

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dsps.wi.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD REQUEST FOR PHYSICIAN PROFILE DATA

FEES:

AOA Members - No Charge
Non-Members - \$20.00

**APPLICANT: PLEASE COMPLETE THIS FORM AND FORWARD DIRECTLY TO THE AMERICAN
OSTEOPATHIC ASSOCIATION AT THE ADDRESS BELOW:**

American Osteopathic Association
Physicians' Biographic Records
142 East Ontario St.
Chicago IL 60611-2864
800-621-1773, Ext. 8145
FAX: (312) 202-8206
AOA Website (www.aoa-net.org)

The **State of Wisconsin** requests a physician profile concerning the following individual:

Name

Daytime Phone Number

Address

Year of Graduation (from Med. Sch) / Degree

City, State and Zip

E.C.F.M.G. Number

Date of Birth

AOA Number

Social Security Number

Physician's Signature

Date

ATTENTION: AMERICAN OSTEOPATHIC ASSOCIATION

Please mail the response directly to the Wisconsin Medical Examining Board at the following address:

Department of Safety & Professional Services
Medical Examining Board
PO Box 8935
Madison WI 53708

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