

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## MEDICAL EXAMINING BOARD

### PHYSICIAN RESIDENT EDUCATIONAL LICENSE - AFFIDAVIT OF HOSPITAL AUTHORITY

The President/Dean or a delegate of the President/Dean of the training program must complete this form if the applicant has been or will be accepted into a post-graduate training program accredited by the ACGME/AOA.

Applicant Name:

Name of Hospital:

Address of Hospital:

The above listed applicant has made application for post-graduate training in this Hospital under the provision of a Resident Educational License, which will entitle him/her to receive training under our supervision for a period not to exceed one (1) year, with renewals at the discretion of the Medical Examining Board, not to exceed four (4) additional years, upon recommendation of the Administrator of this hospital.

We have examined the credentials of the Physician listed above and find that he/she meets the requirements of the Medical Examining Board regulations governing these licenses, and are satisfactory to this Hospital. I hereby recommend that the Board consider this application for a Resident Educational License, with his/her post-graduate training to begin as stated below.

Start Date of Training:  /  /

Printed Name of President/Dean or delegate of the President/Dean of the Program:

Signature of President/Dean or delegate of the President/Dean of the Program:

Date signed  /  /

**Hospital/Facility, please return directly to:**

DSPS  
Attn: Medical Examining Board  
P.O. Box 8935  
Madison, WI 53708-8935

**Or you may fax/email with facility cover sheet/letter to:** (608) 261-7083 or [DSpscCredMedBD@wisconsin.gov](mailto:DSpscCredMedBD@wisconsin.gov).