

Medical College of Wisconsin Affiliated Hospitals, Inc.

Step-by-Step Instructional Guide Prepared by the Office of Graduate Medical Education

No.	Item	Comments/Action
1	State of Wisconsin DSPS Home Page	<p>Comments</p> <p>View the website Wisconsin Department of Safety and Professional Services (DSPS).</p> <p>Action</p> <ol style="list-style-type: none"> 1. Pursuing a Wisconsin license requires applicant to apply online using the LicenseE system. Access “LicenseE” system at license.wi.gov... and Select “Licensure by Endorsement” (USMLE or NBOME). 2. If you hold a current Minnesota License, please seek the applicable choices. 3. Review comments on specific forms and submit to appropriate 3rd party(ies). 4. Hard copy forms available online. The forms under “Visiting Physician License Information” apply also to applicants for a WI license who are not applying as a “<u>Visiting Physician</u>”. <p><i>It is suggested that you submit the 3rd party forms from your application, as it will contain your “PAR...” number.</i></p>
2	<p>Form 570</p> <p><i>Application for License to Practice</i></p> <p><i>(Hard Copy form)</i></p> <p>DO NOT COMPLETE IF YOU APPLIED THROUGH LicenseE!!!!</p>	<p>Comments</p> <p>IMPORTANT INFORMATION . . . Please read printed pages preceding application prior to completing application paperwork!!! (This form is the initial document that starts your file and initiates an online checklist.)</p> <p>Application Fees (fees on form): Select appropriate square; those who have pursued the USMLE exams will select "Endorsement of Steps 1, 2, and 3 of USMLE". Those who have pursued the Complex-USA exams will select “Endorsement of National Boards”.</p> <p>Action</p> <ol style="list-style-type: none"> 1. Complete the application; 2. Submit payment- information online.

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3	<p>Form 571</p> <p><i>Authorization and Waiver</i></p> <p><i>(Hard Copy form)</i></p> <p>DO NOT COMPLETE IF YOU APPLIED THROUGH LicensE!!!!</p>	<p>Comments <i>This form must be completed by every applicant</i></p> <p>This form authorizes any and all parties to provide information about your professional background and fitness to practice medicine.</p> <p>Action As recommended by the MEB, a copy of this form should accompany various requests for information to avoid delays, i.e. Forms 2164 and 2167 if applicable.</p>
4	<p>Form 1445</p> <p><i>Disciplinary Inquiries Report</i></p> <p>Form Obsolete effect 10/24/22.</p> <p><i>(Not necessary if utilizing FCVS).</i></p>	<p>Comments Please note that the DSPS has retired Form #1445; the Physician Data Center (PDC) report is easily available without the request form. So many forms were sent to DSPS instead of to the FSMB, creating delays.</p> <p>Action This paper form has been declared obsolete by the DSPS and may now be completed online,</p>
5	<p>Form 1988</p> <p><i>Notices</i></p>	<p>Comments View “Other Information/Forms” for this document.</p> <p>IMPORTANT INFORMATION . . . PLEASE READ.</p> <p>Contains important information regarding application denial, change of address, use and availability of personally identifiable information, etc.</p>
6	<p>Form 2164</p> <p><i>Medical Education Verification Form</i></p> <p><i>(Not necessary if utilizing FCVS)</i></p>	<p>Comments <i>This form may take the longest to have completed and returned!!</i></p> <p>Action Must be sent to your medical school (including international medical schools).</p> <p>Your medical school must complete and upload directly to your application at the State of Wisconsin.</p>
7	<p>Form 2165</p>	<p>Comments</p>

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	<p><i>Certification of Post-Graduate Training</i></p> <p><i>(Not necessary if utilizing FCVS)</i></p>	<p>This form should be completed <u>after</u> USMLE Step 3/Comlex Level 3 has been taken AND <u>after</u> you have completed an initial year of accredited GME training in the USA/Canada.</p> <p>If you have or will be completing an internship, residency or fellowship, you must forward this form to the Program Director(s).</p> <p>If you have completed training at multiple institutions, the Program Director from each institution must complete a copy of this form.</p> <p>Action After you have completed an initial year of GME training with MCWAH, forward this form to your program coordinator for processing. Program Directors must not sign or date this form prior to you passing STEP 3/Comlex 3 AND completion of an initial year of GME. The DSPS will not accept them nor will they accept incomplete forms – all questions must be answered.</p> <p>If licensing is not completed in a timely manner, this form may have to be resubmitted. Completed form should be uploaded to your application.</p>
8	<p>Form 2167</p> <p><i>Hospital, Facility and Employer Verification</i></p>	<p>Comments</p> <p>This form must be completed ONLY if you have had employment or hospital staff privileges outside of your graduate medical education training program. (Moonlighting should be reported on the form.)</p> <p>For those in their first year of GME, this form will NOT be necessary.</p> <p>Action If it applies to your situation, a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. <i>Overseas activities need not be listed on this form. Form may be uploaded directly to your application.</i></p> <p><i>If it does NOT apply to your situation, there is no need to submit this form.</i></p>
9	<p>Form 2252</p> <p><i>Convictions and Pending Charges</i></p>	<p>Comments Complete this form only if applicable.</p> <p>Relevant convictions/charges include:</p> <ul style="list-style-type: none"> • Felonies, misdemeanors or any other violations of state or federal law in any state. Pleas of no contest or guilty must be included.

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		<ul style="list-style-type: none"> • Include any convictions that involved the use of drugs and/or alcohol including convictions for "driving or operating a motor vehicle under the influence". • You must provide certified copies of police reports, criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. • If records have been destroyed, you must provide a written description of each offense, explanation of the penalties and verification of compliance and completion. • See form for other items that must be reported. <p>Action This form must be completed and an additional fee needs to be remitted to the DSPS (only if applicable). See form for fee.</p>
10	Form 2829 <i>Malpractice Suits or Claims Form</i>	<p>Comments</p> <p>Complete this form only if applicable. This form is self-explanatory. Please follow instructions in Section B of form.</p>
11	Form 3046 <i>Joint Commission Certified Hospital, Facility and Employer Verification</i>	<p>Comments: This form must be completed ONLY if you have had employment or hospital staff privileges outside of your graduate medical education training program. (Moonlighting should be reported on the form.)</p> <p>For those in their initial year of GME, this form will NOT be necessary.</p> <p>Action: If it applies to your situation, a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. Overseas activities need not be listed on this form. Completed form may be uploaded directly to your application.</p> <p><i>If it does NOT apply to your situation, there is no need to submit this form.</i></p>
12	Physician Profile Data Report from AMA or AOA Order Form	<p>Comments This form is required of all applicants.</p> <p>Action</p> <ul style="list-style-type: none"> • For applicants with an MD degree, view the American Medical Association Physician Profile Data – Select “Sign In” or “Create an account”. (You may have to contact the AMA (800-665-2882) for assistance). As you proceed through the process, you will want to

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		<p>choose the option, “Send to medical Licensing Board”, choose the State (Wisconsin).</p> <ul style="list-style-type: none"> For applicants with a DO degree, view the AOA “DO Profiles” – Select “Physicians...Send your profile”....follow website instructions.
13	Official Transcripts	<p>Comments</p> <p>The FSMB will certify a complete history of your licensure exams (USMLE or FLEX) and any action taken against you and reported to the FSMB by a licensing or disciplinary board and/or credentialing agency.</p> <p>The FSMB has no access to National Board scores. Applicants needing those scores will need to contact either the NBME or NBOME.</p> <p>Action</p> <p>If you have taken NBME or NBOME exams, obtain your scores through NBME or NBOME.</p> <p>The vast majority of the housestaff will need to request USMLE transcripts online to be sent to Wisconsin Medical Examining Board. They may be uploaded to your application if you provide them with your “PAR” number.</p>
15	NPDB <i>National Practitioner Data Bank</i>	<p>Comments</p> <p>All housestaff (MDs and DOs) must request the Self-Query from the National Practitioner Data Bank's website <i>after</i> USMLE Step 3/COMLEX- USA Level III has been passed and <i>after</i> you have completed 12 months of GME in the United States or Canada.</p> <p>Action</p> <p>On the NPDB homepage. View topics regarding the self-query process on lower half of page.</p> <ul style="list-style-type: none"> Select "Place a Self-Query order". <p>This is a self-query, therefore, the results will be mailed and/or emailed to you. Review the results to make sure that they were not rejected and all information submitted is correct.</p> <p><u>FORWARD ALL PARTS OF THE REPORT DIRECTLY TO THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS). Including your PAR number in the subject of your email will ensure that this document is applied to the correct application.</u></p>

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		<p>If you receive a rejection notice, follow the accompanying instructions.</p> <p>For further information, please refer to Form 570 (page ii).</p>
16	Other Required Items	<p>Comments</p> <ul style="list-style-type: none"> • Photocopy of ECFMG Certificate (if foreign medical school graduate) with “valid indefinitely” status. • Photocopies of Malpractice Suits (court documents with allegations and settlement if under 10 years) • Legal Documents Pertaining to Name Change (photocopy acceptable)
17	Licensed in any other State?	<p>Action (this may take additional review time)</p> <ol style="list-style-type: none"> 1. You are required to have each State Board in which you have ever been licensed submit letters of verification to the Wisconsin Dept of Safety and Professional Services. 2. Contact each Board you held or hold a license to see if a fee is required. 3. The letters must indicate your date of birth, license number, date of issuance and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure. The verifications can be either uploaded to your application or emailed with the PAR number in the subject of the email. <p>MINNESOTA LICENSEES - Applicants with a current license in the State of Minnesota have a shortened WI licensure application process. (See form 2862 specific to Minnesota Licensees.)</p>
18	Oral Exam	<p>Comments</p> <p>Few applicants are required to take an Oral Exam. Substance abuse, disciplinary actions, convictions of crimes, denial of a license in Wisconsin or another jurisdiction, loss of hospital privileges, and individual graduates from a medical school not approved by the Board are possible reasons for an Oral Exam to be administered.</p> <p>An applicant can also be required to take an oral exam if the applicant has taken a licensure exam four or more times before achieving a passing grade.</p> <p>Action</p>

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		<p>All oral exams will be administered when the Medical Examining Board meets. Available dates will be provided by the State of Wisconsin.</p> <p><i>For further information, please refer to Form 570 (page iii).</i></p>
19	<p>Checking Status of License Application</p>	<p>Comments It may take up to 20 working days to process and to post the forms that have been received online.</p> <p>Action View status of your license through LicensE using your “PAR” number.</p>
20	<p>License Application Approved</p>	<p>Comments Once your application is complete, check the department's website for your official credential number and grant date.</p> <p>Action</p> <ol style="list-style-type: none"> 1. View “Wisconsin Credential/License Search” page. 2. Enter your last name; enter your first name (optional) 3. Under Professions, select “Medicine & Surgery, MD” or Medicine & Surgery, DO” 4. Select “Search”. View a more detailed assessment by selecting your name.