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. It would be a good idea to save this document electronically so you can reference it later if needed.

IMPORTANT:

Failure to complete these steps or to have your full license issued at least one month before your start date may result in a delay in beginning your program.

MCSGME will provide reimbursement of licensure fees, MCSGME will NOT reimburse for FCVS. You can use FCVS, but it is NOT reimbursable. Keep a copy of all receipts, receipts are required for reimbursement. Reimbursement instructions will be emailed to you when you start your program.

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.
- You can use FCVS if you'd like but this fee is not reimbursable and if you don't already have an FCVS profile set up- this could delay your license being issued as processing times for setting up your FCVS account can take 1-4 months. 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 (PAR#) 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 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
 - o 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.

Medical Education Verification Form 2164

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

Remember to add your application number (PAR#) 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.)

- o 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

https://www.npdb.hrsa.gov/

Complete a Self-Query, select Personal Query and upload query result report to your application.

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

<u>If</u> 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 <u>https://www.veridoc.org/index.aspx</u> 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.

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: <u>Application Status Lookup (wi.gov)</u>
You will want to keep your application number as this will be needed to track the status of your application.

FULL WISCONSIN MEDICAL LICENSE CHECKLIST

Important: This checklist is a guide. Always follow the official Wisconsin Medical Board (DSPS) application instructions.

KEY DEADLINES

Full license should be issued at least one month prior to your program start date.

Failure to meet deadlines can delay your program start or lead to disciplinary action.

REIMBURSEMENT NOTES

- Use credit card for payment.
- MCSGME reimburses licensure fees but NOT FCVS fees.
- Keep all receipts (required for reimbursement).
- Reimbursement instructions will be emailed to you when you start your program.

APPLICATION SETUP (WI.GOV PORTAL)

- 1. Go to wi.gov
- 2. Select Register for an Individual
- 3. Choose Physician by Endorsement
- 4. When prompted:
 - "Upload UA Application?" → Select "No" (unless you already have a UA).
 - Optional: You may use FCVS, but it's not reimbursable and can delay your license (setup time 1–4 months).

If you use FCVS, you **do not** need to send:

- Form 2164 (Medical Education Verification)
- Form 2165 (Post-Graduate Training)
- USMLE/COMLEX transcripts
- FSMB Form 1445 (Physician Data Center Profile)
- ECFMG certificate copy

DOCUMENTS & FORMS CHECKLIST

- 1. Form 2165 Certification of Post-Graduate Training
 - Form 2165 PDF
 - Complete **Applicant** and **Training Program** sections only.
 - Add your application number (PAR #).
 - Forward to each post-graduate training program you completed; that program will need to upload directly to the WI Board using your PAR #.

2. Form 2164 – Medical Education Verification

- Form 2164 PDF
- Add your PAR #.
- Complete the top portion and send it to your **medical school** (email or fax).
- Your medical school needs uploads to WI Board website.
- IMGs: Upload a copy of your ECFMG Certificate.

3. Exam Score Transcripts

- Request **USMLE/COMLEX** transcript **after all steps are complete**.
- Request **2 copies** (fee covers both):
 - One sent electronically to WI Board (FSMB dropdown).
 - o One mailed to you
- Keep receipt for reimbursement.
- Links:

- o <u>USMLE via FSMB</u>
- COMLEX via NBOME
- o LMCC via MCC

4. Form 1445 – Physician Data Center Profile

- Form 1445 PDF
- Complete and email to: boardinquiry@fsmb.org

5. NPDB Query

Complete an **NPDB Self-Query** and submit per WI Board instructions. https://www.npdb.hrsa.gov/ Complete a Self-Query, select Personal Query and upload query result report to your application.

• 6. Physician Profile Data Report

- MDs: Request from <u>AMA Profiles</u>
- **DOs:** Request from <u>AOA Profiles</u>

7. Form 571 – Authorization and Waiver

• Complete per instructions and upload to your application.

8. Form 2829 – Malpractice Suits or Claims

- Complete only if applicable.
- Attach additional documentation.

9. License Verification (If Licensed Elsewhere)

- Send verification directly to WI Board:
 - o Use VeriDoc, or
 - Contact the previous state's medical board if not listed.

10. Form 2167 – Hospital, Facility, and Employer Form

• Not required if only employed in training (no moonlighting).

11. Form 2252 – Convictions and Pending Charges

- Complete only if applicable.
- Include documentation and additional fee if required.

TRACK YOUR APPLICATION

- Application Status Lookup (Application Status Lookup)
- Keep your Application Number (PAR #) handy.