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**LICENSURE FORMS COMMITTEE  
MEDICAL EXAMINING BOARD  
Room N208, 4822 Madison Yards Way, Madison  
Contact: Yolanda Y. McGowan (608) 266-2112  
August 21, 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**
- B. Approval of Minutes of June 19, 2019**
- C. Administrative Updates**
  - 1. Department, Staff, and Board Updates
- D. Review of Application and Renewal Forms – Discussion and Consideration**
  - 1. Physician Initial Application
  - 2. Physician Renewal Application
- E. Next Steps**
- F. Public Comments**

**ADJOURNMENT**

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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  
JUNE 19, 2019**

**PRESENT:** David Bryce, M.D.; Padmaja Doniparthi, M.D.; Bradley Kudick; Lee Ann Lau, M.D.; David Roelke, M.D.

**STAFF:** Yolanda McGowan, DPD Division Administrator; Kimberly Wood, Program Assistant Supervisor-Adv.; and other Department staff

**CALL TO ORDER**

Yolanda McGowan, Division Administrator, called the meeting to order at 10:44 a.m. A quorum of five (5) members was confirmed.

**ADOPTION OF AGENDA**

**MOTION:** David Roelke moved, seconded by Bradley Kudick, to adopt the Agenda as published. Motion carried unanimously.

**APPROVAL OF MINUTES OF MARCH 20, 2019**

**MOTION:** David Roelke moved, seconded by Padmaja Doniparthi, to adopt the Minutes of March 20, 2019 as published. Motion carried unanimously.

**ADJOURNMENT**

**MOTION:** David Bryce moved, seconded by David Roelke, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 11:26 a.m.

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

**AGENDA REQUEST FORM**

<b>1) Name and Title of Person Submitting the Request:</b>  <b>Joe Nartowicz - Records Management Program Supervisor</b>		<b>2) Date When Request Submitted:</b>  <b>6/21/19</b>  Items will be considered late if submitted after 4:30 p.m. and less than: <ul style="list-style-type: none"> <li>▪ 10 work days before the meeting for Medical Board</li> <li>▪ 14 work days before the meeting for all others</li> </ul>	
<b>3) Name of Board, Committee, Council, Sections:</b>  <b>Medical Examining Board - Licensure Forms Committee</b>			
<b>4) Meeting Date:</b>  <b>7/17/19</b>	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> <b>MD Renewal Forms</b>	
<b>7) Place Item in:</b> <input type="checkbox"/> Open Session <input checked="" type="checkbox"/> Closed Session <input type="checkbox"/> Both	<b>8) Is an appearance before the Board being scheduled?</b>  <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b>  <b>Attached is an updated mock paper renewal form for review/discussion, along with a copy of form #2829.</b>			
<b>11) Authorization</b>			
<b>Joe Nartowicz</b>		<b>6/21/19</b>	
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			
<b>Directions for including supporting documents:</b> 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

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

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.
- 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 "Self Service."

- 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

020R6/19CH.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:  
[REDACTED] ACTIVE \$166.00 10/31/2017 HRGD33

AMT PD. \$



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

[REDACTED ADDRESS]

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

02000713010001410000166004

Additional Requirements for Renewal

71301 - 020

- Review the Certificate of Legal Status statement below.
- Complete the Continuing Education (CE) Statement below.
- Answer, sign and date the Conviction Statement below.

**IMPORTANT NOTICE:**

- If you do not renew your license/credential before 11/1/2019, 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.

020R6/19CH.440

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 ~~71301~~ **020** 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 [dsp@wisconsin.gov](mailto:dsp@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 last renewal or initial licensure (if this is your first renewal), do you have any pending charges, and/or have you violated any federal or state laws, or any local ordinances (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 \_\_\_\_\_

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 an applicant whose ability to function in the practice of medicine or whose behavior, judgment, 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.

**PLEASE ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

1.	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 3. <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If yes to question 1, 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	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
5.	If yes to question 4, 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

7.	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? <b>If yes, attach a sheet providing details about the action, including the name of the entity and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	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? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Since your last renewal <i>or</i> initial licensure (if this is your first renewal), have there been any medical malpractice claims resulting in payouts made on your behalf? <b>If yes, please submit Malpractice Suits or Claims (Form #2829).</b>	<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: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_



