

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### PHYSICIAN DATA CENTER PRACTITIONER PROFILE REPORT (Not necessary if utilizing FCVS)

**APPLICANT:** Please complete this form and forward directly to the Federation of State Medical Boards.

Email: [Boardinquiry@fsmb.org](mailto:Boardinquiry@fsmb.org)

Fax: (817) 868-4099

Mail: Federation of State Medical Board, Inc. (FSMB)  
400 Fuller Wiser Rd Suite 300  
Eules, TX 76039-3855

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The State of Wisconsin requests a Physician Data Center Profile concerning the following individual:

Physician's Name

 /  / 

Date of Birth

Medical School

ECFMG Number

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Physician's Signature (Print and Sign Form)

Degree

 -  - 

Social Security Number

 /  / 

Year of Graduation

 /  / 

Date

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**FEDERATION OF STATE MEDICAL BOARDS:** Please respond directly to the Medical Examining Board.

Email: [DspsCredMedBD@wisconsin.gov](mailto:DspsCredMedBD@wisconsin.gov)

Mail: DSPS

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