

MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

Return Form Check List Academic Year 2025-26

- _____ MCWAH Application (yellow color).
(Please complete entire form, sign, date, and attach a photo. **The MCWAH application can be folded, top to bottom, to fit in the return envelope**)

**The required employment forms listed below are on our website:
These forms **MUST** be completed and returned to the
MCWAH Office, with the application, using the enclosed return envelope.
Please return by APRIL 15, 2025**

- _____ Appointment Acceptance Letter. COMPLETE, PRINT, AND MAIL.
- _____ National Provider Identifier (NPI) Form. COMPLETE, PRINT, AND MAIL.
- _____ IOH - Immunization and Tuberculosis (TB) Surveillance Form. COMPLETE, SAVE, AND EMAIL to IOH (iohmcwmcwah@froedtert.com).
- _____ IOH – Health and Communicable Disease Record (to be completed by an NP, PA, or MD). COMPLETE, SAVE, AND EMAIL to IOH (iohmcwmcwah@froedtert.com).
- _____ IOH - Authorization to Release Med Records. COMPLETE, SAVE, AND EMAIL to IOH (iohmcwmcwah@froedtert.com)
- _____ IOH – Respirator Medical Evaluation Questionnaire. COMPLETE, SAVE, AND EMAIL to IOH (iohmcwmcwah@froedtert.com)
- _____ Registrar Confirm Authorization/Verification Form. **(MCW, UW, and ECFMG Graduates Exempt)**
Send this form to the Registrar's Office of your medical school, prior to April 15th.
- _____ WI Caregiver Background Check Form with Consumer Authorization Form.
COMPLETE, PRINT, AND MAIL.
This MUST be HAND SIGNED in blue or black ink. No other form of signature will be accepted. A copy of your U.S. driver's license MUST accompany your BID form.
- _____ License Policy Acknowledgment form for MD/DO. **Refer to FAQs sheet for examples on how to arrive at your specific license date.** (Please include copy of USMLE/Comlex scores that were NOT a part of your ERAS or MCWAH application) COMPLETE, PRINT, AND MAIL.

Housestaff coming from another training program or practicing physicians returning to training must provide a copy of a DEA certificate **valid in Wisconsin**. The following programs are exempt from the DEA requirement: Diagnostic Radiology, Neuroradiology, & Pathology (including all Pathology fellowship programs).

If you have questions concerning any of the above forms, we request that you send an email to gme@mcw.edu. Your question will be forwarded to the appropriate person for response.

Using the return envelope provided will ensure that your forms are sent to the appropriate office. If we are missing any GME paperwork we will contact you via email. *You will likely receive additional mailings from your Program. We request that you return those forms to your Program and not to the GME office.*

Thank you!