

TEMPORARY PERMIT REQUEST FORM

A temporary permit is available to a physician or physician assistant who has submitted an application for licensure and a nonrefundable application fee if the applicant is:

- currently licensed in good standing to practice medicine in another state, territory, or Canadian province; and
- not the subject of a pending investigation or disciplinary action in any state, territory, or Canadian province

A temporary permit is valid until a decision is made on the application for licensure or for 90 days from the date of issue, whichever comes first, and may not be renewed. If the license is not issued prior to the expiration of the temporary permit, the applicant may no longer practice. The Board may revoke a temporary permit if the physician or physician assistant is the subject of an investigation or disciplinary action, or is disqualified for licensure for any other reason.

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Phone Number: _____ Email: _____

License Type (Please check one) :

- Physician
- Physician Assistant

Other state, territory, or Canadian province in which you are currently licensed in good standing:

State: _____ License number: _____

Your signature is your acknowledgement of the above, affirmation that the information you provided is true and correct, and attestation that you are not the subject of a pending investigation or disciplinary action in any state, territory, or Canadian province.

Signature: _____ Date: _____

If you have submitted an application online, please email this form directly to: Medical.board@state.mn.us

Please allow a minimum of ten (10) business days to confirm the Board's receipt of your temporary permit application. Notification of issuance of the temporary permit will be emailed to you at the email address provided above.