



MEDICAL EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Valerie Payne (608) 266-2112
February 19, 2020

The following agenda describes the issues that the Board 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 Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of January 15, 2020 (6-14)

C. Introductions, Announcements and Recognition

- 1) Sumeet Goel, D.O. – Physician Member (Replaces: Capodice) – 7/1/2023

D. Conflicts of Interest

E. Administrative Matters

- 1) Board, Department and Staff Updates
- 2) Board Members – Term Expiration Dates
 - a. Alaa Abd-Elsayed – 7/1/2020
 - b. Milton Bond, Jr. – 7/1/2023
 - c. David A. Bryce – 7/1/2021
 - d. Michael Carton – 7/1/2020
 - e. Clarence Chou – 7/1/2023
 - f. Padmaja Doniparthi – 7/1/2021
 - g. Sumeet Goel – 7/1/2023
 - h. Bradley Kudick – 7/1/2020
 - i. Lee Ann Lau – 7/1/2020
 - j. David Roelke – 7/1/2021
 - k. Kenneth Simons – 7/1/2018
 - l. Sheldon Wasserman – 7/1/2023
 - m. Timothy Westlake – 7/1/2020
- 3) Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 4) Screening Panel and Examination Panel Appointments
- 5) Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest

F. Legislative and Policy Matters – Discussion and Consideration

- 1) Press Release of January 22, 2020 “Secretary-designee Dawn Crim Champions Three Bills to Improve Credentialing Process, Shorten Wait Times for License Applicants **(17-18)**
- 2) LRB-5272, Relating to Procedures for Granting Credentials Granted by the Department of Safety and Professional Services and Credentialing Boards, and Extend Time to Promulgate Rules **(19-21)**
- 3) LRB-5235, Relating to Procedures for Granting Credentials Granted by the Department of Safety and Professional Services and Credentialing Boards, Extending the Time Limit for Emergency Rule Procedures, and Providing an Exemption from Emergency Rule Procedures **(22-27)**
- 4) LRB-5239, Relating to Allowing the Department of Safety and Professional Services and Credentialing Boards to Grant Credentials with Provisional Status, Extending the Time Limit for Emergency Rule Procedures, Providing an Exemption from Emergency Rule Procedures, and Granting Rule-Making Authority **(28-31)**
- 5) 2019 Senate Bill 399, Relating to Temporary Practice by Physicians at Camps, Providing an Exemption from Emergency Rule Procedures, and Granting Rule-Making Authority **(32-35)**

G. Administrative Rule Matters – Discussion and Consideration

- 1) Pending or Possible Rulemaking Projects

H. Report of Recommendations from the Medical Examining Board Licensure Forms Committee – Discussion and Consideration **(36-68)**

I. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration

- 1) USMLE Announcements **(69-71)**
 - a. USMLE Program Announces Upcoming Policy Changes
 - b. Potential Impact of Coronavirus on USMLE Examination Administrations
- 2) Resolutions for 2020 FSMB House of Delegates (Due February 28) **(72-73)**
- 3) FSMB 2020 Annual Meeting – April 29-May 2, 2020 – San Diego, CA **(74-81)**

J. Controlled Substances Board Report – Timothy Westlake

K. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners

L. Newsletter Matters – Discussion and Consideration

M. Screening Panel Report

N. CE Broker – Discussion and Consideration

O. Future Agenda Items

P. Discussion and Consideration of Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates

- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Policy Matters
- 11) Administrative Rule Matters
- 12) Liaison Reports
- 13) Board Liaison Training and Appointment of Mentors
- 14) Informational Items
- 15) Division of Legal Services and Compliance (DLSC) Matters
- 16) Presentations of Petitions for Summary Suspension
- 17) Petitions for Designation of Hearing Examiner
- 18) Presentation of Stipulations, Final Decisions and Orders
- 19) Presentation of Proposed Final Decisions and Orders
- 20) Presentation of Interim Orders
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

Q. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

R. Credentialing Matters

- 1) **Waiver of Post-Graduate Training**
 - a. Jose Exaire **(82-139)**
 - b. Michael Perez Rodriguez **(140-194)**

S. Deliberation on DLSC Matters

- 1) **Stipulations, Final Decisions and Orders**
 - a. 18 MED 001 – Douglas J. Woida, P.A. **(195-202)**
 - b. 18 MED 199 – Michael J. Melby, M.D. **(203-208)**
 - c. 18 MED 238 – Michael J. Schneider, M.D. **(209-214)**
 - d. 18 MED 327 – David J. Schwartz, M.D. **(215-221)**
 - e. 19 MED 081 – Amy L. Groff, D.O. **(222-227)**
 - f. 19 MED 398 – James F. Tierney, M.D. **(228-233)**
- 2) **Administrative Warnings**
 - a. 18 MED 199 – C.C.T. **(234-235)**
 - b. 18 MED 301 – R.M. **(236-237)**
 - c. 18 MED 553 – A.S. **(238-239)**
 - d. 19 MED 018 – R.S. **(240-241)**

- e. 19 MED 310 – P.B.D. **(242-243)**
- f. 19 MED 356 – J.M.D. **(244-245)**
- g. 19 MED 378 – M.R.L. **(246-248)**
- h. 19 MED 432 – J.B.M.C. **(249-251)**

3) Case Closings

- a. 17 MED 042 – H.W. **(252-255)**
- b. 17 MED 473 – S.D. **(256-267)**
- c. 17 MED 508 – J.M. **(268-274)**
- d. 18 MED 199 – D.D. **(275-289)**
- e. 18 MED 406 – D.W. **(290-316)**
- f. 19 MED 018 – R.K.M. & G.D.N. **(317-333)**
- g. 19 MED 481 – L.J.Z. **(334-338)**
- h. 19 MED 483 – M.D.H. & L.B.R. **(339-352)**
- i. 19 MED 488 – O.F. **(353-357)**

4) Monitoring

- a. Jesse Van Bommel – Requesting Termination of Order #2362 **(358-420)**

T. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Complaints
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Extension of Time
- 18) Petitions for Assessments and Evaluations
- 19) Petitions to Vacate Orders
- 20) Remedial Education Cases
- 21) Motions
- 22) Petitions for Re-Hearing
- 23) Appearances from Requests Received or Renewed

U. Open Cases

V. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

W. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

- X. Open Session Items Noticed Above Not Completed in the Initial Open Session
- Y. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL EXAMINATION OF CANDIDATES FOR LICENSURE

ROOM N207

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Examination of two (2) (at time of agenda publication) Candidates for Licensure – **Dr. Chou** and **Dr. Doniparthi**

NEXT DATE: MARCH 18, 2020

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. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**MEDICAL EXAMINING BOARD
MEETING MINUTES
JANUARY 15, 2020**

PRESENT: Alaa Abd-Elseyed, M.D.; Milton Bond, Jr., David Bryce, M.D; Mary Jo Capodice, D.O.; Clarence Chou, M.D.; Padmaja Doniparthi, M.D.; Bradley Kudick; David Roelke, M.D.; Kenneth Simons, M.D.; Sheldon Wasserman, M.D.; Timothy Westlake, M.D.

EXCUSED: Michael Carton, Lee Ann Lau, M.D.;

STAFF: Valerie Payne, Executive Director; Jameson Whitney, Legal Counsel; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Kenneth Simons, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with eleven (11) members present.

ADOPTION OF AGENDA

MOTION: Sheldon Wasserman moved, seconded by Bradley Kudick, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 18, 2019

MOTION: Sheldon Wasserman moved, seconded by David Bryce, to adopt the Minutes of December 18, 2019 published. Motion carried unanimously.

INTRODUCTIONS, ANNOUNCEMENTS, AND RECOGNITION

Sumeet Goel, M.D. – Physician Member (NOMINATED/Will Replace: Capodice) – 7/1/2023

MOTION: Bradley Kudick moved, seconded by David Roelke, to thank Mary Jo Capodice, D.O., for her service to the Medical Examining Board, including her service as Secretary, and the State of Wisconsin. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Timothy Westlake nominated Kenneth Simons for the Office of Chairperson.

Valerie Payne, Executive Director, called for nominations three (3) times.

Kenneth Simons was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Sheldon Wasserman nominated Timothy Westlake for the Office of Vice Chairperson.

Valerie Payne, Executive Director, called for nominations three (3) times.

Timothy Westlake was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Mary Jo Capodice nominated Sheldon Wasserman for the Office of Secretary.

Valerie Payne, Executive Director, called for nominations three (3) times.

Sheldon Wasserman was elected as Secretary by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Kenneth Simons
Vice Chairperson	Timothy Westlake
Secretary	Sheldon Wasserman

Appointment of Liaisons and Alternates

2019 LIAISON APPOINTMENTS	
Credentialing Liaison(s)	Sheldon Wasserman Clarence Chou Alternate: Lee Ann Lau, Sumeet Goel
Office of Education and Examinations Liaison(s)	David Roelke Alternate: David Bryce
Continuing Education Liaison(s)	Lee Ann Lau Alternate: Alaa Abd-Elseyed
Monitoring Liaison(s)	Padmaja Doniparthi Alternate: Clarence Chou
Professional Assistance Procedure (PAP) Liaison(s)	Padmaja Doniparthi Alternate: Alaa Abd-Elseyed
Legislative Liaison	Timothy Westlake, Sheldon Wasserman
Travel Liaison(s)	Kenneth Simons Alternate: David Bryce

Newsletter Liaison(s)	Bradley Kudick Alternate: Michael Carton
Prescription Drug Monitoring Program Liaison(s)	Timothy Westlake Alternate: David Bryce
Website Liaison(s)	Michael Carton Alternate: Milton Bond, Jr.
Administrative Rules Liaison(s)	David Roelke Alternate: Sumeet Goel
Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g) (MED)	Timothy Westlake

Delegation of Authorities

Document Signature Delegations

MOTION: David Roelke moved, seconded by Alaa Abd-Elseyed, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: David Roelke moved, seconded by Bradley Kudick, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Padmaja Doniparthi moved, seconded by David Roelke, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Monitoring Delegations

MOTION: David Roelke moved, seconded by Bradley Kudick, to adopt the “Roles and Authorities Delegated to the Monitoring Liaison and Department Monitor” as amended from the January 15, 2020 agenda materials as follows: Strike Paragraph 10, regarding liaison acceptance of voluntary surrenders. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison (Denial Decisions)

MOTION: David Roelke moved, seconded by Alaa Abd-Elseyed, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between DSPS and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them except that potential denial decisions shall be referred to the full Board for final determination. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Timothy Westlake moved, seconded by Bradley Kudick, to delegate authority to the DSPS attorneys to review and approve ordinance violations which are not substantially related to the practice of medicine, limited to:

1. Littering
2. Loitering
3. Up to two (2) Underage Drinking
4. One (1) OWI two or more years prior to application
5. Trespassing
6. Disturbing the Peace

Motion carried unanimously.

MOTION: David Roelke moved, seconded by Sheldon Wasserman, to delegate authority to DSPS attorneys to review and approve conviction reviews for Medicine & Surgery (Physicians) applications which have previously been approved for a full Resident Educational License (REL) license after a criminal background check and there have been no new violations or convictions since the previous license approval. Motion carried unanimously.

Council Delegation Motion

MOTION: Mary Jo Capodice moved, seconded by Alaa Abd-Elseyed, to delegate to the Board’s Councils and/or its liaison(s), the authority to review applications and conduct examinations of candidates for licensure and to make recommendations regarding the licensure of applicants based upon the application reviews and examinations. Recommended credential denials should be considered by the Medical Examining Board. This

delegation motion is not intended to be exhaustive of the Councils' advisory authority. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Mary Jo Capodice moved, seconded by Padmaja Doniparthi, that the Department's Attorney Supervisors, DLSC Administrator, or their designee are authorized to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Education, Continuing Education and/or Examination Delegation(s)

MOTION: Bradley Kudick moved, seconded by David Roelke, to delegate authority to the Continuing Education Liaison(s) and the Office of Education and Examination Liaison(s) to address all issues related to continuing education, and education and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Mary Jo Capodice moved, seconded by David Roelke, to authorize DSPS staff to provide national regulatory related bodies with all Board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Alaa Abd-Elsayed moved, seconded by Padmaja Doniparthi to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Bradley Kudick moved, seconded by Mary Jo Capodice, to delegate authority to the Legislative Liaison(s) to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Mary Jo Capodice moved, seconded by David Bryce, to delegate authority to the Travel Liaison to approve any board member travel. Motion carried unanimously.

Delegation of Authority to Assign and Schedule Members to Screening Panels and Oral Examinations

MOTION: David Roelke moved, seconded by David Bryce, to delegate to Department staff the assignment and scheduling of screening panel and oral examination panel members. Motion carried unanimously.

Prescreening Delegation

MOTION: David Roelke moved, seconded by Bradley Kudick, to delegate to DLSC staff, the authority to prescreen complaints for the purpose of reviewing submitted continuing medical education (CME) materials and to determine if CME requirements are met. If CME requirements are met, then DLSC staff should remove such CME documentation from the screening materials prior to the screening panel meeting. If the submitted documentation does not clearly establish that CME requirements are met, such documentation shall be forwarded to the screening panel for review. Motion carried unanimously.

LEGISLATION AND POLICY MATTERS

2019 Senate Bill 399, Relating to Temporary Practice by Physicians at Camps, Providing an Exemption from Emergency Rule Procedures, and Granting Rule-Making Authority

MOTION: David Roelke moved, seconded by David Bryce, to take the position that the Board cannot support Senate Bill 399 at this time, without further information and opportunity to review. Motion carried unanimously.

2019 Senate Bill 515, Relating to Regulation of Physician Assistants, Creating a Physician Assistant Examining Board, Extending the Time Limit for Emergency Rule Procedures, Providing an Exemption From Emergency Rule Procedures, Granting Rule-Making Authority, and Providing a Penalty

MOTION: Sheldon Wasserman moved, seconded by David Bryce, to affirm the Board's support for the modernization of the oversight of Physician Assistants and openness to options including the creation of an affiliated credentialing board or the addition of Physician Assistant seats to the Medical Examining Board. However, the Board cannot support Senate Bill 515 as written today and does not support the creation of an independent Physician Assistant Examining Board. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Review of Proposed Changes to OT 3, Relating to Biennial Registration

MOTION: David Roelke moved, seconded by Padmaja Doniparthi, affirm the Board has reviewed the proposed rules revising Wisconsin Administrative Code Chapter OT 3, relating to biennial registration, and has the following comment: the Board recommends the language under OT 3.06(3) be

changed from “one or more” to “two or more”. Motion carried unanimously.

CLOSED SESSION

MOTION: Timothy Westlake moved, seconded by David Roelke, to convene to Closed Session to deliberate on cases following hearing (§ 19.85 (1) (a), Stats.); to consider licensure or certification of individuals (§ 19.85 (1) (b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85 (1) (b), Stats. and § 448.02 (8), Stats.); to consider individual histories or disciplinary data (§ 19.85 (1) (f), Stats.); and to confer with legal counsel (§ 19.85 (1) (g), Stats.). Kenneth Simons, the Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Alaa Abd-Elsayed-yes; Milton Bond, Jr.-yes; David Bryce-yes; Mary Jo Capodice-yes; Michael Carton-yes; Clarence Chou-yes; Padmaja Doniparthi-yes; Bradley Kudick-yes; Lee Ann Lau-yes; David Roelke-yes; Kenneth Simons-yes; Sheldon Wasserman-yes; and Timothy Westlake-yes. Motion carried unanimously.

The Board convened into Closed Session at 9:30 a.m.

CREDENTIALING MATTERS

Application Review

David Kuester, M.D. – Physician License Renewal Applicant

MOTION: Timothy Westlake moved, seconded by David Roelke, to approve a Limited License in the matter of the Renewal application of David Kuester, M.D., with all terms and requirements of the Proposed Final Decision and Order. Reason for Denial: WI Admin Code MED 10.03(2)(c) and MED 10.03(2)(e). Motion carried unanimously.

(Mary Jo Capodice recused herself and left the room for deliberation and voting in the matter concerning David Kuester, M.D.)

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Stipulations, Final Decisions and Orders

18 MED 011 – Jessica H. Varnam, M.D.

MOTION: Alaa Abd-Elsayed moved, seconded by Bradley Kudick, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Jessica H. Varnam, M.D., DLSC Case Number 18 MED 011. Motion carried unanimously.

19 MED 150 – Nicole E. Mubanga, M.D.

MOTION: Bradley Kudick moved, seconded by David Roelke, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Nicole E. Mubanga, M.D., DLSC Case Number 19 MED 150. Motion carried unanimously.

Case Closings

MOTION: Sheldon Wasserman moved, seconded by Alaa Abd-Elseyed, to close the following DLSC Cases for the reasons outlined below:

1. 18 MED 086 – B.N.B. – No Violation
2. 18 MED 237 – L.L. – Insufficient Evidence
3. 18 MED 320 – N.H. – No Violation
4. 18 MED 405 – C.S.C. – No Violation
5. 18 MED 409 – M.D.T. – No Violation
6. 19 MED 012 – J.D. – No Violation
7. 19 MED 408 – T.N.A. – Prosecutorial Discretion (P7)

Motion carried unanimously.

17 MED 473 – S.D.

MOTION: David Roelke moved, seconded by Bradley Kudick, to table DLSC Case Number 17 MED 473, against S.D. Motion carried unanimously.

(Sheldon Wasserman recused himself and left the room for deliberation and voting in the matter concerning S.D., DLSC Case Number 17 MED 473.)

18 MED 498 – S.A.W.

MOTION: David Roelke moved, seconded by David Bryce, to reject DLSC Case Number 18 MED 498, against S.A.W. and refer the case back to DLSC with Sheldon Wasserman as case advisor. Motion carried unanimously.

MONITORING MATTERS

Justin Woods, M.D. – Requesting Reinstatement of Full Licensure

MOTION: Bradley Kudick moved, seconded by Padmaja Doniparthi, to grant the request of Justin Woods, M.D. for full licensure. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: David Roelke moved, seconded by Alaa Abd-Elseyed, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 10:21 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: David Roelke moved, seconded by Clarence Chou, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

**DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND
RATIFICATION OF LICENSES AND CERTIFICATES**

MOTION: Milton Bond, Jr. moved, seconded by Padmaja Doniparthi, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Mary Jo Capodice moved, seconded by Bradley Kudick, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 10:22 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director, on behalf of Dr. Tim Westlake		2) Date when request submitted: 2/13/2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 2/18/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Under Legislative and Policy Matters Press Release of January 22, 2020 "Secretary-designee Dawn Crim Champions Three Bills to Improve Credentialing Process, Shorten Wait Times for License Applicants" LRB-5272, Relating to procedures for granting credentials granted by the department of safety and professional services and credentialing boards, and extend time for promulgate rules LRB-5235, Relating to procedures for granting credentials granted by the department of safety and professional services and credentialing boards, extending the time limit for emergency rule procedures, and providing an exemption from emergency rule procedures LRB-5239, Relating to allowing the department of safety and professional services and credentialing boards to grant credentials with provisional status, extending the time limit for emergency rule procedures, providing an exemption from emergency rule procedures, and granting rule-making authority.	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Review Press Release of January 22, 2020, "Secretary-designee Dawn Crim Champions Three Bills to Improve Credentialing Process, Shorten Wait Times for License Applicants" Discuss proposed bills: <ul style="list-style-type: none"> • LRB-5272: would give DSPS the discretion whether to consider certain past offenses (e.g. OWI, juvenile offenses) when performing legal reviews. • LRB-5235: would give DSPS the ability to issue licenses recommended for approval after legal review; thus, licenses recommended for approval would be quickly considered. • LRB-5239: would provide credential/licensure applicants a provisional license to practice while their application is being considered. It would give boards the authority to promulgate rules. 			

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

11)	Authorization
Valerie Payne	2/13/2020
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.	



PRESS RELEASE—CONTACT DPS NEWSROOM AT (608) 576-2491

January 22, 2020

Secretary-designee Dawn Crim Champions Three Bills to Improve Credentialing Process, Shorten Wait Times for License Applicants

MADISON, Wis. – Department of Safety and Professional Services Secretary-designee Dawn Crim is publicly supporting three bills that will shorten wait times for license applicants. She has worked closely with Senator Dale Kooyenga (Brookfield) and Senator LaTonya Johnson (Milwaukee) to develop the legislation that gives the department greater flexibility in its operations so that it can better serve its customers.

The first bill, [LRB-5272 \(Memo\)](#), grants the department more authority in how it handles certain past criminal or ordinance offenses that require legal review. Currently, staff attorneys are required to evaluate all prior offenses before recommending whether to issue licenses. This bill would allow the department to determine when some very old or minor offenses, such as those committed when the applicant was a juvenile or first-offense OWIs committed in the distant past, could be exempt from this legal review.

While some states prohibit individuals with criminal histories from holding certain licenses, Wisconsin instead often opts for consideration of related facts and circumstances. While this process enables individuals to rehabilitate themselves and enter many stable professions with family-sustaining wages, the required legal review can be a time-consuming process for both the applicant and the department. Allowing the department to make certain determinations without legal review—while still prioritizing its role in promoting public safety—will shorten wait times for applicants and will reduce staff workload for the extremely lean agency.

“We recognize that certain offenses committed long ago and in the absence of any subsequent legal issues are almost never a barrier to licensure, and yet our attorneys are required to review the facts and law at hand in every instance,” Secretary Crim says. “I believe in second chances. Our agency opens doors to careers in rewarding professions, and this legislation gives us the tools we need to open those doors quickly.”

The second bill, [LRB-5235 \(Memo\)](#), extends the department’s ability to issue licenses recommended for approval after legal review. Many licenses require approval by governing boards. This legislation will provide certainty for applicants and ensure licenses recommended for approval are quickly considered.

The third bill, [LRB-5239 \(Memo\)](#) grants the department authority to create provisional licenses. While the availability and parameters of provisional licenses would vary from profession to profession, the legislation enables DPS to create short-term licensure for individuals under specific circumstances. For example, if a dental hygienist licensed in another state and with no record of discipline applies for a Wisconsin license, the department could decide to issue a provisional license while the individual’s application is being processed. This would allow individuals to enter the workforce more quickly and remain there without interruption if there is ultimately no basis for license denial.

“We have been working closely with Senator Kooyenga and Senator Johnson because we want our applicants to enter the workforce, support their families, and contribute to the economy as quickly and easily as possible,” Secretary-designee Crim says. “These bills will allow us to better serve our customers and promote economic activity while still protecting the safety and wellbeing of Wisconsin residents and visitors. I am pleased to work with my legislative partners to improve operations at the department, which benefits the entire state.

“I look forward to bi-partisan collaboration that grants the Department of Safety and Professional Services the resources and support we need to work more efficiently and effectively for our customers and constituents.”

The Department of Safety and Professional Services issues more than 240 different licenses, administers more than 100 boards and councils that regulate professionals, enforces state building codes, and maintains the Wisconsin electronic Prescription Drug Monitoring Program, which is a key tool in the multi-faceted public health campaign to stem excessive opioid prescribing. A fee-based agency, the Department of Safety and Professional Services is self-sustaining and receives no general fund tax dollars for its day-to-day operations. With five offices and 250 employees throughout the state, DSPS collaborates with individuals and businesses across a wide range of industries.

###

Jennifer Garrett, Communications Director, Wisconsin Department of Safety and Professional Services, (608) 576-2491, Jennifer.garrett@wisconsin.gov



2019 BILL

1 **AN ACT** *to create* 440.03 (13) (br) of the statutes; **relating to:** investigations of
2 conviction records by the department of safety and professional services for
3 purposes of determining eligibility for credentials, extending the time limit for
4 emergency rule procedures, and providing an exemption from emergency rule
5 procedures.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Safety and Professional Services, when conducting an investigation of the conviction record of a credential applicant, to review and obtain information to determine the circumstances of each case or offense, except that the bill allows DSPPS, in its discretion, to complete its investigation of a conviction record without reviewing the circumstances of certain types of offenses specified in the bill. These offenses include certain first offense operating while intoxicated (OWI) and related violations; certain underage alcohol violations; minor, nonviolent ordinance violations, as determined by DSPPS; and certain nonviolent offenses, as determined by DSPPS, for which the person was adjudicated delinquent under the juvenile justice law or a similar law of another state.

BILL

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 440.03 (13) (br) of the statutes is created to read:

2 440.03 (13) (br) When conducting an investigation of a conviction record under
3 par. (a) or (bm), the department shall review and obtain information to determine the
4 circumstances of each case or offense, except that the department may, in its
5 discretion, complete its investigation of a conviction record without reviewing the
6 circumstances of any of the following types of violations:

7 1. If the violation occurred more than 5 years before the application date, a first
8 conviction for a violation of s. 346.63 (1) (a), (am), or (b) or a local ordinance in
9 conformity therewith or a law of a federally recognized American Indian tribe or
10 band in this state in conformity with s. 346.63 (1) (a), (am), or (b) or the law of another
11 jurisdiction prohibiting driving or operating a motor vehicle while intoxicated or
12 under the influence of alcohol, a controlled substance, a controlled substance analog
13 or a combination thereof, or under the influence of any drug which renders the person
14 incapable of safely driving, as those or substantially similar terms are used in that
15 jurisdiction's laws.

16 2. A violation of s. 125.07 (4) (a) or (b) or local ordinance that strictly conforms
17 to s. 125.07 (4) (a) or (b), or of a substantially similar law of another jurisdiction.

18 3. A minor, nonviolent ordinance violation, as determined by the department.

19 4. A nonviolent offense, as determined by the department, for which the person
20 was adjudicated delinquent under ch. 938 or a similar law of another state, and that
21 was committed 5 years or more before the application date.

BILL**SECTION 2. Nonstatutory provisions.**

(1) Using the procedure under s. 227.24, the department of safety and professional services and any credentialing board, as defined in s. 440.01 (2) (bm), may promulgate rules that are necessary to implement the changes in this act. Notwithstanding s. 227.24 (1) (a) and (3), the department or credentialing board is not required to provide evidence that promulgating a rule under this subsection as an emergency rule is necessary for the preservation of the public peace, health, safety, or welfare and is not required to provide a finding of emergency for a rule promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2), emergency rules promulgated under this subsection remain in effect until May 1, 2022, or the date on which permanent rules take effect, whichever is sooner, and the effective period may not be further extended under s. 227.24 (2).

(END)



PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION

1 **AN ACT** *to renumber and amend* 440.03 (13) (a); *to amend* 440.035 (1m)
2 (intro.), 440.035 (1m) (b) and 440.035 (2); and *to create* 440.03 (13) (a) 2.,
3 440.03 (13) (e), 440.035 (1p) and 440.035 (1r) of the statutes; **relating to:**
4 procedures for granting credentials granted by the department of safety and
5 professional services and credentialing boards, extending the time limit for
6 emergency rule procedures, and providing an exemption from emergency rule
7 procedures.

Analysis by the Legislative Reference Bureau

This bill makes a number of changes regarding the process for the granting of professional credentials by the Department of Safety and Professional Services and credentialing boards in DSPPS, including all of the following:

1. The bill explicitly allows a credentialing board to delegate authority to DSPPS to make determinations regarding whether an applicant satisfies the requirements to be granted a credential and authority to grant or deny a credential in accordance with that determination.

2. Once an application for a credential is considered complete following an investigation conducted by DSPPS, DSPPS must, for a credential that is granted by a credentialing board, either 1) forward the application to the board or the board's designee with DSPPS's recommendation regarding approval or denial of the

application or 2) if DSPS has been delegated the authority to make a determination on the application, directly approve or deny the application in accordance with its determination. If DSPS forwards an application to the board or the board's designee with a recommendation that it be approved, the bill requires that the application be considered automatically approved by the board on the tenth business day thereafter, unless the application is acted on sooner or unless the board or its designee takes certain other actions before that date.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 440.03 (13) (a) of the statutes is renumbered 440.03 (13) (a) 1. and
2 amended to read:

3 440.03 (13) (a) 1. The department may conduct an investigation to determine
4 whether an applicant for a credential satisfies any of the eligibility requirements
5 specified for the credential, including whether the applicant does not have an arrest
6 or conviction record. In conducting an investigation under this paragraph, the
7 department may require an applicant to provide any information that is necessary
8 for the investigation, except that, for an investigation of an arrest or conviction
9 record, the department shall comply with the requirements of pars. (b) and (c). Once
10 all required information has been received and the department has completed its
11 investigation, the application shall be considered complete.

12 **SECTION 2.** 440.03 (13) (a) 2. of the statutes is created to read:

13 440.03 (13) (a) 2. Once an application is considered complete following an
14 investigation as provided in subd. 1., the department shall, for a credential that is
15 granted by a credentialing board, do one of the following:

16 a. Forward the application to the credentialing board or the credentialing
17 board's designee with the results of the department's investigation and a

1 recommendation on whether to approve the application, approve the application
2 with limitations, deny the application, or conduct further review.

3 b. In accordance with authority delegated to the department under s. 440.035
4 (1p), approve the application, approve the application with limitations, or deny the
5 application.

6 **SECTION 3.** 440.03 (13) (e) of the statutes is created to read:

7 440.03 (13) (e) After the department submits under par. (a) 2. a. a completed
8 application for a credential to a credentialing board or the designee of the
9 credentialing board, for which the department recommends approval or approval
10 with limitations and does not recommend any further review by the credentialing
11 board or the credentialing board's designee, the department may notify the applicant
12 that, unless anything specified in s. 440.035 (1r) (a) to (d) occurs prior to that date,
13 the application will be considered to have been approved by the credentialing board
14 in accordance with the department's recommendation on the 10th business day
15 following the date of submission and the credential will be issued no later than the
16 10th business day following that date.

17 **SECTION 4.** 440.035 (1m) (intro.) of the statutes is amended to read:

18 440.035 (1m) (intro.) ~~Each examining board or affiliated~~ Subject to subs. (1p)
19 and (1r), each credentialing board ~~attached to the department or an examining board~~
20 shall:

21 **SECTION 5.** 440.035 (1m) (b) of the statutes is amended to read:

22 440.035 (1m) (b) Be the supervising authority of all personnel, other than
23 shared personnel, engaged in the review, investigation, or handling of information
24 regarding qualifications of applicants for credentials, examination questions and
25 answers, accreditation, related investigations, and disciplinary matters affecting

1 persons who are credentialed by the ~~examining board or affiliated~~ credentialing
2 board, or in the establishing of regulatory policy or the exercise of administrative
3 discretion with regard to the qualifications or discipline of applicants or persons who
4 are credentialed by the ~~examining board, affiliated~~ credentialing board or
5 accreditation.

6 **SECTION 6.** 440.035 (1p) of the statutes is created to read:

7 440.035 (1p) Notwithstanding chs. 440 to 480, a credentialing board may
8 delegate authority to the department to make determinations regarding whether an
9 applicant satisfies the requirements to be granted a credential and may delegate
10 authority to the department to grant or deny a credential in accordance with that
11 determination.

12 **SECTION 7.** 440.035 (1r) of the statutes is created to read:

13 440.035 (1r) Notwithstanding chs. 440 and 480, after the department submits
14 a completed application for a credential to a credentialing board or the designee of
15 the credentialing board under s. 440.03 (13) (a) 2. a. for which the department
16 recommends approval or approval with limitations and does not recommend further
17 review by the credentialing board or the credentialing board's designee, the
18 application shall be considered to have been approved by the credentialing board in
19 accordance with the department's recommendation on the 10th business day
20 following the date of submission, unless one of the following occurs prior to that date:

21 (a) The credentialing board or the credentialing board's designee approves or
22 denies the credential.

23 (b) The credentialing board or the credentialing board's designee makes a
24 determination that additional time is required to make a determination on the

1 application, not to exceed any deadline established by the department under s.
2 440.03 (1m).

3 (c) The credentialing board or the credentialing board's designee determines
4 that an applicant must complete an additional examination, if the credentialing
5 board has the authority to require such an examination.

6 (d) The credentialing board makes a request, subject to s. 103.35, for further
7 information from the applicant in order to make a determination on the application.

8 **SECTION 8.** 440.035 (2) of the statutes is amended to read:

9 440.035 (2) Except as otherwise permitted in chs. 440 to 480, ~~an examining~~
10 ~~board or affiliated a~~ credentialing board attached to the department or ~~an examining~~
11 ~~board~~ may require a credential holder to submit proof of the continuing education
12 programs or courses that he or she has completed only if a complaint is made against
13 the credential holder.

14 **SECTION 9. Nonstatutory provisions.**

15 (1) Using the procedure under s. 227.24, the department of safety and
16 professional services and any credentialing board, as defined in s. 440.01 (2) (bm),
17 may promulgate rules that are necessary to implement the changes in this act.
18 Notwithstanding s. 227.24 (1) (a) and (3), the department or credentialing board is
19 not required to provide evidence that promulgating a rule under this subsection as
20 an emergency rule is necessary for the preservation of the public peace, health,
21 safety, or welfare and is not required to provide a finding of emergency for a rule
22 promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2),
23 emergency rules promulgated under this subsection remain in effect until May 1,

1 2022, or the date on which permanent rules take effect, whichever is sooner, and the
2 effective period may not be further extended under s. 227.24 (2).

3 (END)



State of Wisconsin
2019 - 2020 LEGISLATURE

LRB-5239/1
MED:cdc&cjs

2019 BILL

1 **AN ACT** *to repeal* 456.01 (5) and (6); *to amend* 440.08 (2) (a) (intro.) and 456.10
2 (2); and *to create* 227.03 (4r) and 440.077 of the statutes; **relating to:** allowing
3 the department of safety and professional services and credentialing boards to
4 grant credentials with provisional status, extending the time limit for
5 emergency rule procedures, providing an exemption from emergency rule
6 procedures, and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill requires the Department of Safety and Professional Services to promulgate rules that allow an initial credential or a reciprocal credential to be granted with provisional status to an applicant who has applied for the credential. These rules apply to credentials granted by DSPS and also apply to initial credentials granted by credentialing boards, unless a credentialing board promulgates its own provisional status credential rules.

The holder of a credential granted with provisional status is subject to the same laws and procedures, including professional discipline, that otherwise apply to the credential, except that the credential is not subject to renewal unless and until the credential is ultimately approved. A credential with provisional status is granted subject to the ultimate determination on the application for the credential, and the provisional status is removed if the application is approved. A credential with provisional status immediately expires upon the issuance of a notice to deny the

BILL

application. A decision on whether to grant a credential with provisional status is not subject to administrative or judicial review.

For further information see the *state* fiscal estimate, which will be printed as an appendix to this bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

1 **SECTION 1.** 227.03 (4r) of the statutes is created to read:

2 227.03 (4r) Subchapter III does not apply to any decision of the department of
3 safety and professional services or a credentialing board, as defined in s. 440.01 (2)
4 (bm), to deny or grant a credential with provisional status pursuant to rules
5 promulgated under s. 440.077 (1) (a) or (b).

6 **SECTION 2.** 440.077 of the statutes is created to read:

7 **440.077 Provisional credentials.** (1) (a) The department shall promulgate
8 rules that allow an initial credential or a reciprocal credential to be granted with
9 provisional status to an applicant who has applied for the credential. The rules
10 promulgated under this paragraph shall apply to credentials granted by the
11 department and shall apply to initial credentials granted by a credentialing board,
12 unless the credentialing board promulgates rules under par. (b).

13 (b) A credentialing board may promulgate rules that allow an initial credential
14 or a reciprocal credential to be granted with provisional status to an applicant who
15 has applied for the credential with that credentialing board. If a credentialing board
16 promulgates rules under this paragraph, those rules shall, with respect to
17 credentials granted by the credentialing board, supercede rules promulgated by the
18 department under par. (a).

19 (2) A credential granted with provisional status pursuant to rules promulgated
20 under sub. (1) (a) or (b) shall confer the same rights, privileges, and authority as are

BILL

1 otherwise conferred by the credential. The holder of a credential granted with
2 provisional status shall be subject to the same laws and procedures, including
3 professional discipline, that otherwise apply to the credential, except as provided in
4 sub. (3).

5 **(3)** (a) A credential with provisional status shall be granted subject to the
6 ultimate determination on the application for the initial credential or reciprocal
7 credential, and the provisional status shall be removed if the application is approved.
8 A credential with provisional status shall immediately expire upon the issuance of
9 a notice to deny the application. A decision on whether to grant an applicant a
10 credential with provisional status is not subject to review under ch. 227.

11 (b) A credential with provisional status is not subject to renewal until a
12 determination is ultimately made to approve the application and the provisional
13 status is removed.

14 **SECTION 3.** 440.08 (2) (a) (intro.) of the statutes is amended to read:

15 440.08 **(2)** (a) (intro.) Except as provided in par. (b) and in ss. 440.077 (3) (b),
16 440.51, 442.04, 444.03, 444.11, 447.04 (2) (c) 2., 449.17 (1m) (d), 449.18 (2) (e), 463.10,
17 463.12, and 463.25 and subch. II of ch. 448, the renewal dates for credentials are as
18 follows:

19 **SECTION 4.** 456.01 (5) and (6) of the statutes are repealed.

20 **SECTION 5.** 456.10 (2) of the statutes is amended to read:

21 456.10 **(2)** The examining board shall have jurisdiction to hear all charges
22 brought under this section against persons licensed and registered as nursing home
23 administrators ~~or licensed as provisional nursing home administrators~~ and upon
24 such hearings shall determine such charges upon their merits. If the examining
25 board determines that such person is guilty of the charges, the license or registration

BILL

1 may be revoked or suspended or the licensee may be reprimanded, censured or
2 disciplined.

3 **SECTION 6. Nonstatutory provisions.**

4 (1) Using the procedure under s. 227.24, the department of safety and
5 professional services and any credentialing board, as defined in s. 440.01 (2) (bm),
6 may promulgate rules that are necessary to implement the changes in this act.
7 Notwithstanding s. 227.24 (1) (a) and (3), the department or credentialing board is
8 not required to provide evidence that promulgating a rule under this subsection as
9 an emergency rule is necessary for the preservation of the public peace, health,
10 safety, or welfare and is not required to provide a finding of emergency for a rule
11 promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2),
12 emergency rules promulgated under this subsection remain in effect until May 1,
13 2022, or the date on which permanent rules take effect, whichever is sooner, and the
14 effective period may not be further extended under s. 227.24 (2).

15 (END)

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		2) Date when request submitted: 1/13/2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 1/15/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Under Legislative and Policy Matters 2019 Senate Bill 399, Relating to Temporary Practice by Physicians at Camps	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Discuss proposed bill, 2019 Senate Bill 399, relating to: temporary practice by physicians at camps, providing an exemption from emergency rule procedures, and granting rule-making authority. This bill allows a person to practice for up to 90 days a year as a physician for campers and staff at a recreational and educational camp licensed in this state if two considerations are satisfied.			
11) Authorization			
Valerie Payne		1/13/2020	
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.			



2019 SENATE BILL 399

September 16, 2019 - Introduced by Senators PETROWSKI, BEWLEY, TIFFANY, JACQUE, KAPENGA, KOOYENGA, MARKLEIN, OLSEN and STROEBEL, cosponsored by Representatives EDMING, FELZKOWSKI, JAMES, MAGNAFICI, OLDENBURG, BALLWEG, DITTRICH, HORLACHER, KNODL, KULP, MILROY, MURSAU, NEYLON, PETRYK, PLUMER, QUINN, RAMTHUN, RODRIGUEZ, SKOWRONSKI, SPIROS, STAFSHOLT, TUSLER and WICHGERS. Referred to Committee on Elections, Ethics and Rural Issues.

1 **AN ACT** *to create* 448.033 of the statutes; **relating to:** temporary practice by
2 physicians at camps, providing an exemption from emergency rule procedures,
3 and granting rule-making authority.

Analysis by the Legislative Reference Bureau

This bill allows a person to practice for up to 90 days a year as a physician for campers and staff at a recreational and educational camp licensed in this state if both of the following are satisfied: 1) the person is licensed in good standing to practice medicine and surgery by another state or territory of the United States or a foreign country or province and the licensure standards in that jurisdiction are substantially equivalent to the requirements of this state; and 2) the person is not under active investigation by a licensing authority or law enforcement authority in any state, federal, or foreign jurisdiction. A person is required to submit a form to the Medical Examining Board before practicing as allowed under the bill.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

4 **SECTION 1.** 448.033 of the statutes is created to read:
5 **448.033 Temporary practice at camps.** (1) Notwithstanding s. 448.03 (1)
6 (a), a person may at a recreational and educational camp licensed under s. 97.67 (1)

SENATE BILL 399**SECTION 1**

1 practice medicine and surgery to provide treatment to campers and staff for not more
2 than 90 days in any year without holding a license granted under this subchapter
3 if all of the following apply:

4 (a) The person is licensed in good standing to practice medicine and surgery by
5 another state or territory of the United States or a foreign country or province and
6 the licensure standards in the jurisdiction where the person is licensed are
7 substantially equivalent to the requirements for licensure as a physician under s.
8 448.04 (1) (a).

9 (b) The person is not under active investigation by a licensing authority or law
10 enforcement authority in any state, federal, or foreign jurisdiction.

11 (2) A person shall submit to the board a form provided by the board before
12 practicing under sub. (1). The board may promulgate rules establishing the form to
13 be submitted under this subsection.

14 **SECTION 2. Nonstatutory provisions.**

15 (1) Using the procedure under s. 227.24, the medical examining board may
16 promulgate rules establishing the form that a person shall submit before practicing
17 under s. 448.033 (1). Notwithstanding s. 227.24 (1) (a) and (3), the medical
18 examining board is not required to provide evidence that promulgating a rule under
19 this subsection is necessary for the preservation of the public peace, health, safety,
20 or welfare and is not required to provide a finding of emergency for a rule
21 promulgated under this subsection. Notwithstanding s. 227.24 (1) (c) and (2),
22 emergency rules promulgated under this subsection may remain in effect until May
23 1, 2020, or the date on which permanent rules take effect, whichever is sooner, and
24 the effective period may not be further extended under s. 227.24 (2).

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		2) Date when request submitted: 2/13/2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 2/18/2020	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Report of Recommendations from the Medical Examining Board Licensure Forms Committee – Discussion and Consideration	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session		8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:
10) Describe the issue and action that should be addressed: Follow up on and discuss the request by the Board to add additional pages to the paper renewal notices. Review draft of possible new renewal addendum, renewal form questions and renewal draft.			
11) Authorization			
Valerie Payne		2/13/2020	
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.			

Summary of Changes

Form 570, APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY

Substantive Changes

- Pages 2-3: “POST-GRADUATE TRAINING, FELLOWSHIPS, PRACTICE, AND OTHER ACTIVITIES” section
 - Instructions inserted “For all hospitals, facilities and employers where you are or have been employed, had or held staff privileges or appointments for five years preceding the date of application, the Hospital, Facility and Employer Verification form (Form #2167) must be submitted.
Please Note: The dates provided on this application must match the dates provided on the verification provided by the facility. Discrepancies will cause delays in the application process.”
 - Separate tables for Post-Grad Training and Practice/Privileges combined.
 - combined the "Post-Graduate Training/Fellowships, Practice, and other activities" section with the "Employment" section
 - changed the wording for the headers of both sections.
 - Activity-type categories clarified - (intern, resident, fellow, practice, other)
- Pg 4 -5 --- Questions Revised and Renumbered – Please see attached Excel Sheet.
- Pg ii – under “National Practitioner Data Bank” zip code updated to “(608) 251.3036 and formatting on “helpline” number updated to “(800) 767-6732.” Number confirmed on NPDB site.
- Pg iv – Codes for Specialties - Med Board Forms Committee does not recommend making changes to this section at this time. Committee suggests waiting until the system upgrade at which time the ABMS list can be incorporated instead of this list
- Pg 2 – references to re-registration need to remain until Wisconsin Statute/Code changes can be made reducing the window from 5 years following expiration to 1 year following expiration.
- Should Form 2862, Application for License to Practice Medicine and Surgery for Individuals with a Current Unrestricted Minnesota License, be updated OR is form going to be eliminated due do the Medical Compact?

Non-Substantive Changes

- Address had previously been updated from 1400 E Washington Ave address to 4822 Madison Yards Way address on header and on the bottom of page i.
- Lower left footer – version date updated.
- Pg 2 - “Are You A Veteran” section – URL for military requirements updated to <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx>
- Pg 2 - “Continuing Education and Renewal Requirements” section – URL updated to <https://dsps.wi.gov/Pages/Professions/Physician/Default.aspx>
- Header – Formatting on zip code “53708-8935” updated and fax number updated to (608) 251-3036.
- Grid on pages 2-3 of 6 – “Type” column updated per Board request (Post Grad checkbox removed and all checkboxes flush)

Renewal Form

Substantive Changes

1. The following text has been added:

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 the applicant 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)

2. Questions added – Please see attached Excel Sheet
3. Mike Berndt reviewing the wording to the following questions as it does not matter if visa type changes. It would only matter is visa lapses/expires:

"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 dsps@wisconsin.gov. I have read and acknowledge this information."

Non-Substantive Changes

1. Address / fax number had previously been updated from 1400 E Washington Ave address to 4822 Madison Yards Way.
2. Version date updated

3. Instruction on page 1 updated: “COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE **ALL PAGES.**”
4. Instruction on page 2 updated:
Additional Requirements for Renewal
 - Review the Certificate of Legal Status statement below.
 - Complete the Continuing Education (CE) Statement below.
 - Answer, sign and date the Conviction Statement below.
 - **Complete all questions on all pages of this form.**

Clarification and/or direction is sought by Credentialing/Renewal staff regarding the following:

1. Implementing the additional questions on the renewal form into the online renewal process would be quite difficult and time consuming.
 - Make the additional two pages their own independent form that is required to be submitted before the renewal is completed. The questions form would not be part of the online renewal, instead the licensee would be instructed to print off the additional form from the DSPS website. They would then complete the form and mail/fax/email it to the renewals unit. A similar process is already in place for other professions.
2. Who would review the "yes" responses to the newly incorporated questions (malpractice, substance use, health problems, etc.) and what is the process that ensues (i.e., legal team review? med board liaison review)?
 - Renewals would only be able to screen for yes answers. If any are present they would then send the renewal to a determined board/legal team to make a determination based on the circumstances around why the question(s) are answered yes.
3. Question 7 asks “have you ever been...placed on leave or **taken leave (except vacation)**...”. The highlighted portion of the question is concerning. For what purpose are we asking this? Do they need to report sick days, FMLA, bereavement, paternity/maternity leave, etc.? This question as worded will almost certainly lead to a massive number of inquiries from licensees looking for clarification. [NOTE: if changes are made to Question 7 on the renewal form, should changes also be made to correspondent Question 7 on Form 570, the initial application form?]
 - Wording simply needs to be made more specific. If we will require them to report leave we need specific direction as to why we are asking and what needs to be reported so that staff can properly respond to inquiries from licensees.
4. The third page states: “The following inquiries concern medical, mental health, and substance misuse issues. This information is treated confidentially by the Board.” Does anything need to be stated regarding the responses to these questions also being reviewed by Renewals staff?

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: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

MEDICAL EXAMINING BOARD

INFORMATION FOR COMPLETING MEDICINE AND SURGERY APPLICATION FORM

PLEASE PLAN AHEAD:

Applicants, recruiters, institutions, and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process takes time and that credentialing is not guaranteed to any applicant. Factors that determine the length of time it may take to process an application include the length of time the applicant has been in practice, the total number of jurisdictions in which the applicant has been credentialed, and the length of time it takes for supporting documents to be received in the Board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We strive to process applications in a timely fashion. We cannot issue a credential until all of the required documents have been received and reviewed in the Board office.

It is the Department's mission and legislative mandate to provide consumer protection for Wisconsin residents. The Department and the Board have been asked to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter, or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.** Please "plan ahead" as we cannot speed up the credentialing process or waive supporting documents even in emergency situations.

FEDERATION CREDENTIALS VERIFICATION SERVICE (FCVS):

The Department accepts the physician information profile completed by FCVS through the Federation of State Medical Boards. If you choose to utilize FCVS, you will **not** need to submit DSPS forms to verify the following: Medical School Education (**Form #2164**), Post-Graduate Training (**Form #2165**), reporting of licensure exam scores, Physician Data Center Profile from the Federation of State Medical Boards (**Form #1445**), or ECFMG certificate. You may obtain this service online at www.fsmb.org.

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

- DSPS Application (**Form #570**) and fee
- Copy of ECFMG certificate if a Foreign Graduate (**FCVS**), **not applicable for Re-Registration**
- Joint Commission Certified Hospital, Facility, and Employer Verification (**Form #3046**), **if applicable**
- Medical Education Verification (**Form #2164**) (**FCVS**), **not applicable for Re-Registration**
- Certificate of Post-Graduate Training (**Form #2165**) (**FCVS**), **not applicable for Re-Registration**
- National Board, FLEX, State Board, USMLE or LMCC score (**FCVS**), **not applicable for Re-Registration**
- National Practitioner Data Bank Report
- Proof of 30 hours of CE completed in the previous biennium (**Re-Registration applicants**)
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, **if applicable**
- Letters from all State Boards where licensed, **including active and inactive licenses**
- Signed Authorization and Waiver (**Form #571**)
- Physician Profile Data Report from the American Medical Association (AMA), or American Osteopathic Association (AOA)
- Physician Data Center Profile from the Federation of State Medical Boards (**Form #1445**) (**FCVS**)
- Hospital, Facility, and Employer Verification (**Form #2167**)
- Convictions and Pending Charges (**Form #2252**), **if applicable**

MAILING INSTRUCTIONS: Mail the Application for Licensure, the appropriate fee, and documentation to the following address:

MAILING ADDRESS:

DSPS
ATTN: MEDICAL EXAMINING BOARD
P.O. BOX 8935
MADISON WI 53708-8935

EXPRESS DELIVERY:

DSPS
ATTN: MEDICAL EXAMINING BOARD
4822 MADISON YARDS WAY
MADISON WI 53705

Wisconsin Department of Safety and Professional Services

ENDORSEMENT OF FLEX AND/OR USMLE EXAM SCORES:

Please request an electronic transcript of your USMLE and/or FLEX exam score(s) taken at: <https://usmle.fsmb.org/TranscriptRequests> to be forwarded directly to the Department.

ENDORSEMENT OF NATIONAL BOARDS:

Please request that a copy of your exam score(s) be forwarded directly to Wisconsin Medical Examining Board. Forms are available at www.nbme.org. NBME will forward this information directly to the Department.

ENDORSEMENT OF NATIONAL BOARD OF OSTEOPATHIC MEDICAL EXAMINERS CERTIFICATION:

Submit your request for an “Endorsement of Certification/Official Transcript” and fee to the National Board of Osteopathic Medical Examiners (NBOME) at www.nbome.org. Transcripts must be sent directly from NBOME to the Department.

ENDORSEMENT OF LMCC: (Must be taken after January 1, 1978)

Direct certification from the Medical Council of Canada (LMCC) is required and must be sent directly from LMCC to the Department.

RECIPROCITY OF ANOTHER STATE BOARD EXAM TAKEN PRIOR TO 1972:

Scores must be certified by the State Board where taken and sent directly to the Department. The State Board submitting the information must include all the subjects covered in the examination, scores received, general average, date of the examination, license number, date of issuance, status of licensure, and any information pertaining to the disciplinary action.

VERIFICATION OF OTHER MEDICAL LICENSES:

You are required to have each State Board in which you have ever been licensed submit letters of verification to the Department. The letters must indicate your date of birth, license number, date of issuance, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure. Verifications can be submitted directly to the Department via email to DSPSCredMedBd@wisconsin.gov.

NATIONAL PRACTITIONER DATA BANK:

All candidates must request the “Practitioner Request for Information Disclosure” (Self-Query) from the National Practitioners Data Bank. Self-Queries (NPDB) can be found at <http://www.npdb.hrsa.gov>.

Select the option that reads “Self-Query.” After the NPDB has completed your request, they will send the Self-Query response directly to you. Once received, you will need to forward a copy of the response to the Department. This report may be emailed to DSPSCREDMEDBD@wi.gov or faxed to (608) 251-3036. If you have further questions regarding this report, contact the NPDB helpline at (800) 767-6732.

PHYSICIAN PROFILE DATA REPORT FROM AMA OR AOA:

All MD’s applying for licensure must complete the Physician Profile Data Report. This request can be made from the following website: <https://profiles.ama-assn.org/amaprofiles>.

All DO’s applying for licensure must use the AOA website at www.DOProfiles.org.

Wisconsin Department of Safety and Professional Services

ORAL EXAMS:

The oral exam process in the State of Wisconsin was created under Wis. Admin. Code § MED 1.06(1). **If you are selected to appear for an oral exam**, you will be scheduled to appear before the Review Panel at one of the regularly scheduled Board meetings. If you are selected for an oral examination, the additional oral examination fee of \$266.00 will be required prior to being scheduled for this exam.

FOREIGN GRADUATES:

- **ECFMG Certificate:** Graduates of foreign medical schools must provide a copy of an ECFMG certificate with “valid indefinitely” status.
- **Fifth Pathway Certificate:** If you participated, you must submit a copy of your Fifth Pathway certificate from the program you attended.

VISITING PHYSICIAN:

This license is designed for a graduate of a medical school, or an osteopathic college approved by the Board, who is invited to serve on the academic staff of a medical school in this state as a Visiting Physician.

A Visiting Physician Application process is almost identical in processing time and of the documentation required as a permanent license, with the following additional requirement. A signed letter from the President or Dean of a medical school, facility, or college in Wisconsin indicating that the applicant intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility, or medical college in this State as a Visiting Physician.

After your completed application is received by the Department, it will be reviewed by two (2) Members of the Board. Upon approval, you will be issued a Visiting Physician License, valid for one (1) year and remaining valid only while the license holder is actively engaged in teaching, researching, or practicing medicine and surgery, and is lawfully entitled to work in the United States. This may be renewed at the discretion of the Board.

The holder of a Visiting Physician license may practice medicine and surgery providing such practice is entirely limited to the medical education facility, medical research facility, or the medical college where the license holder is teaching, researching, or practicing medicine and surgery, and only within the terms and restrictions established by the Board.

ADMINISTRATIVE PHYSICIAN:

This license is designed for an applicant whose primary responsibilities are those of an administrative or academic nature.

The holder of an Administrative Physician license may not examine, care for, or treat patients. An Administrative Physician license does not include the authority to prescribe drugs or controlled substances, delegate medical acts, issue opinions regarding medical necessity, or conduct clinical trials on humans.

Applicants for an Administrative Physician license must also meet the same qualifications for licensure as applicants applying under Wis. Stat. § 448.05 (2)(a) or (b).

Wisconsin Department of Safety and Professional Services

CODES FOR SPECIALTIES:

Enter specialty code(s) on page 1 of the "Application for Licensure to Practice Medicine and Surgery."

Academic Medicine	37	Otolaryngology	67
Administrative Medicine	71	Otorhinolaryngology - ENT	15
Aerospace Medicine	33	Pain	66
Alcoholism - Chemical Dependency	49	Pathology	16
Allergy - Immunology	01	Pathology - Clinical	17
Anesthesiology	02	Pathology - Surgical Anatomic	72
Aviation Medicine	32	Pediatrics	18
Dermatology	03	Pediatrics - Other	60
Emergency Medicine	31	Perinatology	62
Endocrinology	56	Pharmacology - Clinical	48
Family Medicine	925	Physical Medicine and Rehabilitation	19
Gastroenterology	06	Preventive Medicine	09
General Practice	08	Proctology	36
Genetics	61	Psychiatry	20
Geriatrics	29	Psychiatry - Child	21
Hand Surgery	64	Public Health	22
Hebiatrics	46	Radiation - Oncology	70
Hematology	07	Radiology	53
Hyperbaric Medicine	65	Radiology - Diagnostic	43
Immunology - Infectious Diseases	47	Radiology - Nuclear Medicine	68
Institutional Medicine	39	Radiology - Ultrasound	69
Internal Medicine	04	Radiology – Interventional	946
Internal Medicine - Cardiology	05	Research	34
Internal Medicine - Pulmonary Medicine	45	Retired	24
Neonatology	63	Rheumatology	57
Nephrology	40	School Physician	52
Neurology	10	Surgery - Cardiovascular	44
Neuromuscular Medicine	926	Surgery - Colon and Rectal	54
Neurophysiology	51	Surgery - General	25
Nuclear Medicine	23	Surgery - Maxillofacial	58
Obstetrics and Gynecology	12	Surgery - Neurological	11
Occupational Medicine	30	Surgery - Peripheral Vascular	59
Oncology	38	Surgery - Plastic	26
Ophthalmology	13	Surgery - Thoracic	27
Orthopedic Surgery	14	Urology	28

Wisconsin Department of Safety and Professional Services

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FAX #: (608) 251-3036
Phone #: (608) 266-2112

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

MEDICAL EXAMINING BOARD

APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY

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

PLEASE TYPE OR PRINT IN INK Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>	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.
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Ethnicity/gender status information is optional.

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

Sex: M F

Have you ever been licensed in Wisconsin as a Physician? Yes No **If yes, list your credential number:**

Email Address

Specialty (see page iv for a listing of codes) <input type="text"/>	Specialty Code (see page iv for a listing of codes) <input type="text"/>
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Medical School <input type="text"/>	Medical School Address (street, city, state) <input type="text"/>
Degree <input type="text"/>	Date Degree Granted <input type="text"/> / <input type="text"/> / <input type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

Please check this box if you are applying for Administrative Physician Licensure

<input type="checkbox"/> I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)	<input type="checkbox"/> Endorsement of LMCC (taken after 1/1/78) \$75.00 Initial Credential Fee \$75.00 Total Fee Attached
<input type="checkbox"/> Endorsement of Steps 1, 2 and 3 of USMLE \$75.00 Initial Credential Fee \$75.00 Total Fee Attached	<input type="checkbox"/> Reciprocity of State Board Exam (Taken Prior to 1972) \$141.00 Reciprocal Credential Fee \$141.00 Total Fee Attached
<input type="checkbox"/> Endorsement of National Boards (MD or DO), (NBME or NBOME) \$75.00 Initial Credential Fee \$75.00 Total Fee Attached	<input type="checkbox"/> Visiting Physician \$141.00 Reciprocal Credential Fee \$141.00 Total Fee Attached
<input type="checkbox"/> Endorsement of FLEX \$75.00 Initial Credential Fee \$75.00 Total Fee Attached	<input type="checkbox"/> Re-Registration (license expired more than 5 years) \$141.00 Renewal Fee \$ 25.00 Late Renewal Fee \$166.00 Total Fee Attached

For Receiving Use Only (20/21/220/221/876)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #570**) and appropriate fee
- Physician Profile Data Report from the American Medical Association or American Osteopathic Association
- Copy of ECFMG Certificate if a Foreign Graduate (**FCVS**), **not applicable for Re-Registration**
- Joint Commission Certified Hospital, Facility, and Employer Verification (**Form #3046**), **if applicable**
- Medical Education Verification Form (**Form #2164**) (**FCVS**), **not applicable for Re-Registration**
- Signed Authorization and Waiver Form (**Form #571**)
- Letters from all State Boards where licensed, **active and inactive**
- National Board, FLEX, State Board, USMLE or LMCC score (**FCVS**), **not applicable for Re-Registration**
- Certificate of Post-graduate Training (**Form #2165**) (**FCVS**), **not applicable for Re-Registration**
- Proof of 30 hours of CE completed in the previous biennium (**Re-Registration applicants**)
- Convictions and Pending Charges (**Form #2252**), **if applicable**
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, **if applicable**
- Physician Data Center Practitioner Profile Report from the Federation of State Medical Boards (**Form #1445**), (**FCVS**)
- Hospital, Facility and Employer Verification (**Form #2167**)
- Copy of a license to practice medicine and surgery in another state or Canada and a letter of good standing, **only required for Visiting Physician**
- National Practitioner Data Bank Report
- Signed Letter from the President or Dean of a medical school, facility, or college in Wisconsin indicating that the applicant intends to teach, research, or practice medicine and surgery at a medical education facility, medical research facility, or medical college in this State as a Visiting Physician, **only required for Visiting Physician**
- 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 Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <https://dsps.wi.gov/Pages/Professions/Physician/Default.aspx>.

POST-GRADUATE TRAINING/FELLOWSHIPS, PRACTICE, AND OTHER ACTIVITIES: List in chronological order from the date of graduation of medical school to the present time. The below information **must include professional and nonprofessional activities**. (**Attach additional sheets if necessary using the same format.**)

For all hospitals, facilities and employers where you are or have been employed, had or held staff privileges or appointments for five years preceding the date of application, the Hospital, Facility and Employer Verification form (**Form #2167**) must be submitted.

Please Note: The dates provided on this application must match the dates provided on the verification provided by the facility. Discrepancies will cause delays in the application process.

<u>DATES</u> (Month, Year)	<u>TYPE</u>	<u>NAME OF SCHOOL, HOSPITAL CLINIC OR OTHER</u>	<u>LOCATION</u> (City, State and Country)
(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 60%; height: 20px;" type="text"/> (Country) <input style="width: 100%; height: 20px;" type="text"/>
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Wisconsin Department of Safety and Professional Services

POST-GRADUATE TRAINING/FELLOWSHIPS, PRACTICE, AND OTHER ACTIVITIES, continued. . .

<u>DATES</u> (Month, Year)	<u>TYPE</u>	<u>NAME OF SCHOOL, HOSPITAL CLINIC OR OTHER</u>	<u>LOCATION</u> (City, State and Country)
(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>
(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>
(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>
(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>
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(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>
(From) <input type="text"/> / <input type="text"/> (To) <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow <input type="checkbox"/> Practice <input type="checkbox"/> Other		(City) <input type="text"/> (State) <input type="text"/> (Country) <input type="text"/>

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

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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.

Wisconsin Department of Safety and Professional Services

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

1.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health regarding communicable diseases? https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145 https://docs.legis.wisconsin.gov/statutes/statutes/252	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever failed to pass any state board examination, national board examination (NBME or NBOME), FLEX, or USMLE examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	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
7.	Have you ever been reprimanded, demoted, disciplined, cautioned, placed on probation, limited in your practice or privileges, placed on or take 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
8.	Have any suits or claims ever 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
9.	Has the Drug Enforcement Administration ever 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
10.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 10 above, did you apply for a predetermination of the convictions? If YES, proceed to question 13. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12, did you receive an approval letter? If YES, proceed to question 14. If NO, you may proceed to question 15.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 14, since the date of your approval letter have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges Form #2252.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

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 direction of a licensed health care practitioner.

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

15.	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 17. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	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
17.	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
18.	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
19.	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
20.	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

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.

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.

Wisconsin Department of Safety and Professional Services

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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

FORM 570 - Question Revision and Re-Ordering			11/27/2019
Now #	Was #	Question text (new version)	Comment
1	10	Are you registered or licensed in any other professions(s)? If yes, state what professions(s) and in what state(s):	
2	11	Have you ever been credentialed under any other name(s)? if yes, state name(s) credentialed under:	
3	1	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health regarding communicable diseases? https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/145 https://docs.legis.wisconsin.gov/statutes/statutes/252	URLs added
4	3	Have you ever failed to pass any state board examination, national board examination (NBME or NBOME), FLEX, or USMLE examination? If yes, provide details below:	
5	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.	
6	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.	
7	4	Have you ever been reprimanded, demoted, disciplined, cautioned, placed on probation, limited in your practice or privileges, placed on or take 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.	REWORDED - Prior text read "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, attached a sheet providing details about the action, including the name of the credentialing agency and date of action. "
7	9	Question text incorporated into renumbered question 7 text.	
8	10	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	
9	12	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	
10	6	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	

		FORM 570 - Question Revision and Re-Ordering	11/27/2019
Now #	Was #	Question text (new version)	Comment
11	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.	
12	20	If yes to question 10 above, did you apply for a predetermination of the convictions? If YES, proceed to question 13. If NO, submit Convictions and Pending Charges Form #2252 and supporting documentation.	added due to 2017 WI Act 278
13	21	If yes to question 12, did you receive an approval letter? If YES, proceed to question 14. If NO, you may proceed to question 15.	added due to 2017 WI Act 278 Dr. Lau requested revision on 11/15/19. Red text subsequently added.
14	22	If yes to question 14, since the date of your approval letter have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation. If NO, do not submit Convictions and Pending Charges Form #2252.	added due to 2017 WI Act 278
15	13	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 17. If yes, please explain.	Red text added
16	14	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.	REWORDED - Prior text read "If yes to question 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."
16	15	Question text incorporated into renumbered question 16 text.	
17	16	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	REWORDED - Prior text read: "Does your use of chemical substance(s) in any way impair, or limit your ability to practice medicine with reasonable skill and safety? If yes, please explain."
18	18	Are you currently (within the last two years) engaged in the illegal use of controlled dangerous substances?	Red text added
19	19	If yes to question 18, 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.	The word "currently" was removed.

FORM 570 - Question Revision and Re-Ordering			11/27/2019
Now #	Was #	Question text (new version)	Comment
20	17	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	Reference: 6.001 Admin Chapter Med 1.06(8): "Has been diagnosed as suffering from pedophilia, exhibitionism or voyeurism."

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

XXXXX - 020

MEDICINE AND SURGERY RENEWAL

MARY SMITH, MD
MARY SMITH
123 HAPPY VALLEY RD
HOMETOWN, WI 50000

Credential Renewal Fee Schedule:

due before 11/1/2019

**Total Owed: \$100.00
Total Paid: \$0.00
Balance Owed: \$100.00**

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 DSPPS 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 DSPPS (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 ALL PAGES

020R11/19CH.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: AMT PD. \$ 
XXXXX - 020 EXPIRED \$100.00 10/31/2019 XXXXX

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

MARY SMITH, MD
MARY SMITH
123 HAPPY VALLEY RD
HOMETOWN, WI 50000
email.address@email.com

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

02000450090000750000100002

- Review the Certificate of Legal Status statement below.
- Complete the Continuing Education (CE) Statement below.
- Answer, sign and date the Conviction Statement below.
- Complete all questions on all pages of this form.
- 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.

020R11/19CH.440 XXXXX-20

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 dsps@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 the applicant 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. If yes, please explain.	<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? If yes, please explain.	<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? If yes, please explain.	<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 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
6.	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
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 or privileges, 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
8.	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

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? If yes, give details on an attached sheet.	<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? If yes, please submit Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

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 (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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

	RENEWAL FORM - QUESTIONS ADDED	11/27/2019
Q#	Question text	Comment
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. If yes, please explain.	
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? If yes, please explain.	
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? If yes, please explain.	
4	Are you currently (within the last two years) engaged in the illegal use of controlled dangerous substances?	
5	If yes to question 4, 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.	
6	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	
7	Since your last renewal or initial licensure (if this is your first renewal), have you been reprimanded, demoted, disciplined, cautioned, placed on probation, limited in your practice or privileges, 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.	
8	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.	
9	Since your last renewal or 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.	

	RENEWAL FORM - QUESTIONS ADDED	11/27/2019
Q#	Question text	Comment
10	Since your last renewal or initial licensure (if this is your first renewal), have there been any medical malpractice claims resulting in payouts made on your behalf? If yes, please submit Malpractice Suits or Claims (Form #2829).	

Wisconsin Department of Safety and Professional Services

Parties:	<input type="text"/>	
Date Filed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Resolved: <input type="text"/> / <input type="text"/> / <input type="text"/>
Court and Case No.	<input type="text"/>	Disposition: <input type="text"/>
Description of Legal Action or Claim:		

Parties:	<input type="text"/>	
Date Filed:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date Resolved: <input type="text"/> / <input type="text"/> / <input type="text"/>
Court and Case No.	<input type="text"/>	Disposition: <input type="text"/>
Description of Legal Action or Claim:		

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

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

INFORMATION FOR COMPLETING APPLICATION FOR MEDICINE AND SURGERY FOR INDIVIDUALS WITH A CURRENT UNRESTRICTED MINNESOTA LICENSE

PLAN AHEAD: Applicants, recruiters, institutions, and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process takes time and that credentialing is not guaranteed to any applicant. Factors that determine the length of time it may take to process an application include the length of time the applicant has been in practice, the total number of jurisdictions in which the applicant has been credentialed, and the length of time it takes for supporting documents to be received in the Board office and reviewed.

We strive to process applications in a timely fashion. We cannot issue a credential until all of the required documents have been received and reviewed in the Board office.

It is the Department's mission and legislative mandate to provide consumer protection for Wisconsin Residents. The Department and the Board have been asked to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter, or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

PLEASE READ BEFORE COMPLETING YOUR APPLICATION: This application **does not** apply to individuals who hold a MN Telemedicine license. To qualify for this license you must currently hold an unrestricted State of Minnesota license.

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

- Application (**Form #2862**) and fees
- National Practitioner Data Bank Report
- Certification of Post Graduate Training (**Form #2165**)
- Copies of malpractice suit and court documents with allegations and settlement if applicable, complete Malpractice Suits or Claims (**Form #2829**)
- Authorization and Waiver (**Form #571**)
- Provide a current copy of your unrestricted Minnesota license
- Physician Profile Data Report from the American Medical Association or American Osteopathic Association
- Physician Data Center Practitioner Profile from the Federation of State Medical Boards (**Form #1445**)
- Convictions and Pending Charges (**Form #2252**) if applicable

VERIFICATION OF MEDICAL LICENSES IS REQUIRED: You are required to submit a current copy of your unrestricted Minnesota license to the Wisconsin Medical Examining Board.

NATIONAL PRACTITIONER DATA BANK: All candidates must request the "Practitioner Request for Information Disclosure" (Self-Query) from the National Practitioners Data Bank. Self-Queries (NPDB) can be found at <http://www.npdb.hrsa.gov/pract/selfQueryBasics.jsp>. Select the option that reads, "Start a Self-Query for an Individual." After the NPDB has completed your request, they will send the self-query response directly to you. Once received, you will need to forward a copy of the response to the Department. This report may be emailed to DSPSCREDMEDBD@wi.gov, or faxed to (608) 261-7083. If you have further questions regarding this report, contact the NPDB helpline at 1-800-767-6732.

Wisconsin Department of Safety and Professional Services

PHYSICIAN PROFILE DATA REPORT FROM AMA OR AOA: All MD's applying for licensure must complete the Physician Profile Data Report. This request can be made from the following website: American Medical Association Physician Profile Data at: <https://profiles.ama-assn.org/amaprofiles/>. Please select the option for "Physicians Only Requests for Profiles to be sent to Licensing Boards" and follow the steps given on the AMA website.

All DO's applying for licensure must use the AOA website at www.DOPprofiles.org.

PHYSICIAN DATA CENTER PRACTITIONER PROFILE REPORT: Request Report from the Federation of State Medical Boards (Form #1445).

ORAL INTERVIEWS:

The Oral Interview process in the State of Wisconsin was created under Wis. Admin. Code § MED 1.06. **If you are selected to appear for an Oral Interview**, you will be scheduled to appear before the Review Panel at one of the regularly scheduled Board meetings.

Panel Review: Oral Interviews:

- a) In addition to the National exam, an applicant **may** be required to complete an Oral Interview if the applicant:
 1. Has a medical condition, which in any way impairs or limits the applicant's ability to practice medicine and surgery with reasonable skill and safety.
 2. Uses chemical substances to impair in any way the applicant's ability to practice medicine and surgery with reasonable skill and safety.
 3. Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction.
 4. Has been found to be negligent in the practice of medicine or has been a party in a lawsuit in which it was alleged that the applicant had been negligent in the practice of medicine.
 5. Has been convicted of a crime the circumstances of which substantially relate to the practice of medicine.
 6. Has lost, had reduced, or had suspended his or her hospital staff privileges, or has failed to continuously maintain hospital privileges during the applicant's period of licensure following post-graduate training.
 7. Has graduated from a medical school not approved by the Board.
 8. Has been diagnosed as suffering from Pedophilia, Exhibitionism, or Voyeurism.
 9. Has within the past two (2) years engaged in the illegal use of controlled substances.
 10. Has been subject to adverse formal action during the course of medical education, postgraduate training, hospital practice, or other medical employment.
 11. Has not practiced medicine and surgery for a period of three (3) years prior to application, unless the applicant has been graduated from a school of medicine within that period.
- b) An application filed under Wis. Admin. Code § Med 1.02 shall be reviewed by an Application Review Panel of at least two (2) Board members designated by the Chairperson of the Board. The Panel shall determine whether the applicant is eligible for a regular license without completing an Oral Interview. An applicant can also be required to take an Oral Interview under Wis. Admin. Code Med § 1.08(2), if the applicant has been examined four (4) or more times before achieving a passing grade.

MAILING INSTRUCTIONS:

Mail the Application (Form #2862), the appropriate fee and documentation to the following address:

MAILING ADDRESS:

**DSPS
ATTN: MEDICAL EXAMINING BOARD
P.O. BOX 8935
MADISON WI 53708-8935**

EXPRESS DELIVERY:

**DSPS
ATTN: MEDICAL EXAMINING BOARD
4822 MADISON YARDS WAY
MADISON WI 53705**

Wisconsin Department of Safety and Professional Services

CODES FOR SPECIALTIES: Enter specialty code(s) on page 1 of the Application.

Academic Medicine	37	Otolaryngology	67
Administrative Medicine	71	Otorhinolaryngology - Ent	15
Aerospace Medicine	33	Pain	66
Alcoholism - Chemical Dependency	49	Pathology	16
Allergy - Immunology	01	Pathology - Clinical	17
Anesthesiology	02	Pathology - Surgical Anatomic	72
Aviation Medicine	32	Pediatrics	18
Dermatology	03	Pediatrics - Other	60
Emergency Medicine	31	Perinatology	62
Endocrinology	56	Pharmacology - Clinical	48
Family Practice	41	Physical Medicine and Rehabilitation	19
Gastroenterology	06	Preventive Medicine	09
General Practice	08	Proctology	36
Genetics	61	Psychiatry	20
Geriatrics	29	Psychiatry - Child	21
Hand Surgery	64	Public Health	22
Hebiatrics	46	Radiation - Oncology	70
Hematology	07	Radiology	53
Hyperbaric Medicine	65	Radiology - Diagnostic	43
Immunology - Infectious Diseases	47	Radiology - Nuclear Medicine	68
Institutional Medicine	39	Radiology - Ultrasound	69
Internal Medicine	04	Research	34
Internal Medicine - Cardiology	05	Retired	24
Internal Medicine - Pulmonary Medicine	45	Rheumatology	57
Neonatology	63	School Physician	52
Nephrology	40	Surgery - Cardiovascular	44
Neurology	10	Surgery - Colon and Rectal	54
Neurophysiology	51	Surgery - General	25
Nuclear Medicine	23	Surgery - Maxillofacial	58
Obstetrics and Gynecology	12	Surgery - Neurological	11
Occupational Medicine	30	Surgery - Peripheral Vascular	59
Oncology	38	Surgery - Plastic	26
Ophthalmology	13	Surgery - Thoracic	27
Orthopedic Surgery	14	Urology	28

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Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

APPLICATION FOR LICENSE TO PRACTICE MEDICINE AND SURGERY FOR INDIVIDUALS WITH A CURRENT UNRESTRICTED MINNESOTA LICENSE

(This application does not apply for individuals who hold a Minnesota Telemedicine license.)

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/>	
Social Security # <input type="text"/>	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: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Physician?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number: <input type="text"/>
Email Address <input type="text"/>			
Medical School Name <input type="text"/>		Medical School Address (street, city, state) <input type="text"/>	
Date Degree Granted <input type="text"/>		Degree <input type="text"/>	
Specialty (see page iii for a listing of codes) <input type="text"/>		Specialty Code <input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Reciprocity of MN State Board**
\$ 75.00 Reciprocal Initial Credential Fee
\$ 75.00 Total Fee Attached

For Receiving Use Only (20/21)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2862**) and appropriate fee
- National Practitioner Data Bank Report
- Certification of Post-graduate training (**Form #2165**)
- Provide a current copy of your unrestricted Minnesota license
- Physician Profile Data Report from the American Medical Association or American Osteopathic Association
- Physician Data Center Practitioner Profile from the Federation of State Medical Boards (**Form #1445**)
- Authorization and Waiver (**Form#571**)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, 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 Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

POST-GRADUATE TRAINING: Account for all post-graduate training activities. All facilities listed below must complete (**Form #2165**) and return directly to the Department to certify your completion of training. (Attach additional sheets, if necessary.)

Dates (Month/Year)	Type	Name of School, Hospital Clinic, or Other	Location (City, State and Country)
(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Post-Grad <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow		(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 30px; height: 20px;" type="text"/> (Country) <input style="width: 100%; height: 20px;" type="text"/>
(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Post-Grad <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow		(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 30px; height: 20px;" type="text"/> (Country) <input style="width: 100%; height: 20px;" type="text"/>
(From) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> (To) <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/>	<input type="checkbox"/> Post-Grad <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Fellow		(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 30px; height: 20px;" type="text"/> (Country) <input style="width: 100%; height: 20px;" type="text"/>

Wisconsin Department of Safety and Professional Services

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

1.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health regarding communicable diseases?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever failed to pass any state board examination, national board (NBME or NBOME), FLEX, or, USMLE examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have your hospital privileges ever been limited or removed? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Has the Drug Enforcement Administration ever 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

Wisconsin Department of Safety and Professional Services

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)

11.	Do you have a medical condition, which in any way impairs or limits your ability to practice medicine with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Does your use of chemical substance(s) 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
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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	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
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Valerie Payne, Executive Director, on behalf of Dr. Kenneth Simons		2) Date when request submitted: 2/13/2020 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 2/18/2020	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Under Federation of State Medical Boards (FSMB) Matters 1) USMLE Announcements a. Program Announces Upcoming Policy Changes b. Potential Impact of Coronavirus on USMLE Examination Administrations 2) Resolutions for 2020 FSMB House of Delegates due February 28 3) FSMB 2020 Annual Meeting – April 29-May 2, 2020 – San Diego, CA	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPP Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: <ul style="list-style-type: none"> • On February 12, 2020, the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners® (NBME®), co-sponsors of the United States Medical Licensing Examination® (USMLE®), announced upcoming policy changes to the USMLE program. <ul style="list-style-type: none"> ○ Changing Step 1 score reporting from a three-digit numeric score to reporting only pass/fail; ○ Reducing the allowable number of exam attempts on each Step or Step Component from six to four; and ○ Requiring all examinees to successfully pass Step 1 as a prerequisite for taking Step 2 Clinical Skills Announcement is available on the USMLE website: https://www.usmle.org/announcements/?ContentId=264 • The USMLE program continues to monitor the outbreak of respiratory illness caused by a novel (new) coronavirus, 2019-nCoV, first detected in Wuhan, Hubei Province, China and is prepared to take appropriate measures as warranted to protect the health and safety of examinees and the public. Please check the USMLE website for updates on the potential impact of coronavirus on USMLE administrations. • FSMB member boards are encouraged to submit resolutions on issues of importance to state medical boards and the FSMB for consideration by the House of Delegates in April 2020. Issues identified by boards in recent years have led to the development of new policies and programs beneficial to medical regulation. Resolutions are due by February 28, 2020. 			
11) Authorization			
Valerie Payne		2/13/2020	
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	

Announcements

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Announcements

[USMLE program announces upcoming policy changes](#)

Posted: February 12, 2020

Today, the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners® (NBME®), co-sponsors of the United States Medical Licensing Examination® (USMLE®), announced upcoming policy changes to the USMLE program.

- [Changing Step 1 score reporting from a three-digit numeric score to reporting only pass/fail;](#)
- [Reducing the allowable number of exam attempts on each Step or Step Component from six to four;](#) and
- [Requiring all examinees to successfully pass Step 1 as a prerequisite for taking Step 2 Clinical Skills](#)

These new policies will continue to enable the USMLE program to provide high-quality assessments for the primary user of exam results (state medical boards) while also addressing other considerations, such as exam security and unintended consequences of secondary score uses. The secondary uses of Step 1 scores for residency screening, in particular, have been the focus of extensive discussion over the past year at the FSMB and NBME, within the USMLE program, and with multiple stakeholders within the broader medical education and regulatory communities.

“These new policies strengthen the integrity of the USMLE and address concerns about Step 1 scores impacting student well-being and medical education,” said Humayun Chaudhry, DO, MACP, President and CEO of the FSMB. “Although the primary purpose of the exam is to assess the knowledge and skills essential to safe patient care, it is important that we improve the transition from undergraduate to graduate medical education.”

“The USMLE program governance carefully considered input from multiple sources in coming to these decisions. Recognizing the complexity of the environment and the desire for improvement, continuation of the status quo was not the best way forward,” reported Peter Katsufakis, MD, MBA, President and CEO of NBME. “Both program governance and staff believe these changes represent improvements to the USMLE program and create the environment for improved student experiences in their education and their transition to residency.”

These policy changes are currently planned to be phased in over the next 11-24 months. For specific information on each policy, consult the links above to the detailed statements accompanying each policy change. A podcast supplementing the information contained in this announcement is below.



USMLE Connection

Three Decisions to Result in Future Changes to USMLE

SOUNDCLOUD

1:2:24

Cookie policy

Potential impact of coronavirus on USMLE examination administrations

Posted: January 30, 2020

The USMLE program continues to monitor the outbreak of respiratory illness caused by a novel (new) coronavirus, 2019-nCoV, first detected in Wuhan, Hubei Province, China and is prepared to take appropriate measures as warranted to protect the health and safety of examinees and the public.

Whenever an examinee has a scheduled testing appointment, it is important to monitor the impact of illness, weather, or other conditions on USMLE administrations by going to the [Prometric website](#) (for Step 1, Step 2 CK, and Step 3 exams) and the [CSEC website](#) (for Step 2 Clinical Skills exams) for updates. Test centers may close at any time.

If you have been impacted by a test center closure related to the corona virus and need assistance with rescheduling your examination, please contact your registration entity.

It is also always important to monitor your own health. If you do not feel well on the day of your test, we strongly encourage you to reschedule your examination. If you become ill while taking any USMLE exam, inform a proctor promptly.

Please check the USMLE website for updates on the potential impact of coronavirus on USMLE administrations.

Step 1 – Delay in score reporting

Posted: January 13, 2020

If you need to receive Step 1 scores before July 8, 2020 it is recommended that you take the exam no later than **May 3, 2020**.

Most Step 1 scores are reported within four weeks of testing. However, because of necessary annual modifications to the test item pool, there will be a delay in reporting for some examinees who test beginning the week of May 4, 2020.

The target date for reporting Step 1 scores for most examinees testing the week of May 4, 2020 through mid-June will be Wednesday, **July 8, 2020**. For examinees whose circumstances require that they receive Step 1 scores before July 8, 2020, it is recommended that they take Step 1 no later than **May 3, 2020**.

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CALL FOR RESOLUTIONS 2019-2020

Member Medical Boards wishing to submit resolutions for consideration at the FSMB's May 2, 2020 House of Delegates annual business meeting are requested to forward all proposed resolutions to the FSMB.

Resolution Deadline

Member Medical Boards wishing to submit a resolution(s) for consideration by the 2020 House of Delegates must do so no later than **February 28, 2020**.

Drafting of Resolutions

When drafting resolutions for submission, please give close attention to the following:

- As stated in the FSMB Bylaws, "...the right to introduce resolutions is restricted to Member Medical Boards and the Board of Directors and the procedure for submission of such resolutions shall be in accordance with FSMB Policy."
- The title of the resolution should appropriately and concisely reflect the action for which it calls.
- The date on which the resolution was approved by the Member Medical Board should appear beneath the title.
- Information contained in the resolution should be checked for accuracy.
- The "resolved" portions should stand alone, since the House adopts only the "resolved" portions and the "whereas" portions are not subject to adoption.

A sample resolution is can be found on page 2.

Resolution Submission

Resolutions will need to be submitted **electronically** to Pat McCarty, Director of Leadership Services at pmccarty@fsmb.org. **If submitting more than one resolution, please do so in one email.**

A confirmation acknowledging receipt of the document(s) will be sent within one week. If you do not receive a confirmation, or for questions, please contact Ms. McCarty by email or at 817-868-4067.

Some Useful Information

Included for your review is information regarding the FSMB's Policy Development Process (pages 3-5) followed by the FSMB's Public Policy Compendium that lists the policies adopted by the House of Delegates in previous years.

Federation of State Medical Boards
House of Delegates Meeting
April 27, 2019

Subject: Emergency Licensure Following a Natural Disaster

Introduced by: North Carolina Medical Board

Approved: January 2019

Whereas, hurricanes and other natural disasters can cause mass injuries that are beyond a state’s ability to manage with currently licensed physicians; and

Whereas, in those situations, state medical and osteopathic boards (“boards”) must be able to quickly process emergency license applications in a way that does not compromise public safety; and

Whereas, FSMB Policy 240.4 “License Portability During a Public Health Emergency” (April 2006) states “. . . the FSMB [will] study issues relative to license portability during an emergency including, but not limited to, joining with other organizations or entities to determine the best manner to provide necessary medical care and maintain licensure autonomy for the individual states”; and

Whereas, FSMB Policy 240.6 “Disaster Preparedness and Licensing” (April 2002) states “The FSMB will cooperate with federal and state legislators, agencies, and organizations in facilitating the movement of properly licensed physicians among FSMB member licensing jurisdictions in support of necessary emergency medical response”; and

Whereas, although good policies, they did not result in model emergency licensure laws and rules; and

Whereas, many boards, particularly those in hurricane-prone states, would benefit from model emergency licensure laws and rules;

Therefore, be it hereby

Resolved, that the Federation of State Medical Boards convene a workgroup to develop model emergency licensure laws and rules and submit its recommendations to the House of Delegates at the 2020 FSMB Annual Meeting.



Federation of State Medical Boards 2020 Annual Meeting Agenda

Manchester Grand Hyatt
San Diego, California

Draft Agenda

**Times and session titles are tentative and subject to change

Wednesday, April 29, 2020

- 8:00 a.m. – 5:00 p.m. **Administrators in Medicine Annual Meeting**
Members of Administrators in Medicine (AIM), the national organization for state medical & osteopathic board executives, will convene for the organization's annual meeting.
- 12:00 – 6:00 p.m. **Annual Meeting and CME Registration**
- 5:30 – 6:30 p.m. **Minnesota Welcome Reception**
The Minnesota Board of Medical Practice invites all FSMB meeting attendees to its Welcome Reception. The Board encourages meeting attendees to take this opportunity to network with each other, and it looks forward to sharing some Minnesota hospitality.

Thursday, April 30, 2020

- 7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**
- 7:00 – 7:45 a.m. **New Attendee Orientation** (*continental breakfast provided*)
All first-time meeting attendees, including new state medical board members and staff, are encouraged to sit in on this informative session. The session will walk newcomers through the major highlights and structure of FSMB's Annual Meeting and provide a history of the organization, as well as tips for maneuvering through the next three days.
- 8:00 – 8:15 a.m. **Opening Ceremonies**
- 8:15 – 9:00 a.m. **Dr. Herbert Platter Lecture**
Achieving Regulatory Excellence in a World of Advanced Technologies and Complex Risks
In a world where risks are omnipresent, complex, and potentially extremely costly, taking a risk-based approach to regulation is essential—but sound human judgment and regulatory management is critically important for success. Achieving excellence in regulation demands much more than merely

the well-executed completion of technical tasks. It requires an infusion of consistently high levels of integrity, competence, and public engagement throughout a regulatory organization, instilled in all of its people, at every level. Even in a world of increasing technological sophistication and complexity, regulatory excellence ultimately demands “people excellence.”

9:00 – 9:15 a.m.

Break – Exhibits, Posters and Networking

9:15 – 10:45 a.m.

General Session Panel Discussion

Occupational Licensing in the Coming Age of Artificial Intelligence

During this session, a panel will expand on certain themes established during his keynote presentation, exploring the convergence of two trends that could strongly impact the medical profession: The rise of artificial intelligence (AI) and the growing interest in risk-based regulation. Could AI algorithms be used to successfully predict and manage disciplinary issues, and if so, what are the implications for fulfilling the traditional functions served by occupational licensing oversight?

10:45 – 11:00 a.m.

Break – Exhibits, Posters and Networking

11:00 – 11:45 a.m.

General Session

Your Federation at Work

This session will cover the new and ongoing initiatives and services undertaken by the FSMB as it works with and for its members to improve the quality, safety and integrity of health care.

Speaker: Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards

11:45 a.m. – 12:15 p.m.

FSMB Awards Presentation

Honorees will be recognized and receive the FSMB’s highest awards, including the Distinguished Service Award, the John H. Clark, MD Leadership Award, the Award of Merit and *Journal of Medical Regulation* awards.

Presenters:

Scott A. Steingard, DO, Chair, Federation of State Medical Boards

Humayun J. Chaudhry, DO, MACP, President and Chief Executive Officer, Federation of State Medical Boards

12:15 – 12:30 p.m.

Break – Exhibits, Posters and Networking

12:30 – 1:45 p.m.

Networking Luncheon

Participants will have opportunities to share ideas and compare notes during this luncheon, aimed at building new relationships.

1:45 – 2:00 p.m.

Break – Exhibits, Posters and Networking

- 2:00 – 3:00 p.m. **Board Forums**
 During these issue-based group breakout forums, attendees will have the opportunity to engage with their colleagues on pre-identified emerging topics and discuss those topics in greater depth.
- 3:00 – 3:15 p.m. Break – Exhibits, Posters and Networking
- 3:15 – 4:15 p.m. **Board Attorney Roundtable**
 The dialogue at this session will focus on board attorneys as they share and exchange valuable information on case experiences, best practices and current challenges. Attendees will focus their attention on discussing issues pertinent to a medical board attorney.
- 3:15 – 4:15 p.m. **Physician Assistants Forum**
 This session will focus on the licensing and regulation of Physician Assistants. The session will include a discussion on efforts toward license portability for PAs.
- 3:15 – 4:15 p.m. **Public Members Forum**
 During the Public Members Forum, attendees will focus on the needs of public members. This session will be useful for both veteran public members and those just beginning their term of service on a state medical board.
- 4:15 – 4:30 p.m. Break – Exhibits, Posters and Networking
- 4:30 – 5:30 p.m. **Candidates Forum**
 This year’s candidates for FSMB leadership positions will present their views on the future of the FSMB. Attendees are invited to attend this event to personally meet the candidates.
- 5:30 – 6:30 p.m. ***Meet the Candidates Reception***

Friday, May 1, 2020

- 7:00 a.m. – 5:00 p.m. **Annual Meeting and CME Registration**
- 6:30 – 7:15 a.m. **Sunrise Activity (Yoga session)**
 Come and join us for a yoga session. You don’t need experience with yoga to attend -- the session is open to all levels and is free. Yoga mats will be provided and pre-registration is required.
- 8:00 – 9:00 a.m. **Reference Committees**
- 9:00 – 10:15 a.m. **Morning Concurrent Sessions**
 Sessions will be offered concurrently with each other and repeated two times, allowing registrants to attend two of the three sessions.

Session 1

New Developments in International Graduate Medical Education and Accreditation

The Educational Commission for Foreign Medical Graduates (ECFMG) has announced that, effective in 2023, physicians applying for ECFMG Certification will be required to graduate from a medical school that has been appropriately accredited. To satisfy this requirement, the physician’s medical school must be accredited through a formal process that uses criteria comparable to globally accepted criteria, such as those developed by World Federation for Medical Education (WFME). With roughly one quarter of the U.S. physician workforce made up of IMGs, it is important for medical regulators to be aware of these new requirements. During this session, representatives of ECFMG, WFME and the Accreditation Council for Graduate Medical Education-International (ACGME-I) will be on hand to provide updates and answer questions.

Session 2

Medical Student Panel: Understanding the Next Generation of U.S. Physicians

More than 25,000 medical students complete their education each year, training at more than 140 U.S. medical schools. The most recent medical graduates face a fast-changing – and challenging -- landscape for medical practice, including limited residency options, mounting levels of student debt, an increasing incidence of burnout among health professionals and rapidly changing care delivery modes, such as telemedicine and artificial intelligence. In this session, students from several medical schools will share their views about medical regulation and their perspectives on the future practice of medicine.

Session 3

Physician Sexual Misconduct: FSMB Policy Proposals

Sexual boundary violations between physicians and patients is a serious issue, as is sexual harassment between physicians and their peers, subordinates and other health care team members. Recent high-profile cases of physician misconduct have created greater public awareness and reinforced the need for strong oversight by state medical boards to protect the public. This session will examine recent trends in addressing sexual misconduct issues, including successful state medical board programs and a review of new policy recommendations proposed by the FSMB’s Workgroup on Physician Sexual Misconduct.

10:15 –11:00 a.m.

AIM/FSMB Spotlight Poster Session

Join your colleagues and our strategic partners in the exhibit area for an exciting array of poster displays. The AIM/FSMB Spotlight Poster Session is a special exhibition of posters highlighting the work of state medical and osteopathic boards and researchers on topics of interest to the medical regulatory community. During the Spotlight Poster Session, representatives of each poster will be on hand to explain their work and answer questions. Refreshments will be offered.

11:00 a.m. – 12:15 p.m. **Morning Concurrent Sessions Repeated**

12:15 – 12:30 p.m. Break – Exhibits, Posters and Networking

12:30 – 2:00 p.m. **FSMB Foundation Luncheon**

Attendees will join the FSMB Foundation for its eighth annual luncheon. Space is limited and tickets are required, and opportunities to sponsor a table (tables of eight) are available.

2:00 – 3:30 p.m. **Afternoon Concurrent Sessions**

The afternoon sessions will be offered in three tracks, which will be repeated. The three tracks offered this year are *Discipline*, *Operations* and *Hot Topics*.

Note: Speaker presentations during the afternoon concurrent sessions are timed so that meeting participants can move from one session to another as particular topics are discussed.

DISCIPLINE TRACK

2:00 – 3:00 p.m. **Session 1**

Justice 3D: How to Ensure Fairness for Victims in Disciplinary Proceedings

In disciplinary cases in medical regulation, investigation and due process must be carefully balanced to ensure fairness for all parties involved. In this session, experts from the educational organization Justice 3D will offer strategies to help state medical boards interact effectively and compassionately with both the victim and the accused in disciplinary proceedings, with a focus on the critically important investigatory phase.

3:00 – 3:30 p.m. **Session 2**

National Practitioner Data Bank Update: New Tools for Regulators

During this session, representatives of the National Practitioner Data Bank will discuss a new program that helps state medical boards utilize NPDB data more effectively. Speakers will also examine the impact state medical board sanctions have on clinical privileges reporting against physicians from hospitals.

OPERATIONS TRACK

2:00 – 2:45 p.m. **Session 1**

The Coming Transition of Medical Regulation to Digital Platforms

Emerging digital technologies may soon be used to reduce paper-based administrative burdens on medical regulators and others in the health care system. During this session, FSMB representatives will discuss the technical, legal and regulatory impacts of tools such as digital signatures and digital credentialing – and what medical regulators must keep in mind in order to

ensure patient safety and stability of process as older systems transition into these new modes.

2:45 – 3:30 p.m.

Session 2

Should Your State Medical Board Have a Strategic Plan?

The benefits of long-term strategic planning are well established, but not all state medical boards are guided by a formal strategic plan. Should your board consider implementing a plan? During this session, advice on strategic plan development for state medical boards will be provided – taking into account the unique challenges boards face. Included will be examples of successful state board plans and how-to steps touching on goal-setting, tactical action plans and more. Included will be tips and advice drawn from the FSMB’s recent strategic planning/future scenario exercises – which it used during its own recent strategic-plan update.

HOT TOPICS TRACK

2:00 – 2:30 p.m.

Session 1

Credentialing and Reporting within the Department of Defense

This session will explain how the Army leadership instituted its standardized safety campaign in an effort to improve teamwork and reduce harm and will describe the practices adopted by leaders to operate as a high reliability organization. This session will also include a discussion of physician credentialing and reporting within the Department of Defense and the information can be accessed by state medical boards.

2:30 – 3:00 p.m.

Session 2

Telemedicine

Telemedicine continues to expand and impact health care delivery and regulation. This session will feature updates on new technologies and services being offered, growth trends and legislative and policy developments.

3:00 – 3:30 p.m.

Session 3

Physician Wellness and Burnout

Two years after the FSMB adopted a comprehensive policy on physician wellness and burnout, many of its member boards are adopting new approaches to the issue. This session will report on the latest statistics on burnout, progress in national initiatives aimed at addressing it, and innovative programming from state medical boards.

3:30 – 3:45 p.m.

Break – Exhibits, Posters and Networking

3:45 – 5:15 p.m.

Afternoon Concurrent Sessions Repeated

5:30 – 7:00 p.m.

Reception hosted by the Alabama State Board of Medical Examiners

Saturday, May 2, 2020

- 7:00 a.m. – Noon **Annual Meeting and CME Registration**
- 6:30 – 7:15 a.m. **Sunrise Activity (Yoga session)**
Come and join us for a yoga session. You don't need experience with yoga to attend -- the session is open to all levels and is free. Yoga mats will be provided and pre-registration is required.
- 8:00 – 9:30 a.m. **General Session**
Ensuring Fairness in Medical Regulation: Can Implicit Bias be Overcome?
During this panel discussion, participants will discuss the concept of "implicit bias" in disciplinary proceedings and the dangers it poses to fair outcomes. While we strive for impartiality and justice in our work, do we have the capacity to be truly objective? What are the unseen barriers to achieving justice? Included will be an examination of state medical board processes and systems of board appointment and apportionment of physicians and public members on boards.
- 9:30 – 9:45 a.m. Break – Posters and Networking
- 9:45 – 11:00 a.m. **General Session: Joint Session with the FSPHP**
- 11:00 – 11:15 a.m. Break – Posters and Networking
- 11:15 a.m. – 12:15 p.m. **Dr. Bryant L. Galusha Lecture**
Where Will the Empowered Health Care Consumer Lead Us?
The decades-long trend toward consumer empowerment in health care has accelerated in recent years and is now sparking mega-changes. Telemedicine, the growth of retail clinics and other fast, relatively inexpensive models of health care delivery are inviting new players into the health care arena – such as Google and Amazon – and fueling a new, more demanding consumer-culture in which patients have increased expectations and are less concerned about traditional titles, roles and the scope of practice of those who provide their care. Helping to accelerate these trends are the millennials, who will soon be the largest generation in U.S. history. Will medical regulators be ready for the changes to come?
- 12:15 – 2:00 p.m. Lunch on your own
- 2:00 – 4:00 p.m. **House of Delegates**
The annual business meeting of the House of Delegates is open to all attendees.
- 5:00 – 5:30 p.m. **Chair's Reception**

5:30 – 6:30 p.m.

Investiture of the Chair

Cheryl Walker-McGill, MD, MBA, will be installed as chair and elected officers and directors will be recognized during the occasion.

7:00 – 9:00 p.m.

Dr. Walter L. Bierring Dinner and Entertainment

Join your colleagues for dinner, music and dancing. Attire is dressy casual. This event celebrates the installation of the FSMB's new leadership team and honors Dr. Bierring, a pivotal leader during the FSMB's formative years. Dr. Bierring edited the *Federation Bulletin* (now the *Journal of Medical Regulation*) for 45 years while simultaneously serving as the organization's secretary and treasurer.

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