

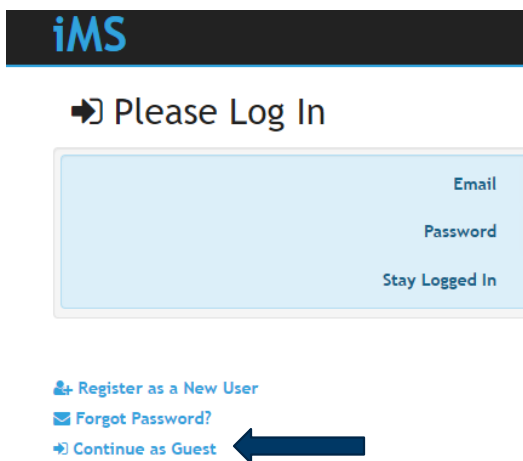
## How to apply for a ringside physician license

Revised April 26, 2023

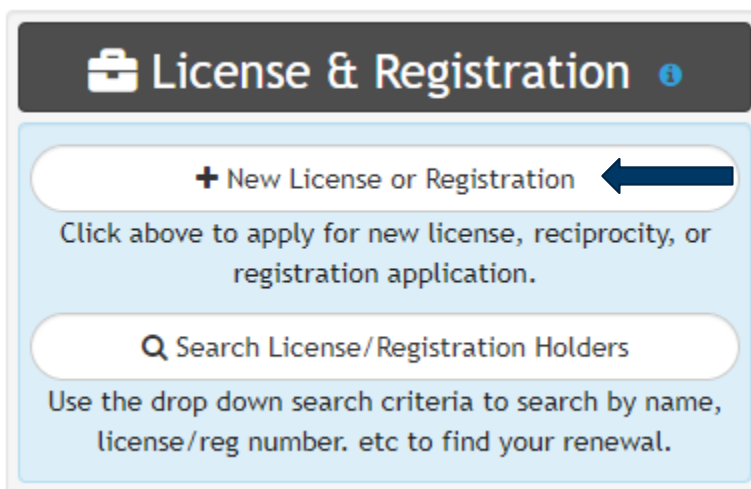
### How to apply for a license

To apply for a license:

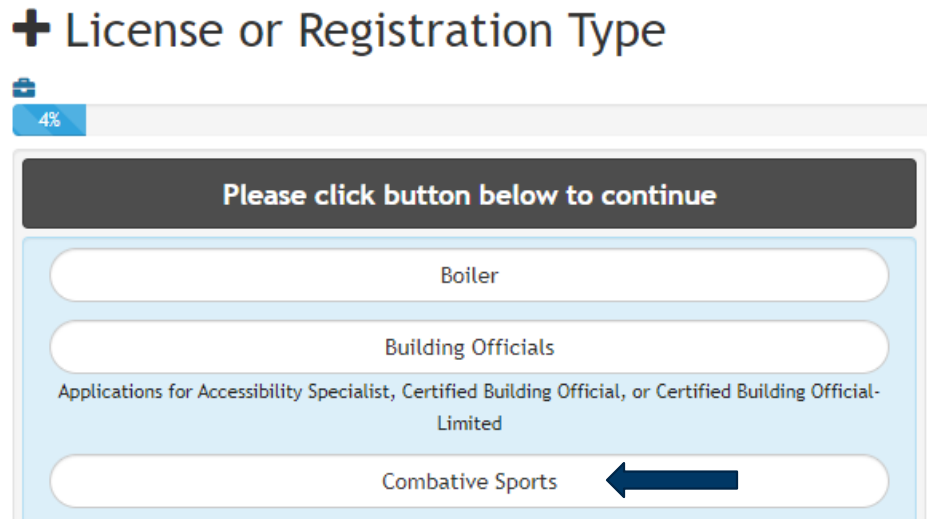
1. Visit <https://ims.dli.mn.gov/ims/> (Chrome browser preferred)
2. Click "Continue as Guest"



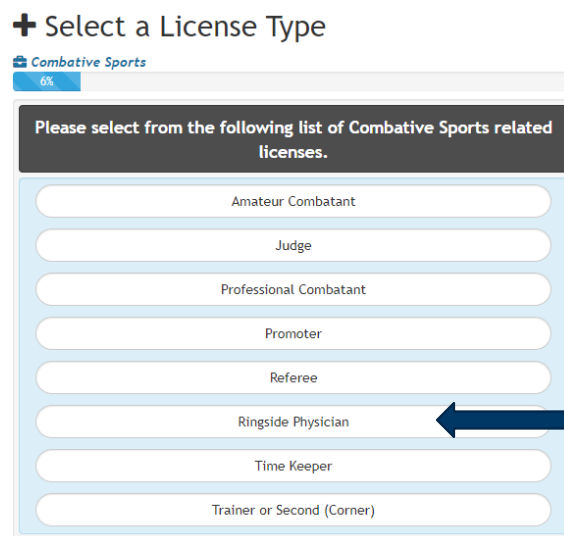
3. Click "New License or Registration"



4. Click “Combative Sports”



5. Click on the license type you are applying for



6. Read the acknowledgement and click “I Accept”
7. Enter all of your personal information and then click on “Next” at the bottom right
8. Enter your medical experience information and click “Next”
9. Upload any files to include with your license (ie. Letters of recommendation, resume, etc). **If you do not have any files to upload you may click “Skip” to proceed to the next step.**
10. Read the certification notice and then click “I Accept”.

11. Review all of your information and then click on “Check Out”

## License Summary

Combativ Sports | Ringside Physician 80%

Licensee	\$ Charges	Files
<b>Matthew Schowalter Dr</b> Public Mailing Address: 443 Lafayette Rd N St. Paul, MN 55155 Mobile Number: (651) 666-9415 Email Address: matt.schowalter@state.... Date of Birth: 02/15/1968 Residential Address: True	Total Charges: \$25.00  Balance Due: \$25.00  <a href="#">Check Out</a>	

Combativ Sports	Accepted Disclaimers
Licensed: Yes Medical License Number *: 1253658 Number of years practicing: 25 Physician: Yes Specify *: Mille Lacs Type of Physician *: OD	Acknowledgement: 04/28/2023 Certification: 04/28/2023

[Discard](#) [Check Out](#)

12. Click on “Pay”

## Check Out

Matthew Schowalter Dr Combativ Sports

License Fee \* \$25.00

**Total** [Pay](#) \$25.00

[Home](#)

13. Enter your credit card information, check the box next to “I am human”, and click on “Process Payment”

# Intuitive Municipal Solutions

## Secure Payment Form

### Billing Info

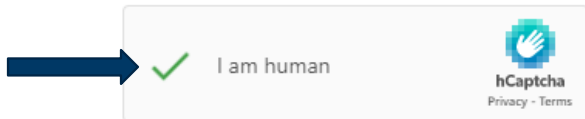
Bill Name  
Matthew Schowalter

Bill Street  
443 Lafayette Rd N

City State Zip\*  
St. Paul MN 55155





First Name  
Matt


### Transaction Details




### Payment Information

Payment Type  Credit Card  Check

Card Number\*      
4111111111111111

Expiration\* CVV   
01 24 123

Total: \$25.00





## Contact

If you need assistance, please contact Matt Schowalter:

- Email: [matt.schowalter@state.mn.us](mailto:matt.schowalter@state.mn.us)
- Call: 651-666-9415