

Wisconsin Department of Safety and Professional Services

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MEDICAL EXAMINING BOARD

PHYSICIAN DATA CENTER PRACTITIONER PROFILE REPORT REQUEST FORM

(Not necessary if utilizing FCVS)

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

Email: Boardinquiry@fsmb.org

Fax: (817) 868-4099

Mail: Federation of State Medical Board, Inc. ([FSMB](#))

400 Fuller Wisser Rd Suite 300

Eules, TX 76039-3855

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

Physician's Name

 / /

Date of Birth (mm/dd/yyyy)

Medical School

ECFMG Number

Application Number

Physician's Signature

(If unable to provide a digital signature, print and sign form.)

Degree

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Social Security Number (voluntary-for locating records)

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Year of Graduation (mm/dd/yyyy)

 / /

Date (mm/dd/yyyy)

FEDERATION OF STATE MEDICAL BOARDS: Please respond directly to the Medical Examining Board Department of Safety and Professional Services using the License Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.) Alternatively, provide the PDC Report to the Wisconsin Medical Examining Board via the Federation of State Medical Boards Wisconsin Portal.