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

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

MEDICAL EXAMINING BOARD

PHYSICIAN ASSISTANT CREDENTIALING INFORMATION

An applicant **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice as a Physician Assistant with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice as a Physician Assistant with reasonable skill and safety;
3. has been diagnosed with conditions that may create a risk of harm to a patient or the public;
4. has within the past two (2) years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of Physician Assistant education, postgraduate training, hospital practice, or other Physician Assistant employment;
6. has been disciplined or had certification denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime, the circumstances of which substantially relate to the practice of physician assistants;
8. has not practiced as a Physician Assistant for a period of three (3) years prior to application, unless the applicant has been graduated from an approved educational program for Physician Assistant within that period.
9. has been found to have been negligent in the practice as a Physician Assistant or has been a party in a lawsuit in which it was alleged that the applicant has been negligent in the practice of Medicine.

If you are selected to appear for an oral examination, an additional examination fee of $266.00 will be required prior to being scheduled.

ALL CANDIDATES are required to take an online examination on Wisconsin Statutes and Rules relating to Physician Assistant practice in this state. Instructions will be given upon initial review of the application. If you fail this examination, an additional fee of $75.00 will be required for you to retake it.

TEMPORARY LICENSE (only applicable to new graduates waiting to sit for the PANCE exam)
An applicant for licensure may apply to the Board for a temporary license to practice as a Physician Assistant if the applicant:

a. Remits the fees
b. Is a graduate of an approved school and is scheduled to take the examination for Physician Assistant required by Wis. Admin. Code § MED 8.05(1) or has taken the examination and is awaiting the results; or

Except as specified in par. (b) above, a **temporary license expires when any of the following occurs**:

- The date the Board grants or denies an applicant permanent licensure.
- The date the applicant is notified that he/she has failed the national certifying examination.

NATIONAL EXAMINATION SCORES (not applicable to Re-registration applicants)
Scores must come directly from NCCPA. To make the request go to: www.nccpa.net and sign in to your online record. Click on "Credentialing Info Release" to submit your request to send exam scores to the Wisconsin Board.

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MEDICAL EXAMINING BOARD

APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

☐ Your name, phone number, e-mail address, and address are available to the public. Check box to withhold street address/PO Box number, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Address (street, city, state, zip code)

Daytime Telephone Number

Mailing Address (if different)

Date of Birth

Social Security Number

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Ethnicity/gender status information is optional.

ETHNICITY: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Hispanic ☐ Other

SEX: ☐ M ☐ F

E-mail Address

School Name

School Address (street, city, state,)

Date Diploma Granted

Degree

APPLICATION FEES: Check applicable box. Make check to DSPS and attach to this application. To pay by credit card, see Form #3071.

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Initial Credential**
$ 60.00 Initial Credential Fee
$ 75.00 State Law Exam
$ 135.00 Total Fee Attached

☐ **Request for a Temporary License**
$ **10.00** In addition to the above fee (non-refundable)

☐ **Late Renewal** (licenses expired over 5 years)
$ 60.00 Application Fee
$ 75.00 State Law Exam
$ 25.00 Late Renewal Fee
$ 160.00 Total Fee Attached

For Receipting Use Only (23)

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #580**) and appropriate fee
- Letters from all State Boards where licensed, active and inactive
- Wisconsin Statutes and Rules Examination
- Certificate of Professional Education (**Form #1504**) (not applicable to Re-registration applicants)
- National Examination scores (go to: www.nccpa.net) (not applicable to Late Renewal applicants-lic expired 5+ yrs)
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the DSPS website at https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? ☐ Yes ☐ No
If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? ☐ Yes ☐ No
If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? ☐ Yes ☐ No
If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses (Form #3982).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at http://dsps.wi.gov and select "Professions," then "Physician Assistant."

PRACTICE: Account for all professional and nonprofessional activities and practice starting from the date of graduation to the present time. (attach additional sheet(s), if necessary)

Employer Name	**Job Title and Job Duties** (i.e. office staff, food service, PA, etc.)	**Location Of Employer** (City/State)	**Dates Employed** (Month/Year)
		(City)	(From) /
		(State)	(To) /
		(City)	(From) /
		(State)	(To) /
		(City)	(From) /
		(State)	(To) /

Wisconsin Department of Safety and Professional Services

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (Include all active and inactive states.)

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Medical Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

FOR TEMPORARY LICENSE: (not applicable to Late Renewal applicants)
Check one:

☐ I plan to take the next National Certifying Examination on: ___/___/___

☐ I have taken and passed the National Certifying Examination.

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health regarding communicable diseases?	☐ Yes ☐ No
2.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? **If yes, give details on an attached sheet, including the name of the profession and the agency.**	☐ Yes ☐ No
3.	Have you ever failed to pass any state board examination, national board examination, or NCPPA examination? **If yes, provide details on attached sheet**	☐ Yes ☐ No
4.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? **If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action**.	☐ Yes ☐ No
5.	Is disciplinary action pending against you in any jurisdiction? **If yes, attach a sheet providing details about pending action, including the name of the agency and status of action**.	☐ Yes ☐ No
6.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? **If yes, submit Convictions and Pending Charges (Form #2252)**.	☐ Yes ☐ No
7.	Are you incarcerated, on probation, or on parole for any conviction? **If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer**.	☐ Yes ☐ No
8.	Have any suits or claims ever been filed against you as a result of professional services? **If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829)**.	☐ Yes ☐ No
9.	Are you registered or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):**	☐ Yes ☐ No
10.	Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**	☐ Yes ☐ No

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For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a Physician Assistant " is to be construed to include all of the following:
1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned physician assistant judgments and to learn and keep abreast of physician assistant developments; and
2. The ability to communicate those judgments and physician assistant information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

11.	Do you have a medical condition, which in any way impairs or limits your ability to practice as a Physician Assistant with reasonable skill and safety? **If yes, please explain**.	☐ Yes ☐ No
12.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice as a Physician Assistant with reasonable skill and safety? **If yes, please explain**.	☐ Yes ☐ No
13.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? **If yes, please explain**.	☐ Yes ☐ No
14.	Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? **If yes, please explain**.	☐ Yes ☐ No
15.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? **If yes, please explain**.	☐ Yes ☐ No
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐ Yes ☐ No
17.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? **If yes, please explain**.	☐ Yes ☐ No

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

☐ A citizen or national of the United States, or

☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at http://www.uscis.gov.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

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 of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____ Date: __ __ / __ __ / __ __ __ __

(Print and Sign Form)