



**LICENSURE FORMS COMMITTEE
MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, Madison
Contact: Yolanda Y. McGowan (608) 266-2112
June 19, 2019**

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee. A quorum of the Board may be present during any committee meetings.

AGENDA

9:30 A.M.

(OR IMMEDIATELY FOLLOWING THE MEDICAL EXAMINING BOARD MEETING)

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Adoption of Agenda (1)**
- B. Approval of Minutes of March 20, 2019 (2)**
- C. Administrative Updates**
 - 1. Board, Department and Staff Updates
- D. Review of Application and Renewal Forms – Discussion and Consideration**
 - 1. Renewal Forms – Paper Renewal Follow-Up **(3-14)**
- E. Next Steps**
- F. Public Comments**

ADJOURNMENT

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. To confirm a meeting or to request a complete copy of the committee's agenda, please call the listed contact person. The committee may consider materials or items filed after the transmission of this notice. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112

**LICENSURE FORMS COMMITTEE
MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 20, 2019**

PRESENT: David Bryce, M.D.; Bradley Kudick; Lee Ann Lau, M.D.

EXCUSED: David Roelke, M.D.; Padmaja Doniparthi, M.D.

STAFF: Yolanda McGowan, DPD Division Administrator; Dale Kleven, Administrative Rule Coordinator, Kate Stolarzyk, Bureau Assistant; and other Department staff

CALL TO ORDER

Yolanda McGowan, DPD Division Administrator, called the meeting to order at 9:20 a.m. A quorum of three (3) members was confirmed.

ADOPTION OF AGENDA

MOTION: Lee Ann Lau moved, seconded by Bradley Kudick, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 20, 2019

MOTION: Lee Ann Lau moved, seconded by David Bryce, to adopt the minutes of February 20, 2019 as published. Motion carried unanimously.

ADJOURNMENT

MOTION: David Bryce moved, seconded by Lee Ann Lau, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:44 a.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Joe Nartowicz - Records Management Program Supervisor		2) Date When Request Submitted: 3/25/2019 Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Medical Examining Board - Licensure Forms Committee			
4) Meeting Date: 4/17/2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Renewal Forms - paper renewal follow-up	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: To follow-up & discuss the request by the Board to add additional pages to our aper renewal forms, as well as questions to both the paper & online formats. Also to provide a mock paper renewal form.			
11) Authorization			
Joe Nartowicz		3/25/2019	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Wisconsin Dept. of Safety & Professional Services
Professional Credential Processing - Renewal Unit
PO Box 8935
Madison, WI 53708-8935
ADDRESS SERVICE REQUESTED

Office: 4822 Madison Yards Way
Email: dsps@wi.gov
Phone: 608-266-2112
FAX: 608-251-3036
Web: http://dsps.wi.gov
TRS: 800-947-3529

**State of Wisconsin
Department of Safety and Professional Services**

70729 - 020

MEDICINE AND SURGERY RENEWAL

Credential Renewal Fee Schedule:

due before 11/1/2017

**Total Owed: \$166.00
Total Paid: \$0.00
Balance Owed: \$166.00**

MADELEINE O'KEEFE MD
8215 GRIDLEY AVE
WAUWATOSA, WI 53213

It is time to renew your license/credential from the Department of Safety and Professional Services.

- Processing time varies and can be approximately 10-15 working days. If you would like your license/credential fully renewed, please have all paperwork to the department 10-15 days
- A late fee will be assessed if postmarked date is after the expiration date.
- **Please SEE REVERSE SIDE for additional information and requirements for renewal.**

Internet renewal is available at <http://dsps.wi.gov> under "Online Services."

- Avoid delays in your renewal due to incomplete or missing information. Renewing online is fast, easy and secure.
- You will need your license/credential number and PIN that appear on the coupon **below** to access online renewal.
- The DSPS no longer sends a hard copy of a new or renewed license/credential. Please see the "Important information" section on the back of this notice.

For paper renewal, please follow the instructions below.

- Name and address information provided to the Department is available for public inspection under Wisconsin law.
- You may substitute a business address as your address of record on file with the Department.
- You may also check the box on the form below to declare that your street address and/or PO Box # not be disclosed on any list of ten or more individuals that the department furnishes to another person per Wis. Stat. § 440.14.
- Fill in the gray boxes on the form below to show the **amount paid**.
- Please pay by credit card, check or money order **made payable to DSPS (Department of Safety and Professional Services)**.

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

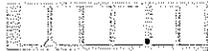
COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE

020R1/16CH.440

Detach and return coupon with payment

STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

Medicine and Surgery

CREDENTIAL NO: STATUS: TOTAL DUE: DUE DATE: PIN: AMT PD. \$ 

70729 - 020 ACTIVE \$166.00 10/31/2017 K2CGJX

VISA MASTERCARD AMEX DISCOVER

CARD #: _____

EXP. DATE: _____

SIGNATURE: _____

Do not disclose my street address/PO Box # on lists

PLEASE PRINT NAME/ADDRESS
CHANGES IN THE SPACE BELOW

MADELEINE O'KEEFE MD
8215 GRIDLEY AVE
WAUWATOSA, WI 53213
mokeefe@mcw.edu

STATE OF WISCONSIN
DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES
PO BOX 2974
MILWAUKEE WI 53201-2974

DO NOT WRITE BELOW THIS POINT - CONTINUED ON BACK

02000707290001410000166000

Additional Requirements for Renewal:

70729 - 020

1. Review Legal Status Statement below.
2. Check, sign, date, and return the Certification of Continuing Education below.
3. Complete the Conviction Statement below.

IMPORTANT INFORMATION:

- If you do not renew your license/credential before 11/1/2017, you may not practice.
- By completing and returning my renewal paperwork to the DSPS, I understand that if information previously provided to the DSPS becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide this updated information to ensure the information on file for my license/credential remains current, valid, and truthful. I also understand that this includes and is not limited to license/credential holders of any of the credentials/licenses set forth in Wis. Stat. s. 440.03(13)(b) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the DSPS in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction.
- The DSPS no longer sends a physical copy of a new or renewed license/credential. You should receive an email or a letter from the DSPS telling you to go online to print the license/credential off of our website. There is also an option for you to order a printed wall certificate or a Governor signed wall certificate from the DSPS for an additional \$10. (Note: The DSPS prints the same document as is available to print at home.)
- If you fail to renew within five years after license/credential expiration, you may be required to complete additional requirements to restore your license/credential.
- Making a false statement in connection with any application for license/credential is grounds for revocation or denial.
- Full payment must be received by the DSPS before your license/credential will be issued. If you do not apply for renewal by the renewal deadline, your license/credential will expire and you may no longer practice.

COMPLETE ADDITIONAL INFORMATION BELOW.

020R1/16CH.440

Legal Status Statement:

70729 - 020

If you do not have a Social Security Number on file with us or are exempt from having a Social Security Number, and/or your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since your last renewal (or the issuance of your license if you have not renewed before), please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or dspd@wisconsin.gov. I have read and acknowledge this information.

Certification of Continuing Education: (check, sign and date below)

I have completed 30 hours* of AMA or AOA Category I Continuing Education, including two (2) hours of a Board-approved course related to the Board's Opioid Prescribing Guidelines, pursuant to Wis. Admin. Code ch. Med 13**. I will furnish evidence of completion to the Medical Examining Board upon request.

*Three (3) months of approved post-graduate training is equivalent to 30 hours of Category I credits. Wis. Admin. Code ch. Med 13.04.

**Pursuant to Wis. Admin. Code ch. Med 13.02(1g)(b), physicians that do NOT hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are NOT required to complete two (2) hours of a Board-approved course relating to the Board's Opioid Prescribing Guidelines.

Conviction Statement: (check one)

Since your initial licensure or last renewal, do you have any pending charges and/or have you been convicted of any crimes (does not include minor traffic violations that do not involve alcohol or drugs, such as speeding, running stoplights, and seat belt violations).

YES NO

Signature: _____ Date: _____

ANSWER THE FOLLOWING QUESTIONS

(attach additional sheet(s) if necessary)

1.	Since your last renewal <i>or</i> initial licensure (if this is your first renewal), have you been reprimanded, demoted, disciplined, cautioned, placed on probation, limited in your practice, placed on or taken leave (except vacation), or terminated by any employer, educational institution, training program, licensing board, hospital, medical facility, professional society, specialty board, or medical body for any reason? If yes, attach a sheet providing details about the action, including the name of the entity and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Since your last renewal <i>or</i> initial licensure (if this is your first renewal), has the Drug Enforcement Administration withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Since your last renewal <i>or</i> initial licensure (if this is your first renewal), have any suits or claims been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. The purpose of the following questions is to determine the current fitness of the applicant to practice medicine. The following inquiries concern medical, mental health and substance misuse issues. This information is treated confidentially by the Board. The mere fact of treatment for medical conditions, mental health conditions, or substance misuse is not, in itself, a basis on which an applicant is ordinarily denied licensure when he/she has demonstrated personal responsibility and maturity in dealing with these issues. The Board encourages applicants who may benefit from such treatment to seek it. The Board may deny a license to applicant whose ability to function in the practice of medicine or whose behavior, judgement, and understanding is impaired by substance misuse or a medical or mental health condition.

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

"Ability to practice medicine" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned medical judgments and to learn and keep abreast of medical developments; and
2. The ability to communicate those judgments and medical 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, mental retardation, 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 sheet(s) if necessary)

Do you have a medical, physical or mental condition, which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If no, you may skip questions 16. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to question 15, are the limitations or impairments caused by your medical, physical or mental condition reduced or ameliorated because you receive ongoing treatment (with or without medications), participate in a monitoring program, or 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use chemical substance(s), as defined above, that in any way impair, or limit your ability to practice medicine with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently (within the last two years) engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to question 18, are you 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the renewal 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.

PENDING CHARGES/CONVICTIONS

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

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

Signature: Date: / /

2017 Medicine & Surgery Renewal Instructions

Step 1

- Log in using your license number and pin number. If you don't know your PIN, you can [click here](#) to use our PIN look-up tool located on our website.

Wisconsin Department of Safety and Professional Services Web Applications

Login Application Status DSPS Home Page License Look-up Main Menu PIN Look-up 	User Login Credential/License Number: <input type="text"/> PIN: <input type="text"/> Forgot Your PIN? <input type="button" value="Login"/> Building/Construction professionals should contact us directly at DSFSSBCredentialing@wi.gov (608) 266-2112 for address updates and questions about obtaining a copy of their credential. New applicants or pending applicants are unable to change their name and address online. Please email the department at dsp@wisconsin.gov and provide your application ID number, profession applied for and the changes.
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Step 2

- Once you have logged into the portal, select Renew License from the Main Menu.

Main Menu

[Update Profile](#)

Update your name, mailing address, phone number and email address

[Renew License](#)

Complete all steps necessary to renew your license

[Payment Inquiry](#)

Check on the status of your payment after renewing.

[Print Wall Certificate](#)

Print your Wall Certificate.

[Download Wall Certificate](#)

Download your Wall Certificate.

[Print Wallet Card](#)

Print your Wallet Card.

[Download Wallet Card](#)

Download your Wallet Card.

[Print Governor-signed Wall Certificate](#)

Print your Governor-signed Wall Certificate.

[Download Governor-signed Wall Certificate](#)

Download your Governor-Signed Wall Certificate.

Wall Certificates and Governor Certificates can also be purchased for \$10. Complete and return this [order form](#).

[Logout](#)

Logout

Step 3

- Carefully read through Step 3 then click continue.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

Welcome, let's begin your renewal.

Please Note: The online renewal process takes **2 full business days** to process fully in our system and payment will not post to your license until the following business day.

The Department of Safety and Professional Service (DSPS) no longer sends a physical copy of a new or renewed license. You should receive an email or a letter from the DSPS telling you to go online to print the license off of our website. There is also an option for you to order a printed wall certificate or a Governor signed wall certificate from DSPS for an additional \$10. (Note: DSPS prints the same document as is available to print at home.) Here is the link to the form: [Duplicate License/Governor Wall Cert Order Form](#).

We accept VISA, MasterCard, Discover, American Express and Electronic Checks.

[Payment Inquiry](#) - view information about previously submitted payments.

All fields must be completed. Please keep in mind that making a false statement in connection with any application for credential is grounds for revocation or denial.

System maintenance is done between 11:30 pm and 01:30 am everyday. During these times the application will not be available. We apologize for any inconvenience this may cause.

Step 4

- Carefully read through Step 4 then click continue.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

Name/Address Change Information

On the next screen, you will be asked to update your address (where you would like things **Mailed**), name, phone number and email address. Please **ONLY** make changes if the information listed is incorrect. Also, please verify the email address on file is correct.

If you have a name change, you will need to submit proof of the name change to the Department including your license/credential number, date of birth and last four (4) digits of your SSN (Social Security Number). Please include a note to change it from (Old name) to (New name) and include your license number. The proof can be faxed to 608-251-3036 or mailed to the following: DSPS - Attn: Renewal, PO Box 8935, Madison, WI 53708-8935.

You will need to enter the last four (4) digits of your FEIN (Federal Employer Identification Number) **or** SSN if you do not have a FEIN, in order to continue forward with the renewal process.

If you have any questions, you may contact the Department at 608-266-2112 or email to dsps@wisconsin.gov.

Step 5

- Carefully read through your personal and contact information for accuracy. Please note that any name changes require proof of name change and should be submitted to the department via mail, fax, or email. To continue, enter your last 4 of SSN then click continue.

Professional Credential Renewal

Make sure the **mailing address for your credential** and your contact information are correct. If any of the fields with a * are blank you must add the information. Profile updates take 1 business day to process.

Do not use the back button on your browser.

Press Continue when finished.

Personal		
First Name:	<input type="text" value="Jane"/>	*
Middle Name:	<input type="text"/>	
Last Name:	<input type="text" value="Doe"/>	*
Gender:	<input type="text" value="female"/>	▼
Date of Birth:	<input type="text" value="1/1/1900"/>	*
	<small>(mm/dd/yyyy)</small>	
Last 4 of SSN:	<input type="text" value="####"/>	*
Contact		
Email:	<input type="text" value="jdoe@wisconsin.gov"/>	*
Phone:	<input type="text" value="555"/> <input type="text" value="5555555"/>	ext. <input type="text"/>
Mailing Address		
Country:	<input type="text" value="United States"/>	▼
Attention:	<input type="text"/>	
Address 1:	<input type="text" value="1400 E Washington Ave"/>	*
	<small>Street Address, P.O. Box, etc.</small>	
Address 2:	<input type="text"/>	
	<small>Apartment, suite, unit, building, floor, etc.</small>	
City:	<input type="text" value="Madison"/>	*
State:	<input type="text" value="Wisconsin"/>	▼ *
Zip:	<input type="text" value="53708"/>	*
Zip +4:	<input type="text"/>	

Continue

Step 6

- Carefully read through each affidavit and check that you have read and understand. The last question pertains to any pending charges and/or convictions. Please note that answering Yes to the Conviction Declaration will not complete this requirement. If you have any pending charges and/or convictions you must complete and submit [Form #2252](#) via mail, fax, or email.

Professional Credential Renewal

Credential Number: ██████████ **Profession:** Medicine and Surgery
Renew By: 10/31/2017 **Renewal Fee:** \$141.00 **Late Fee:**

Affadavit of Credential Holder

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 license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof, or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

I have read and I understand the above affidavit of credential holder statement.

Continuing Duty of Disclosure

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

I have read and I understand the above continuing duty of disclosure statement.

Affidavit/Licensee Charges or Convictions

LICENSE/HOLDER CHARGES OR CONVICTIONS

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

I have read and understand the above statement regarding the responsibility to report any convictions or misdemeanors, since the issuance or last renewal of my license.

Conviction Declaration Statement

Since your initial licensure or last renewal, do you have any pending charges and/or have you been convicted of any crimes (does not included minor traffic violations that do not involve alcohol or drugs, such as speeding, running stoplights, and seat belt violations).

- Yes
 No

Continue

Step 7

- Carefully read the legal status and check to continue. Please note that a change in legal status should be reported when your SSN, Name, or Address have changed since your last renewal.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

Legal Status
If your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since the issuance of your credential or your last renewal, please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or dsps@wisconsin.gov . I have read and acknowledge this information. <input type="checkbox"/>

Step 8

- Please select all specialties that currently apply to your credential excluding disabled specialties.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

Specialties
Please select all specialties that currently apply. Disabled specialties may only be selected at time of initial application.
<input type="checkbox"/> ACADEMIC MEDICINE
<input type="checkbox"/> ADMINISTRATIVE MEDICINE
<input type="checkbox"/> AEROSPACE MEDICINE
<input type="checkbox"/> ALCOHOLISM - CHEMICAL DEPENDENCY
<input type="checkbox"/> ALLERGY - IMMUNOLOGY
<input type="checkbox"/> ANESTHESIOLOGY
<input type="checkbox"/> AVIATION MEDICINE
<input type="checkbox"/> DERMATOLOGY
<input type="checkbox"/> EMERGENCY MEDICINE
<input type="checkbox"/> ENDOCRINOLOGY
<input type="checkbox"/> FAMILY PRACTICE

Step 9

- Carefully read through Step 9 then click continue.

Professional Credential Renewal

Credential Number: ██████████ **Profession:** Medicine and Surgery
Renew By: 10/31/2017 **Renewal Fee:** \$141.00 **Late Fee:**

Continuing Education Audit

The Medical Examining Board will conduct a Continuing Education compliance audit for Medicine and Surgery (MD) for the most recent biennium. Audit letters will be sent to randomly selected MD license/credential holders beginning in March 2018 in order to verify that 30 hours of AMA or AOA category I continuing education with two of the hours via a Board-approved course on responsible opioid prescription was completed by the randomly selected licensed MDs before December 31, 2017. License/credential holders selected for the audit will be notified in the audit notification letter that they must submit certificates of attendance to the Department verifying that they have completed the 30 required hours of continuing education. If your address on file is not current, you are encouraged to send notice of the address update to the Renewal Unit prior to December 31, 2017.

Continue

Step 10

- Carefully read the statement of continuing education then check to continue. Please note that you must check to continue and checking is considered an attestation to completing the continuing education by 12/31/2017.

Professional Credential Renewal

Credential Number: ██████████ **Profession:** Medicine and Surgery
Renew By: 10/31/2017 **Renewal Fee:** \$141.00 **Late Fee:**

I have completed or will complete 30 hours* of AMA or AOA Category I Continuing Education, including two (2) hours of a Board-approved course related to the Board's Opioid Prescribing Guidelines, pursuant to [Wis. Admin. Code ch. Med 13](#)** , on or before December 31, 2017. I will furnish evidence of completion to the Medical Examining Board upon request.

*Three (3) months of approved post-graduate training is equivalent to 30 hours of Category I credits. [Wis. Admin. Code ch. Med 13.04](#).

Pursuant to [Wis. Admin. Code ch. Med 13.02\(1g\)\(b\)](#), physicians that do **NOT hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are **NOT** required to complete two (2) hours of a Board-approved course relating to the Board's Opioid Prescribing Guidelines.

Continue

Step 11

- Read and check if you would like to serve as an expert witness. Please note if you do not want to serve as an expert witness, you may click continue without checking the box.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

Expert Witness
<input type="checkbox"/> Please check here if you are willing to serve as an expert witness in disciplinary proceedings.

Continue

Step 12

- Read and check if you would like to opt-out of disclosing your street address on any list requests of ten or more licensees provided by the department.

Professional Credential Renewal

Credential Number: ██████████	Profession: Medicine and Surgery
Renew By: 10/31/2017	Renewal Fee: \$141.00 Late Fee:

List Opt-Out
Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.
<input type="checkbox"/> Please do not disclose my street address and/or PO Box # on lists

Continue

Step 13

- Please read carefully and continue to the US Bank payment page to pay your renewal fee.