

# Medical College of Wisconsin Affiliated Hospitals, Inc.

## Step-by-Step Instructional Guide

Prepared by the Office of Graduate Medical Education

If you plan on using the Federation Credentials Verification Service (FCVS) and are using them for the first time, you should also submit all forms/documents to the State of Wisconsin in order to obtain your Wisconsin license in a timely manner.

If you already have an FCVS account, it is up to you to contact the Federation of State Medical Board (FSMB) and request that they send a copy of your FCVS report directly to the Wisconsin Medical Examining Board.

No.	Item	Comments/Action
1	State of Wisconsin DSPS <a href="#">Home Page</a>	<p><b>Comments</b> View the website <a href="#">Wisconsin Department of Safety and Professional Services (DSPS)</a>.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>1. Pursuing a Wisconsin license requires applicant to apply online using the <a href="#">OLAS system</a></li> <li>2. If you hold a current Minnesota License, select “Application for Minnesota Licensees”.</li> <li>3. Review comments beside specific forms below prior to completion of each form.</li> <li>4. <a href="#">Hard copy forms available online</a>. The forms under “Visiting Physician License Information” apply also to applicants for a WI license who are not applying as a “<a href="#">Visiting Physician</a>”.</li> </ol>
2	<p><b>Form 570</b></p> <p><i>Application for License to Practice</i></p> <p><i>(Hard Copy form)</i></p> <p><b>DO NOT COMPLETE IF YOU APPLIED THRU OLAS!!!!</b></p>	<p><b>Comments</b></p> <p><b>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.)</b></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 Comlex-USA exams will select “Endorsement of National Boards”.</p> <p><b>Action</b></p>

No.	Item	Comments/Action
		<ol style="list-style-type: none"> <li>1. Complete the application;</li> <li>2. Submit payment- information online.</li> </ol>
3	<p><b>Form 571</b></p> <p><i>Authorization and Waiver</i></p> <p><i>(Hard Copy form)</i></p> <p><b>DO NOT COMPLETE IF YOU APPLIED THRU OLAS!!!!</b></p>	<p><b>Comments</b> <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. It also authorizes any and all parties to provide information about any past charges or complaints filed against you.</p> <p><b>Action</b> 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><b>Form 1445</b></p> <p><i>Disciplinary Inquiries Report</i></p> <p><i>(Not necessary if utilizing FCVS)</i></p>	<p><b>Comments</b> The State of Wisconsin requires a disciplinary search by the Federation of State Medical Examining Boards on each candidate for licensure.</p> <p><b>Action</b> <b>This form must be completed and mailed to the Federation of State Medical Boards in Eules, Texas.</b></p>
5	<p><b>Form 1988</b></p> <p><i>Notices</i></p>	<p><b>Comments</b> View “Other Information/Forms” for this document.</p> <p><b>IMPORTANT INFORMATION . . . PLEASE READ.</b> Contains important information regarding application denial, change of address, use and availability of personally identifiable information, etc.</p>
6	<p><b>Form 2164</b></p> <p><i>Medical Education Verification Form</i></p> <p><i>(Not necessary if utilizing FCVS)</i></p>	<p><b>Comments</b> <i>This form may take the longest to have completed and returned!!</i></p> <p><b>Action</b> Must be sent to your medical school (including international medical schools).</p> <p>Your medical school must complete and return directly to the State of Wisconsin.</p>
7	<p><b>Form 2165</b></p>	<p><b>Comments</b> This form should be completed <u>after</u> USMLE Step 3/Complex Level 3 has been taken AND <u>after</u> you have completed an initial year of accredited GME training in the USA/Canada.</p>

No.	Item	Comments/Action
	<p><i>Certification of Post-Graduate Training</i></p> <p><i>(Not necessary if utilizing FCVS)</i></p>	<p>If you have or will be completing an internship, residency or fellowship, you must forward this form to <b>EACH</b> Program Director.</p> <p>If you have completed training at multiple institutions, the Program Director from <b>each institution must complete a copy of this form.</b></p> <p><b>Action</b></p> <p>After you have completed an initial year of GME training, forward this form to your program coordinator for processing. Program Directors <b>must not sign or date this form prior to you passing STEP 3/Complex 3 AND completion of an initial year of GME.</b> The DSPTS 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.</p>
8	<p><b>Form 2167</b></p> <p><i>Hospital, Facility and Employer Verification</i></p>	<p><b>Comments</b></p> <p>This form must be completed <b>ONLY</b> if you have had employment or hospital staff privileges <b>outside of your graduate medical education training program.</b> (Moonlighting <b>should</b> be reported on the form.)</p> <p>For those in their first year of GME, this form will <b>NOT</b> be necessary.</p> <p><b>Action</b></p> <p><b>If it applies to your situation,</b> a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. <b><i>Overseas activities need not be listed on this form.</i></b></p> <p>If it does NOT apply to your situation, there is no need to submit this form.</p>
9	<p><b>Form 2252</b></p> <p><i>Convictions and Pending Charges</i></p>	<p><b>Comments</b></p> <p><b>Complete this form only if applicable.</b></p> <p>Relevant convictions/charges include:</p> <ul style="list-style-type: none"> <li>• Felonies, misdemeanors or any other violations of state or federal law in any state. Pleas of no contest or guilty must be included.</li> <li>• Include any convictions that involved the use of drugs and/or alcohol including convictions for "driving or operating a motor vehicle under the influence".</li> <li>• You must provide <b>certified copies</b> 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.</li> </ul>

No.	Item	Comments/Action
		<ul style="list-style-type: none"> <li>If records have been destroyed, you must provide a written description of each offense, explanation of the penalties and verification of compliance and completion.</li> <li>See form for other items that must be reported.</li> </ul> <p><b>Action</b> This form must be completed and be accompanied by a separate check payable to the DSPS (<b>only if applicable</b>). <b>See form for fee.</b></p>
10	<b>Form 2829</b>  <i>Malpractice Suits or Claims Form</i>	<p><b>Comments</b></p> <p><b>Complete this form only if applicable.</b> This form is self-explanatory. Please follow instructions in Section B of form.</p>
11	<b>Form 3046</b>  <i>Joint Commission Certified Hospital, Facility and Employer Verification</i>	<p><b>Comments:</b> This form must be completed <b>ONLY</b> if you have had employment or hospital staff privileges <b>outside of your graduate medical education training program</b>. (Moonlighting <b>should</b> be reported on the form.)</p> <p>For those in their initial year of GME, this form will <b>NOT</b> be necessary.</p> <p><b>Action:</b> <b>If it applies to your situation</b>, a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. <b>Overseas activities need not be listed on this form.</b></p> <p>If it does <b>NOT</b> apply to your situation, there is no need to submit this form.</p>
12	<b>Physician Profile Data Report from AMA or AOA Order Form</b>	<p><b>Comments</b> <b>This form is required of all applicants.</b></p> <p><b>Action</b></p> <ul style="list-style-type: none"> <li>For applicants with an MD degree, view the <a href="#">American Medical Association Physician Profile Data</a> – 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 choose the option, “Send to medical Licensing Board”, choose the State (Wisconsin).</li> <li>For applicants with a DO degree, view the <a href="#">AOA “DO Profiles”</a> – Select “Physicians...Send your profile”....follow website instructions.</li> </ul>

No.	Item	Comments/Action
13	<b>USMLE Step 3 Examination Information</b>  <i>USMLE Step 3 Application</i>	<b>Comments</b>  <b>It is the responsibility of D.O. applicants who are NOT taking USMLE Step 3 to pursue COMLEX-USA Level III separately.</b>  <b>Action</b> <ol style="list-style-type: none"> <li>1. <b>Select “Begin the USMLE Step 3 Application” on the FSMB website.</b></li> </ol> <b>The FSMB will not authorize you to schedule Step 3 until they receive your payment.</b>
14	<b>Official Transcripts</b>	<b>Comments</b>  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.  The FSMB has no access to National Board scores. Applicants needing those scores will need to contact either the <a href="#">NBME</a> or <a href="#">NBOME</a> .  <b>Action</b> If you have taken NBME or NBOME exams, obtain your scores through <a href="#">NBME</a> or <a href="#">NBOME</a> .  The vast majority of the housestaff will need to request USMLE <a href="#">transcripts online</a> to be sent to Wisconsin Medical Examining Board.
15	<b>NPDB</b>  <i>National Practitioner Data Bank</i>	<b>Comments</b> 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.  <b>Action</b> <b>On the <a href="#">NPDB homepage</a>. View topics regarding the self-query process on lower half of page.</b> <ul style="list-style-type: none"> <li>• <b>Select "Place a Self-Query order".</b></li> </ul> <b>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.</b> <b><u><a href="#">FORWARD ALL PARTS OF THE REPORT DIRECTLY TO THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS).</a></u></b>

No.	Item	Comments/Action
		<p><b>If you receive a rejection notice, follow the accompanying instructions.</b></p> <p><b>For further information, please refer to Form 570 (page ii).</b></p>
16	<b>Other Required Items</b>	<p><b>Comments</b></p> <ul style="list-style-type: none"> <li>• Photocopy of ECFMG Certificate (if foreign medical school graduate) with “valid indefinitely” status.</li> <li>• Photocopies of Malpractice Suits (court documents with allegations and settlement if under 10 years)</li> <li>• Legal Documents Pertaining to Name Change (photocopy acceptable)</li> </ul>
17	<b>Licensed in any other State?</b>	<p><b>Action (this may take additional review time)</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. Contact each Board you held or hold a license to see if a fee is required.</li> <li>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.</li> </ol> <p><b>MINNESOTA LICENSEES</b> - Applicants with a current license in the State of Minnesota have a shortened WI licensure application process. (See forms specific to <a href="#">Minnesota licensees</a> )</p>
18	<b>Oral Exam</b>	<p><b>Comments</b></p> <p><b>Few applicants are required to take an Oral Exam.</b> 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><b>Action</b> All oral exams will be administered when the Medical Examining Board meets. Available dates will be provided by the State of Wisconsin.</p>

No.	Item	Comments/Action
		<i>For further information, please refer to Form 570 (page iii).</i>
19	<b>Checking Status of License Application</b>	<p><b>Comments</b> It may take up to 20 working days to process and to post the forms that have been received online.</p> <p><b>Action</b> View <a href="#">Status of License Application</a></p>
20	<b>License Application Approved</b>	<p><b>Comments</b> Once your application is complete, check the department's website for your official credential number and grant date.</p> <p><b>Action</b></p> <ol style="list-style-type: none"> <li>1. View "<a href="#">Wisconsin Credential/License Search</a>" page.</li> <li>2. Enter your last name; enter your first name (optional)</li> <li>3. Under Professions, select "Medicine &amp; Surgery, MD" or Medicine &amp; Surgery, DO"</li> <li>4. Select "Search". View a more detailed assessment by selecting your name.</li> </ol>

## Acronyms and Website