

Wisconsin Department of Safety and Professional Services

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MEDICAL EXAMINING BOARD

INFORMATION FOR COMPLETING THE UNIFORM APPLICATION

The Uniform Application for Physician State Licensure (UA) is a licensure application shared by many state boards. After completing the UA, your application is securely stored and can be sent to additional boards accepting or requiring the UA without reentering the same information. You would only make updates as needed and complete the state specific requirements for each board. The UA can only be submitted via the online, self-guided occupational license application, [LicensE](#).

The Federation Credentials Verification Service (FCVS) can be used in conjunction with the UA but it is not required. FCVS is used for credential verification only and is not a licensure application. Applicants not using FCVS must provide credentials to the board for verification. Applicants using FCVS will need to complete an initial (first time) or subsequent (update) FCVS application before working on the UA. More information is available at <https://www.fsmb.org/fevs/>.

To work on your UA, select “Uniform Application (UA)” from the Sign In menu in the upper right corner of <https://www.fsmb.org/uniform-application/>, then sign in and continue as directed.

Completing the Uniform Application

Please read the following information carefully. You will be asked to provide your licensure and employment history, account for all time since medical school graduation, and provide information on medical malpractice claims. We recommend having this information on hand before you begin. Failure to submit all required information and documentation will result in processing delays.

Complete the UA as instructed online. Make special note of the information given below.

- If you indicate on the UA that you have ever used an alternate name or your name is not the same on all of your submitted documents, you must submit a certified copy of your marriage certificate, divorce decree, court order, or other document that indicates your legal name change. If you are using FCVS for credential verification, FCVS will verify your alternate name and send documentation to the Board on your behalf.
- All nine digits of your social security number must be submitted. If you are using FCVS, manually enter the missing numbers as FCVS only transfer the last four digits into the UA.

If you do not have a social security number, you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied (Wis. Stat. § [440.03\(11m\)](#)). A form for submitting a statement that you do not have a social security number is available from the Board.

The Department may not disclose the social security number collected except to the Department of Children and Families for purposes of administering the child and spousal support program (Wis. Stat. §§ [49.22](#) and [440.13](#)), to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes (Wis. Stat. § [440.12](#)), and to the federal Healthcare Integrity and Protection Data

Bank for the purpose of reporting adverse actions against health care practitioners per the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

- If you are not using FCVS, you must contact the appropriate entity to have a certified transcript of your scores sent directly to the Board. If you have taken any component of the NBME in conjunction with another exam (USMLE/FLEX), you must request the transcripts from the NBME. If you are using FCVS, FCVS will provide this information to the Board for you.
 - USMLE/FLEX/SPEX: Request your transcripts by going to <http://www.fsmb.org/> and clicking on Transcripts in the Sign In menu. For questions or assistance, call 817/868-4041 or email usmle@fsmb.org.
 - National Board of Medical Examiners (NBME): Request transcripts and other documents to be sent to this Board at <https://apps.nbme.org/ciw2/prod/jsp/login.jsp>. For assistance, call 215/590-9500 or email scores@nbme.org.
 - National Board of Osteopathic Medical Examiners (NBOME): Request that a certified copy of your official transcript be sent directly to this Board at <http://www.nbome.org/transcript-request.asp?m-can>. For assistance, call 773/714-0622 or email transcripts@nbome.org.
 - State Board Examination: (Reciprocity only for exams taken prior to 1982.) Request certified scores directly from the state board. The state board submitting the information must include all of 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 disciplinary action. See <https://www.fsmb.org/uniform-application/> for a directory of state boards.
 - Medical Council of Canada (LMCC): (Must be taken after January 1, 1978.) Visit http://www.mcc.ca/en/mcc_docs/index.shtml to request documents to be sent to the Board. For questions or assistance, call 613/521-6012 or email MCC_Admin@mcc.ca.
 - Educational Commission for Foreign Medical Graduates (ECFMG): If you graduated from a medical school outside of the United States or Canada and are not using FCVS, you must provide a copy of your ECFMG certificate. Request certified National Boards Part I & II subjects and scores and a historical record at <http://www.ecfmg.org>. ECFMG should forward this information directly to the Board. For questions or assistance, call 215/823-2202 or email info@ecfmg.org.
- List all other professional licenses you have held (nurse, EMT, etc.) in all states, territories, provinces, or foreign countries. Include temporary, courtesy, and locum tenens licenses, and instructional or training permits. All licenses must be verified, with verification including your date of birth, license number, date of issuance, and a statement regarding disciplinary actions.

The licensure verification information resource at <https://www.fsmb.org/uniform-application/> lists each board's preferred method of verification as well as verification fees. The information is subject to change at any time so we highly recommend verifying fees and requirements at the links provided. When using VeriDoc or a board's electronic method of verification, you do not need to use the Verification of Licensure form or the UA's Licensure Verification form.

If you are using FCVS, you will not need to complete the verification forms related to education or postgraduate training. FCVS will provide this information to the Board for you.

- On the Chronology of Activities page, the Practice/Employment Name field must contain either a business name or a description of your non-working time (Health Activity, Military Service, PGT/Education, Seeking Employment, or Vacation). Provide your home or school address for each non-working time. To

avoid delays in processing, review this information thoroughly after importing into LicensE to ensure the information is accurate and complete.

- Clinical indicates time spent with patients. Administrative indicates time spent on other tasks, such as paperwork or research.
- On the Malpractice page, include all settlements, judgments, awards, and claims, even if no money was paid. For each case listed, provide documentation.
- Complete the licensure verifications and the applicable DSPS forms located on the Board’s website at <https://dsps.wi.gov/Pages/Professions/Physician/Default.aspx>. Use the checklist provided at the end of these instructions to ensure you complete all required forms.

Review & Submit

Please review all of your entries before submitting. We strongly advise that you print or save a copy for your records. Any errors will be listed in a red-outlined box with a link to the page that needs to be corrected.

To submit your UA, read and accept the Terms and Conditions, then click on “Submit Application” or “Continue” at the bottom of the screen. First time UA-users will be taken to a payment page for a one-time service fee of \$50. This is a separate fee collected by FSMB, not by state boards, and is separate from FCVS fees. An itemized receipt will be available in the Navigation Options menu in the upper right corner.

The “Start New/Edit” link is used for both editing an already submitted UA and for sending the UA to a new state board. After clicking on that link, select/reselect the appropriate board from the map, make changes or updates if needed, and send your UA to the selected board.

For assistance, see the Uniform Application FAQ at <http://www.fsmb.org/uniform-application/ua-faq/>. If your question is not listed, contact UA customer service at 800-793-7939 or email ua@fsmb.org with your username, FCVS ID if applicable, and a detailed description. Provide a screenshot if you receive an error.

OTHER LICENSURE REQUIREMENTS

Requirements for licensure are listed at <https://dsps.wi.gov/Pages/Professions/Physician/Default.aspx>. In addition to the listed requirements for education, examinations, postgraduate training, and DEA number (if prescribing controlled substances), please note the following:

The Data Bank (National Practitioner/Healthcare Integrity and Protection) Self Query

All applicants must request the “Practitioner Request for Information Disclosure” (Self Query) from The Data Bank. Visit <https://www.npdb.hrsa.gov/> and click on “Start a Self-Query for an Individual.” Follow the instructions to receive a self-query report. When finished, print a copy of the form for yourself and mail it directly to The Data Bank. They will send the Self Query report directly to you. Once received, upload the report into your LicensE application. For questions or assistance in obtaining a report, call 800-767-6732 or email help@npdb.hrsa.gov.

Physician Profile Data Report from AMA or AOA

All MDs applying for licensure must request the AMA Physician Profile Data Report from the American Medical Association at <https://profiles.ama-assn.org/amaprofiles>. Select the option for “Physicians Only – Requests for Profiles to be sent to Licensing Boards” and follow the steps given on the AMA website. Call 800-621-8335 for assistance.

All DOs applying for licensure must request the AOA Official Osteopathic Physician Profile Report at <https://www.aoaprofiles.org/>. For questions or assistance, email credentials@osteopathic.org.

Oral Interviews

The oral interview process in the State of Wisconsin was created under MED 1.06 of the Administrative Code. 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) 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 so as 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 have been 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 been graduated from a medical school not approved by the board.
8. Has been diagnosed as suffering from pedophilia, exhibitionism, or voyeurism.
9. Has 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 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 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 examination. An applicant can also be required to take an oral interview under Wis. Admin. Code § [Med. 1.08](#) if the applicant has been examined four or more times before achieving a passing grade.

Foreign Graduates

If you are not using FCVS for credential verification, provide a copy of your ECFMG certificate with "valid indefinitely" status as described on page 3. If you participated in a Fifth Pathway program, you must also provide a copy of your Fifth Pathway Certificate.

Checklists

You will have an online checklist provided by the Board to ensure you complete all requirements. The checklist provided on the following page is given to help you determine which items are needed if you are using FCVS and/or applying for certain licenses (Visiting Physician, Temporary Camp Physician, and Locum Tenens).

Uniform Application Checklist

If you are using FCVS for credential verification, FCVS will provide some of the information for you.

	Not Using FCVS	Using FCVS
Uniform Application – can only be imported to LicensE	<input type="checkbox"/>	<input type="checkbox"/>
Application fee (must be paid via LicensE)	<input type="checkbox"/>	<input type="checkbox"/>
Letters/verifications from all State Boards where licensed including active and inactive licenses . Refer to the Licensure Verification Information resource at http://www.fsmb.org/uniform-application/ to determine fees and process.	<input type="checkbox"/>	<input type="checkbox"/>
DSPS Form #571: Authorization and Waiver	<input type="checkbox"/>	<input type="checkbox"/>
DSPS Form #2164: Medical Education Verification	<input type="checkbox"/>	Provided by FCVS
DSPS Form #2165: Certificate of Postgraduate Training	<input type="checkbox"/>	Provided by FCVS
DSPS Form #2167: Hospital, Facility, and Employer Verification	<input type="checkbox"/>	<input type="checkbox"/>
DSPS Form #2252: Convictions and Pending Charges if applicable	<input type="checkbox"/>	<input type="checkbox"/>
DSPS Form #3046: Joint Commission Certified Hospital, Facility, and Employer Verification if applicable	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of marriage certificate, divorce decree, etc., if the name on all of your credentials is not the same	<input type="checkbox"/>	<input type="checkbox"/>
National Board, FLEX, State Board, USMLE, or LMCC score(s)	<input type="checkbox"/>	Provided by FCVS
ECFMG certificate if applicable	<input type="checkbox"/>	Provided by FCVS
Fifth Pathway certificate if applicable	<input type="checkbox"/>	Provided by FCVS
Self-Query report from The Data Bank	<input type="checkbox"/>	<input type="checkbox"/>
Physician Profile Data Report from the American Medical Association (AMA) or American Osteopathic Association (AOA)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of a current registration card to practice medicine and surgery in another jurisdiction in the United States or Canada – only required for Visiting Physician, Locum Tenens, and Temporary Camp Physician	<input type="checkbox"/>	<input type="checkbox"/>
A letter from a physician licensed to practice medicine and surgery in the State of Wisconsin requesting the applicant’s services – only required for Locum Tenens	<input type="checkbox"/>	<input type="checkbox"/>
A letter requesting the applicant’s services from a camp organization or other recreational facility in the State of Wisconsin – only required for Temporary Camp Physician	<input type="checkbox"/>	<input type="checkbox"/>
FSMB Board Action/Disciplinary Inquiries Report	Provided with the UA	

BASIS FOR LICENSURE / APPLICATION FEES

Administrative Physician

If you would like to apply for an Administrative Physician license, please check this box along with the appropriate method below.

Endorsement of Steps 1, 2, and 3 of USMLE

\$ 60.00 Initial Credential Fee

Reciprocity of State Board Exam taken prior to 1972

\$ 60.00 Reciprocal Credential Fee

Endorsement of National Boards (NBME/NBOME)

\$ 60.00 Initial Credential Fee

Visiting Physician

\$ 60.00 Initial Credential Fee

Endorsement of FLEX

\$ 60.00 Initial Credential Fee

Temporary Camp Physician License

\$ 60.00 Initial Credential Fee

Endorsement of LMCC (Taken after 1/1/78)

\$ 60.00 Initial Credential Fee

Locum Tenens License

\$ 60.00 Initial Credential Fee

Resident Educational License

\$ 10.00 Initial Credential Fee