

# MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS, INC.

## LICENSURE POLICY ACKNOWLEDGEMENT

I acknowledge that I have reviewed MCWAH's licensure policy. I understand that MCWAH requires strict compliance with **all** aspects of its licensure policy and failure to comply with its requirements may result in action against me, including but not limited to, non-promotion, non-renewal, unpaid leave of absence, termination or MCWAH seeking a waiver of its MATCH commitment.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RESIDENT EDUCATIONAL LICENSE (REL) – A TEMPORARY TRAINING LICENSE, not to be confused with a full, and unrestricted Wisconsin medical license!!!**

*All unlicensed residents who will be starting graduate medical education training must obtain a Wisconsin REL prior to their start date unless they have a full, unrestricted Wisconsin license in place. (Please refer to MCWAH's license policy for further requirements).*

### **FULL UNRESTRICTED WISCONSIN MEDICAL LICENSE** (Refer to MCWAH's licensure policy)

All residents are required to obtain a full and unrestricted Wisconsin medical license prior to **completion of 28 months of graduate medical education**. All fellows are required to obtain a full and unrestricted Wisconsin medical license **prior to the start date of fellowship**. Please refer to MCWAH's policy for further licensure requirements.

- I am licensed in the following state(s): \_\_\_\_\_ . *(If applicable, provide copies)*
- I currently have an unrestricted Wisconsin license # \_\_\_\_\_ . *(If applicable, no need to proceed further!)*
- I am not licensed in Wisconsin and will obtain by \* \_\_\_\_\_ . (Month/Year)

**\* (Please note the license application process in Wisconsin is a lengthy one and may take longer than six months from start to finish.)**

### **USMLE / COMLEX-USA (OR EQUIVALENT)** *(Provide copies only if you do NOT have a full, unrestricted Wisconsin License.)*

- I have passed:
  - Step 1 /Level 1
  - Step 2CK /Level 2CE
  - Step 2CS /Level 2PE
  - Step 3 /Level 3
- I have not passed the following exam(s) and:
  - I plan to take \_\_\_\_\_ exam on \_\_\_\_\_  
Month/Year
  - I plan to take \_\_\_\_\_ exam on \_\_\_\_\_  
Month/Year

**Please complete and return this form to the MCWAH Office.**

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