

Mayo Clinic School of Graduate Medical Education

Full Wisconsin License

Because there are several steps to the licensure application process, use this as a guide along with the instructions in the application for obtaining your full WI medical license. **This is only a guide, whatever is listed in the application supersedes this guide.** If you have questions, please contact Tisha Doherty at 507-284-2952 or doherty.tisha@mayo.edu.

For incoming trainees who will be starting training at Mayo Clinic who meet the full licensure requirements, your license should be issued at least one month prior to your start date.

For internal trainees who are currently in training at Mayo Clinic and are becoming eligible for the full license your application MUST be received by the WI Board **by April 1st and your full license issued prior to August 1st.**

Failure to complete these steps and or failure for your full license to be issued by the dates above could result in disciplinary action and or delay in starting your program.

MCSGME will provide reimbursement of licensure fees. MCSGME will NOT reimburse for the initial set up fee for FCVS. You can use FCVS, but it is NOT reimbursable. Keep a copy of all receipts, as receipts are required for reimbursement.

For Incoming trainees who will be starting, reimbursement instructions will be emailed once you start your program. Access to the reimbursement system does not happen until you start.

For Internal current Mayo Clinic trainees, use your Mayo credit card for payment and follow the instructions below to submit for reimbursement once the expense appears in Oracle: [Instructions for Reimbursement-Creating Expense Report](#)

[Login \(wi.gov\)](#)

Select Register for an Individual

Complete the information that is requested.

Select Physician-by Endorsement

- When it asks if you would like to upload a UA application, we suggest that you select no, unless you already have a UA application set up.
- We also suggest that you **not** use FCVS. You can use FCVS if you'd like but this fee is **not reimbursable**. If you use FCVS you do not need to complete FORMS 2164 or 2165, do not need to send your exam transcript (USMLE, COMLEX), do not need to send Physician Data Center Profile (Form 1445) or a copy of your ECFMG certificate.

Certification of Post-Graduate Training- Form 2165

<https://dsps.wi.gov/Credentialing/Health/fm2165.pdf>

ONLY COMPLETE THE TOP PORTION OF THIS FORM (Applicant and Training program sections)

Remember to add your application number to this form as your previous programs will need this to upload it to your portal. The application number will be generated when you submit your application.

- Forward this completed form to each school/program where you have completed clinical post graduate training at. They will need to complete their portion of the form and upload it to the WI boards website using the application number that you provide on the form.
- If you are **currently** in a Mayo Clinic program and received licensure instructions via MedHub complete the Applicant and Training Program sections of the form (if you are an Eau Claire trainee use 1400 Bellinger St Eau Claire, WI 54702 if you are a La Crosse trainee use 815 10th St South LaCrosse, WI 54601 for the address), add your application number to the form and upload the form back into MedHub. The verifications team will complete this form and send it to the board on June 30th once you have completed this year's training.

- If you have completed training previously in a MCSGME program submit form 2165 online at the following link: <https://college.mayo.edu/academics/residencies-and-fellowships/contact-and-verifications/verification-request-form/>
 - Complete:
 - First Name
 - Last Name
 - Approx. graduation year
 - For “Requester Contact information” enter in your contact information
 - Verification Type- select state licensing board form
 - ATTACH AUTHORIZATION TO RELEASE FORM IN AUTHORITY FOR RELEASE SECTION
 - Attach completed form 2165 in the State licensing board forms section.
 - The verification team will hold this form until you have completed this year’s training and will send it to the board at that time.

Medical Education Verification Form 2164

<https://dsps.wi.gov/Credentialing/Health/fm2164.pdf>

Remember to add your application number to the form before sending it to your medical school.

Complete the top section of this form and send it directly to your medical school (you can email or fax this to your medical school). They will complete their portion and should upload it directly to the WI boards website.

If you are an International Medical School graduate, please upload a copy of your ECFMG certificate.

Request an electronic transcript of your USMLE/COMLEX exam score:

If you do not have scores for all steps of USMLE or COMLEX exams, wait to request transcript until all scores are available. **You can still submit application to the board now and send your scores when you get the Step 3 results.** (Remember to keep a receipt for this fee if you want to be reimbursed.)

- If you have scores for all USMLE or COMLEX exams, request 2 copies of the transcripts.
 - Have one sent electronically to the WI Board (you can choose this from the dropdown in FSMB). Have the other one mailed to you. The fee covers 2 transcripts.

USMLE exam: [FSMB](#)

COMLEX exam: <https://www.nbome.org/>

LMCC (Contact Medical Council of Canada)

Physician Data Center Practitioner Profile Report from the Federation of State Medical Boards – Form 1445

<https://dsps.wi.gov/Credentialing/Health/fm1445.pdf>

Complete this form and email it to boardinquiry@fsmb.org

Complete the NPDB Query

Complete the PHYSICIAN PROFILE DATA REPORT FROM AMA OR AOA: (This is different than the Physician data center profile mentioned above). 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>. For assistance call (800)-665-2882 All DO’s applying for licensure must use the AOA website at www.DOProfiles.org.

571 Authorization and Waiver

Complete the form via the instructions on the form and upload to your application.

If you have any Malpractice Suits or Claims

Complete this form- remember to send additional documentation

[2829](#) Malpractice Suits or Claims Form

If you have had a **full license** in any other state you need to send verification of the license(s) directly to the WI board either via VERIDOC <https://www.veridoc.org/index.aspx> if you are not able to pull up the license here you'll need to contact that respective states medical board directly and follow their instructions to send verification to the WI Board.

FORM 2167 does not apply to you unless you have been employed at another hospital etc.

[2167](#)

Hospital, Facility and Employer Form (not required for applicants who have only been employed in a strictly training capacity and have not done any moonlighting outside of their training)

If you have any Convictions or Pending Charges

Complete this form- remember to send additional documentation and the additional fee if necessary.

[2252](#)

Convictions and Pending Charges

You can monitor the status of your application here: [Application Status Lookup \(wi.gov\)](#)

You will want to keep your application number as this will be needed to track the status of your application.

Contact information for the Wisconsin Medical Board

Email: dsps@wisconsin.gov

Phone: 608-266-2112