatory oversight of these practices. Consumers , practitioners, and the public, generally, need an objective source of accurate information, including reviews of emerging research both supporting and discrediting individual CAM practices and studies of alternative and complementary modalities. Consumers are also entitled to a resource for recourse when they are injured by a complementary or alternative practitioner.

Office of Complementary and Alternative Health Practice Functions

- Providing information and education to the public and practitioners about requirements for offering alternative and complementary health practices in Minnesota.
- Responding to complaints about complementary and alternative health care practitioners, initiating and carrying out investigations.

- Pursuing educational or disciplinary action against practitioners based upon results of investigations conducted in response to complaints/reports.
- Working with law enforcement to ensure that criminal complaints against OCAP practitioners are properly investigated and concluded and that findings of criminal activity are reflected in discipline sanctions against the right to practice.
- Consulting with practitioners currently practicing under OCAP who are interested in working to achieve higher regulatory requirements within their practice.

Staffing

Staff of the Minnesota Department of Health's Health Occupations Program perform the work of the Office of Unlicensed Complementary and Alternative Health Care Practice. For the 2014-2015 biennium, staff assigned OCAP functions include investigation and enforcement staff, administrative support, management and supervision, and programming, totaling approximately 0.75 FTE

Activities during the 2014-2015 Biennium

- The office received 163 individual calls from consumers, complainants, practitioners, regulators and other interested persons.
- One hundred twenty calls were requests for information; 37 were complaints. Many of the calls for information were from individuals seeking information about regulatory requirements for practicing massage in the state.
- The office opened 14 investigations and closed two. Twenty-three investigations are pending.
- Our informational brochure was reformatted and rewritten to be more accessible to the public.
- For the first time, investigatory staff attended both basic and specialized National Certified Investigator and Inspector Training, offered by the Council on Licensure, Enforcement & Regulation.
- Staff representing the office met and/or consulted with several unlicensed groups that currently practice within OCAP and are seeking more rigorous regulation. These include massage therapists, music therapists, and homeopaths.
- Based on complaints about prescription drugs, illegal substances, and improperly labeled substances being sold by unlicensed individuals at an open air market had caused harm in the community, the office initiated a coalition that included the Board of Pharmacy, the St. Paul police, the federal Food and Drug Administration, Ramsey County, and others. After initial regulatory action, MDH continued its involvement by working to educate vendors about practices that are safe and legal and those that are not.
- 146A was amended during 2014 legislative session to clarify regulatory jurisdiction concerning practitioners licensed or registered by the commissioner of health or a board, and who utilize complementary and alternative health care.
- Increased collaboration with local law enforcement surrounding OCAP practitioners engaged in unethical or criminal behavior.

Biennium ending	Complaints Received by Type		Complaints Closed	Cases Open as of June 30
June 30, 2014	Sexual Misconduct Deceive, defraud, or harm public Misrepresentation/false advertising Illegal practice Incompetence Using restricted medical device **TOTAL: 14**	**5** 1 4 2 1 1	**2**	Less than one year: 8 More than one year but less than two years: 6 More than two years: 9
June 30, 2012	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to use client BOR Other **TOTAL: 23**	8 9 1 1 1 3	61*	Less than one year: 3 More than one year: 9
June 30, 2010	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order **TOTAL: 33**	12 13 3 1 2	10	Less than one year: 3 More than one year: 46**
June 30, 2008	Sexual Misconduct Harm to Public / Client Misrepresentation **TOTAL: 18**	9 7 2	22	Less than one year: 8 More than one year: 20
June 30, 2006	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Failure to follow Order Criminal conviction Failure to furnish records Failure to use client BOR Other **TOTAL: 28**	5 13 3 1 1 2 1 1 1	32	Less than one year: 14 More than one year: 20
June 30, 2004	Sexual Misconduct Harm to Public / Client Misrepresentation False Advertising Other **TOTAL: 40**	16 14 4 1 5	13	Less than one year: 18 More than one year: 19

* The investigator assigned to the Office of Unlicensed Complementary and Alternative Care retired effective April 3, 2012. Prior to retirement, the investigator concluded investigation and closed most cases.

**The Office of Unlicensed Complementary and Alternative Health Care Practice operations were suspended September 1, 2009 through June 30, 2010, due to unallotment, therefore, no investigative activity occurred on pending complaints during the remaining 10 months of FY 2010.

Biennium Ending	Civil Penalties	Disbursements	Notes
June 30, 2014	$0	$140,112	Health Occupations Program replaces two investigators who retired in recent years and assigns OCAP cases according to type of allegation.
June 30, 2012	$0	$116, 080	Investigator position vacant due to unallotment 4/3/2012 – 6/30/2012.
June 30, 2010	$628	$77,802	Operations suspended due to unallotment 09/01/09 - 06/30/2010.
June 30, 2008	$805 in FY2007	$156,785	Disbursement includes $22,845 in costs for the Attorney General's office.
June 30, 2006	$4,425 in FY 2005 $705 in FY 2006	$114,834	
June 30, 2004	$0	$33,332	(Investigator position vacant due to limited funding, FY 2004)