

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
 Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
 Website: <http://dsps.wi.gov>

## MEDICAL EXAMINING BOARD

### PHYSICIAN MALPRACTICE SUITS OR CLAIMS FORM

**INSTRUCTIONS:** Form must be completed in its entirety by the license applicant. Provide applicant information and signature. Select application type (initial or renewal application) and provide suit or claim information **using the corresponding instruction.**

**APPLICANT INFORMATION:** (required)

<b>Name of Applicant:</b>			
<b>Application ID Number:</b> (if applicable)	<b>PAR-</b>		<b>If renewal, License Number:</b>

**AFFIDAVIT OF APPLICANT:**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential, or for renewal or reinstatement of a credential, may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

<b>Applicant Signature:</b> (Provide a digital signature or print and sign form.)	<b>Date:</b>										
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- INITIAL APPLICANT:** List all malpractice suits, claims, or settlements in which you were involved. For any malpractice suits resolved within the past ten (10) years, provide copies of claims/suits, final settlements, dispositions, or dismissed information. Provide response(s) below. **(Continue on Page 2 and/or attach additional sheets if necessary.)**
- RENEWAL APPLICANT:** List all malpractice suits, claims, or settlements in which you were involved since your last renewal. Please provide copies of claims/suits, final settlements, dispositions, or dismissed information. Provide response(s) below. **(Continue on Page 2 and/or attach additional sheets if necessary.)**

<b>Parties:</b>																							
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<b>Court and Case No.:</b>		<b>Disposition:</b>																					

**Did Suit/Claim result in any adverse action against any medical license issued by any licensing body? If yes, please explain.**

# Wisconsin Department of Safety and Professional Services

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