

ACT Letter Requirements - Minnesota

For these purposes, MDs or DOs (osteopathic physicians) (from any number of specialties as well as from general practitioners) qualify as licensed physicians. Statements from persons who are not licensed physicians, such as psychologists, physician assistants, nurse practitioners, social workers, health practitioners, or chiropractors, are generally not accepted.

The medical certification (ACT letter) should include the following information:

- _Physician's full name;
- _Medical license or certificate number;
- _Issuing state, country, or other jurisdiction of medical license/certificate;
- _Drug Enforcement Administration registration number assigned to the doctor or comparable foreign registration number, if applicable;
- _Address and telephone number of the physician;
- _Language stating that that the individual has had appropriate clinical treatment for gender transition to the new gender (male or female);
- _Language stating that he/she has either treated the applicant in relation to the applicant's change in gender OR has reviewed and evaluated the medical history of the applicant in relation to the applicant's change in gender, AND that he/she has a doctor/patient relationship with the applicant.
- _Physician's signature and date of signature. *Note:* Even if you are being treated by a nurse practitioner or physician's assistant under the supervision of the physician, the physician must sign the letter.