

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

MEDICAL EXAMINING BOARD COMPACT AFFIDAVIT

AFFIDAVIT OF APPLICANT

I declare that I am not, to the best of my knowledge, under investigation by the Drug Enforcement Administration, any law enforcement agency, facility that grants privileges, medical board, or any other entity not listed here.

I understand that making any materially false statement and/or giving any materially false information in connection with my application to obtain a Letter of Qualification from the Wisconsin Medical Examining Board shall be deemed a violation of the Wisconsin Medical Practice Act and the Wisconsin Administrative Code and may result in disciplinary action.

By signing below, I am signifying that I have read the above statements and understand the obligation I have, as a credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant's Printed Full Name:

Signature:

Date:

--	--	--	--	--	--	--	--	--	--