

## Ringside Physician License

**Your application will not be processed or will be delayed unless you:**

1. Complete this application. You must complete all sections including your Social Security number.
2. Read the data practices notice and sign the acknowledgement.
3. Submit the \$80 license fee.

Note: The department may request additional information necessary to determine an applicant's eligibility for a license, such as additional training and personal interviews.

**Eligibility to obtain a license:** Any person who applies for a ringside physician license must be a licensed physician in the State of Minnesota in good standing.

### Applicant information (write in ink or type) – Write legibly

Ringside Physician License - \$80			
Applicant's Social Security number:		Applicant's date of birth:	List previous MN-OCS license number(s):
Applicant's name (first, middle and last):			
Applicant's street address or P.O. box:			
City:	State	ZIP Code	Country, if other than United States:
Main phone number (including area code):			Other phone number:
Email address:			

### Acknowledgement

I understand and accept that, according to Minnesota Statutes Sections 341.27 and 326B.082, the Commissioner of the Minnesota Department of Labor and Industry may deny, revoke, suspend or limit this license if I knowingly and willfully made a false statement or provided false documentation in this application. I declare that all statements, documentation and medical information provided with this application are true and correct.

\_\_\_\_\_  
**Applicant's signature**

\_\_\_\_\_  
**Date (month/day/year)**

## Medical experience

Minnesota Medical License number: \_\_\_\_\_

Years practicing? \_\_\_\_\_

Type of physician: \_\_\_\_\_

Have you ever worked as a ringside physician?  Yes  No

Are you licensed as a ringside physician by any other state or tribal commissions?  Yes  No

If so, with which state and/or tribal commissions are you licensed? \_\_\_\_\_

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## Data practices notice

The information you as an individual, or business entity, provide in this application will be used by the Department of Labor and Industry staff members to determine if you meet the license requirements. Before a license is issued to you, Minnesota Statute Section 270C.72, subd. 4, requires you to provide your Social Security number and, where applicable, your Minnesota Business Identification number on this application. The other information is required to process your application. Failure to provide the requested information may delay the processing of your application or may be grounds for denying your application. Under Minnesota Statute Section 13.41, the information you provide on this application, except for you name and address, is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, or for the purpose of verification and investigation. After you are licensed, the information you provide, except for your Social Security number and data otherwise protected, becomes public data and may be released to anyone upon request.

## License fee

Payment type:

Cash  Check # \_\_\_\_\_ (payable to DLI-OCS)  Credit Card (fill info below)

## Credit Card Information

Cardholder's name: \_\_\_\_\_

Cardholder's address: \_\_\_\_\_  
(Street) (City) (State) (ZIP Code)

Cardholder's phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cardholder's email address: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_ / \_\_\_\_

Type (circle one):      Visa      MasterCard      Discover

Note: Include the security code from back of card: \_\_\_\_



I understand by signing below, I authorize the Minnesota Department of Labor and Industry Office of Combative Sports to charge my credit card for the above amount.

Cardholder's signature: \_\_\_\_\_

Annual license expires Dec. 31 of the year it was issued. A new license application must be submitted each year.

## Mail application and payment to:

Minnesota Department of Labor and Industry  
Office of Combative Sports  
443 Lafayette Road N.  
St. Paul, MN 55155

## Contact information:

Phone: 651-284-5366  
Fax: 651-539-0269  
Web: [www.dli.mn.gov/ocs.asp](http://www.dli.mn.gov/ocs.asp)  
Email: [matt.schowalter@state.mn.us](mailto:matt.schowalter@state.mn.us)