

Medical College of Wisconsin Affiliated Hospitals, Inc.

Step-by-Step Guide Prepared by the Office of Graduate Medical Education

FCVS is a fast and convenient way for physicians to store core credentials that can be used for multiple state medical boards processes. Using the Federation Credentials Verification Service (FCVS) is not a requirement of licensure in Wisconsin.

No.	Item	Comments/Action
1	State of Wisconsin DSPS Home Page	<p>Action</p> <ol style="list-style-type: none"> 1. Pursuing a Wisconsin medical license requires applicant to apply online using the LicenseE system. 2. If you hold a current Minnesota License, please seek the applicable choices. 3. Review comments on specific forms and submit to appropriate 3rd party(ies). <p><i>Submit the 3rd party forms from your application, as it will contain your “PAR...” number.</i></p>
2	Physician Data Center Practitioner Profile Report (Not necessary if utilizing FCVS).	<p>Action</p> <p>This should be <u>completed online</u>, Refer to instructions on FSMB website.</p>
3	<p>Form 2164</p> <p>Medical Education Verification Form</p> <p>(Not necessary if utilizing FCVS)</p>	<p>Comments</p> <p><i>This form may take the longest to have completed and returned!!</i></p> <p>Action</p> <p>Must be sent to your medical school (including international medical schools).</p> <p>Your medical school must complete and upload directly to your application (PAR-000000000000) at the State of Wisconsin.</p>
4	<p>Form 2165</p> <p>Certification of Post-Graduate Training</p>	<p>Comments</p> <p>If you have or will be completing an internship, residency or fellowship, you must forward this form to the Program Director(s) of all accredited programs you were with for GME training.</p>

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	(Not necessary if utilizing FCVS)	<p>If you have completed training at multiple institutions, the Program Director from <u>each institution</u> must complete a copy of this form.</p> <p>Action After you have completed an initial year of accredited GME training, forward this form to your program coordinator for processing. Program Directors must not sign or date this form prior to you passing STEP 3/Complex 3 AND completion of an initial year of GME. The DSPS will not accept them nor will they accept incomplete forms – all questions must be answered.</p> <p>If licensing is not completed in a timely manner, this form may have to be resubmitted. Completed form should be uploaded to your application.</p>
5	Form 2167 <i>Hospital, Facility and Employer Verification</i>	<p>Comments This form must be completed ONLY if you have had employment or hospital staff privileges outside of your graduate medical education training program. (Moonlighting should be reported on the form.)</p> <p>For those in their first year of GME, directly following graduation from medical school, this form will NOT be necessary.</p> <p>Action If it applies to your situation, a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. <i>Overseas activities need not be listed on this form. Form may be <u>uploaded</u> directly to your application.</i></p> <p><i>If it does NOT apply to your situation, there is no need to submit this form.</i></p>
6	Form 2252 <i>Convictions and Pending Charges</i>	<p>Comments Complete this form only if applicable.</p> <p>Relevant convictions/charges include:</p> <ul style="list-style-type: none"> • Felonies, misdemeanors or any other violations of state or federal law in any state. Pleas of no contest or guilty must be included. • Include any convictions that involved the use of drugs and/or alcohol including convictions for "driving or operating a motor vehicle under the influence". • You must provide certified copies of police reports, criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court.

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		<ul style="list-style-type: none"> If records have been destroyed, you must provide a written description of each offense, explanation of the penalties and verification of compliance and completion. See form for other items that must be reported. <p>Action This form must be completed and an additional fee needs to be remitted to the DSPS (only if applicable). See form for fee.</p>
7	Form 2829 <i>Malpractice Suits or Claims Form</i>	<p>Comments</p> <p>Complete this form only if applicable. This form is self-explanatory. Please follow instructions on form.</p>
8	Form 3046 <i>Joint Commission Certified Hospital, Facility and Employer Verification</i>	<p>Comments: This form must be completed ONLY if you have had employment or hospital staff privileges <u>outside of your graduate medical education training program</u>. (Moonlighting should be reported on the form.)</p> <p>For those in their first year of GME, directly following graduation from medical school, this form will NOT be necessary.</p> <p>Action: If it applies to your situation, a copy of this form must be sent to all employers or hospitals that you have had staff privileges during the past 5 years. Overseas activities need not be listed on this form. Completed form may be uploaded directly to your application.</p> <p><i>If it does NOT apply to your situation, there is no need to have this form submitted.</i></p>
9	Physician Profile Data Report from AMA or AOA Order Form	<p>Comments This form is required of all applicants.</p> <p>Action</p> <ul style="list-style-type: none"> For applicants with an MD degree, view the American Medical Association Physician Profile Data – Select “Sign In” or “Create an account”. (You may have to contact the AMA (800-665-2882) for assistance). As you proceed through the process, you will want to choose the option, “Send to medical Licensing Board”, choose the State (Wisconsin). For applicants with a DO degree, view the AOA “DO Profiles” – Select “Physicians...Send your profile”....follow website instructions.

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10	Official Transcripts	<p>Comments</p> <p>The FSMB will certify a complete history of your licensure exams (USMLE or FLEX) and any action taken against you and reported to the FSMB by a licensing or disciplinary board and/or credentialing agency.</p> <p>The FSMB has no access to National Board scores. Applicants needing those scores will need to contact the NBOME.</p> <p>Action</p> <p>The vast majority of the housestaff will need to request USMLE transcripts online to be sent to Wisconsin Medical Examining Board. They may be uploaded to your application if you provide them with your “PAR” number.</p>
11	NPDB <i>National Practitioner Data Bank</i>	<p>Comments</p> <p>All housestaff (MDs and DOs) must request the Self-Query from the National Practitioner Data Bank's website <i>after USMLE Step 3 or COMLEX- USA Level III has been passed <u>and after</u> you have completed 12 months of GME in the United States</i></p> <p>Action</p> <p>View information on the NPDB homepage. View topics regarding the self-query process</p> <p>This is a self-query, therefore, the results will be mailed and/or emailed to you. Review the results to make sure that they were not rejected and all information submitted is correct.</p> <p><u>UPLOAD ALL PARTS OF THE REPORT DIRECTLY TO YOUR APPLICATION IN LicenseE . SUBMIT YOUR PAPERWORK AND THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES (DSPS) WILL PROCESS IT IN THE ORDER IN WHICH IT IS RECEIVED. Always including your PAR number in any correspondence with the licensing dept.</u></p> <p>If you receive a rejection notice, follow the accompanying instructions.</p> <p>For further information, please refer to Form 570 (page ii).</p>
12	Other Required Items	<p>Comments</p> <ul style="list-style-type: none"> • Photocopy of ECFMG Certificate (if foreign medical school graduate) with “valid indefinitely” status.

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		<ul style="list-style-type: none"> • Photocopies of Malpractice Suits (court documents with allegations and settlement if under 10 years) • Legal Documents Pertaining to Name Change (photocopy acceptable)
13	Licensed in any other State?	<p>Action (this may take additional review time)</p> <ol style="list-style-type: none"> 1. You are required to have each State Board in which you have ever been licensed <u>upload letters of verification to your application with</u> the Wisconsin Dept of Safety and Professional Services. 2. Contact each Board you held or hold a license to see if a fee is required. 3. 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. The verifications can be either <u>uploaded to your application or emailed with the PAR number in the subject of the email.</u>
14	Oral Exam	<p>Comments</p> <p>Few applicants are required to take an Oral Exam. Substance abuse, disciplinary actions, convictions of crimes, denial of a license in Wisconsin or another jurisdiction, loss of hospital privileges, and individual graduates from a medical school not approved by the Board are possible reasons for an Oral Exam to be administered.</p> <p>An applicant can also be required to take an oral exam if the applicant has taken a licensure exam four or more times before achieving a passing grade.</p> <p>Action All oral exams will be administered when the Medical Examining Board meets. Available dates will be provided by the State of Wisconsin.</p>
15	Checking Status of License Application	<p>Comments It may take up to 20 working days to process and to post the forms that have been received online. To ensure that the forms have all been “submitted”, press the “submit” button at the bottom of the page.</p> <p>Action View status of your license through LicenseE using your “PAR” number.</p>
16	License Application Approved	<p>Comments</p>

No.	Item	Comments/Action
		Once your application is complete, check the department's website for your official credential number and grant date using the “license Lookup” feature in LicenseE .