

Overview of the Licensure Process

The Minnesota Board of Medical Practice issues licenses/registrations to physicians (medical license, residency permit, telemedicine), physician assistants, acupuncturists, athletic trainers, naturopathic doctors, respiratory therapists, traditional midwives, and professional firms. There are currently 27,000 physicians, allied health professionals and professional firms regulated by the Board. Last year 2,600 licenses were issued with every licensee reviewed and evaluated prior to being licensed. Each profession has its own practice act setting forth license/registration initial and continuing education or practice requirements, scope of practice, grounds for disciplinary action, and Council composition/duties.

License is a Privilege

It is a privilege, not a right, to practice. The burden of proof is on the applicant to show why they should be granted the privilege to practice. Once applicants receive a license, the burden of proof is on the Board to prove why the licensee should not be allowed to practice.

Applicants must not be under license suspension or revocation by the licensing board of the state in which the conduct that caused the suspension or revocation occurred. Applicants who are currently under order by another state may be issued a license only if the applicant can show that the public will be protected through issuance of a license with conditions or limitations the board considers appropriate.

Application Review Process

The completed application form and application fee must be received by the Board at the deadline indicated in the application packet. The Board staff acknowledges receipt of applications, reviews for completeness and advises as to any missing items. All supporting documentation must be received at least three weeks prior to the Board meeting or, in the case of allied health professionals, Council meeting. Any issues that arise during the course of the application reviews must be resolved prior to review by the Board or, in the case of allied health professionals, before the Council review. The issues include but are not limited to illness, disciplinary history, competency, or falsification of application. Some applications may be reviewed by a Medical Coordinator (licensed physician employed by the Board to review applications and complaints) to resolve any issues. The application is reviewed by the Board at its next meeting if the Medical Coordinator has no concerns or the application may be referred to the Licensure Committee for further review and possibly a personal interview by the Licensure Committee. Minn. Stat. § 147.02 Subd. 1(e) states that physicians applying for a medical license may be required to make a personal appearance before the Board or its designated representative to show that the physician satisfies statutory requirements. The Licensure Committee may recommend to the board:

- further investigation
- licensure
- licensure under certain terms and conditions or restrictions
- deny licensure with or without the option to withdraw

Physicians who have not been in active practice during the last two years may be required to successfully pass a Board-approved competency evaluation, retraining program, or continuing competency exam.

Applicants who need to practice before the Board meets to issue a permanent license may apply for and be issued a temporary permit which can be issued by staff providing the application is complete and all issues have been resolved.

Application Reviewers

In addition to staff, applications may be reviewed by a Medical Coordinator (licensed physician employed by the Board to review applications and complaints) and by the Licensure Committee or the appropriate Council. The Licensure Committee is composed of five Board members: four physicians and one public member. The Acupuncture Advisory Council is composed of seven members: four acupuncturists, one acupuncturist/chiropractor, one physician, and one public member. The Athletic Trainers Advisory Council is composed of eight members: two athletic trainers, one athletic trainer/physical therapist, two physicians, one chiropractor, and two public members. The Physician Assistant Advisory Council is composed of seven members: three physician assistants, two physicians, and two public members. The Respiratory Care Advisory Council is composed of seven members: three respiratory therapists, two physicians, and two public members. The Registered Naturopathic Doctor Advisory Council is composed of seven members: five naturopathic doctors, one physician, and one public member. The Advisory Council of Licensed Traditional Midwifery is composed of five members: three traditional midwives, one physician, and one public member.

Classification of Application Data

While an application is pending, data submitted by an applicant and data submitted by anyone other than the applicant is nonpublic. Once an applicant is licensed, the data become public except for any inactive investigative data relating to violation of statutes or rules which become nonpublic because it is not part of the usual and customary information gathered in processing an application.

Denials are public if done by an Order. Applications that are withdrawn or administratively closed are not public except for the name and address except designated address..

Minn. Stat. § 13.41 provides that an applicant's name, address, and phone number (except designated address and phone number) is public.

Practitioners on the Website

The Board has two databases to search on the website <http://mn.gov/health-licensing-boards/medical-practice/public/find-practitioner/>. The Professional Profile has detailed information on physicians and physician assistants including any public disciplinary documents. The AIM DocFinder has basic information on all licensees.