

Chapter Med 1

LICENSE TO PRACTICE MEDICINE AND SURGERY

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Note: Chapter Med 1 as it existed on October 31, 1976 was repealed and a new chapter Med 1 was created effective November 1, 1976.

Med 1.01 Authority and purpose. The rules in this chapter are adopted by the medical examining board pursuant to the authority delegated by ss. 15.08 (5), 227.11, 448.05 (2) (c), and 448.40, Stats., and govern application and examination for license to practice medicine and surgery under s. 448.04 (1) (a), Stats.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; correction made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401; **CR 16–047: am. Register May 2017 No. 737, eff. 6–1–17.**

Med 1.015 Definitions. As used in this chapter:

(1) “FLEX” means the federated licensing examination.

(2) “NBME” means the national board of medical examiners examination.

(2m) “Regular license” means a license to practice medicine and surgery under s. 448.04 (1) (a), Stats.

(3) “USMLE” means the United States medical licensing examination.

History: Cr. Register, January, 1994, No. 457, eff. 2–1–94; **CR 16–047: cr. (2m) Register May 2017 No. 737, eff. 6–1–17.**

Med 1.02 Applications and credentials. Every person applying for regular license to practice medicine and surgery shall make application therefor on forms provided for this purpose by the board and shall submit to the board the following:

(1) A completed and verified application form.

(2) Verified documentary evidence of graduation from a medical or osteopathic school approved by the board. The board recognizes as approved those medical or osteopathic schools accredited at the time of the applicant’s graduation therefrom by the American Osteopathic Association, or the Liaison Committee on Medical Education, or their successors. If an applicant is not a graduate of a medical school approved by the board, but is a graduate of a medical school recognized and listed as such by the World Directory of Medical Schools or its predecessor the International Medical Education Directory, such applicant shall submit verified documentary evidence of graduation from such school and also verified documentary evidence of having passed the examinations required by the Educational Council for Foreign Medical Graduates or successors, and shall also present for the board’s inspection the originals thereof, and if such medical school requires either social service or internship or both of its graduates, and if the applicant has not completed either such required social service or internship or both, such applicant shall also submit verified documentary evidence of having completed a 12 month supervised clinical training program under the direction of a medical school approved by the board.

(3) (a) Verification of satisfactory completion by the applicant of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada, or a successor

organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(b) If an applicant is a graduate of a foreign allopathic or osteopathic medical school, then the applicant must provide a verified certificate showing satisfactory completion of 24 months of postgraduate training in one or more programs accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or a successor organization; or documentary evidence that the applicant is currently enrolled in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Royal College of Physicians and Surgeons of Canada, or a successor organization and has received credit for 12 consecutive months of postgraduate training in that program and an unrestricted endorsement from the postgraduate training director that the applicant is expected to complete at least 24 months of postgraduate training.

(c) If the applicant possesses a medical license issued by another jurisdiction and has not completed 24 months of postgraduate training approved by the board and is not currently enrolled in a postgraduate training program but the applicant has other professional experience which the applicant believes has given that applicant the education and training substantially equivalent to 24 months of postgraduate training, then the applicant may submit the documented education and training demonstrating substantially equivalent education and training. The board will review the documented education and training and may make further inquiry, including a personal interview of the applicant, as the board deems necessary to determine whether substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds that the documented education and training is substantially equivalent to the required training and experience the board may grant a waiver of the requirements under par. (a) or (b).

(cm) An applicant may apply to the board for waiver of the requirements of par. (a) or (b) on grounds of prolonged illness or disability or other similar hardship, and each case will be considered individually on its merits by the board.

(d) The board approves of the training programs accredited by the following organizations: the Accreditation Council for Graduate Medical Education, the American Osteopathic Association, the Liaison Committee on Medical Education, the American Association of Colleges of Osteopathic Medicine, and the National Joint Committee on Approval of Pre-Registration of Physician Training Programs of Canada, or their successor organizations.

(4) An unmounted photograph, approximately 8 by 12 cm., of the applicant taken not more than 60 days prior to the date of application and bearing on the reverse side the statement of a notary public that such photograph is a true likeness of the applicant.

(5) A verified statement that the applicant is familiar with the state health laws and the rules of the department of health services as related to communicable diseases.

(6) The required fees made payable to the Wisconsin department of safety and professional services.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; cr. (6), Register, February, 1997, No. 494, eff. 3–1–97; correction in (5) made under s. 13.93 (2m) (b) 6., Stats., Register, December, 1999, No. 528; correction in (5), (6) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 13–090: am. (2) Register April 2014 No. 700, eff. 5–1–14; EmR1505: emerg. r. and recr. (3), eff. 4–1–15; CR 15–022: r. and recr. (3) Register October 2015 No. 718, eff. 11–1–15; **CR 16–047: am. (2), (3) (a) to (c), cr. (3) (cm) Register May 2017 No. 737, eff. 6–1–17; correction in (3) (a) under s. 35.17, Stats., Register May 2017 No. 737, eff. 6–1–17.**

Med 1.03 Translation of documents. If any of the documents required under this chapter are in a language other than English, the applicant shall also submit a verified English translation thereof, and the cost of such translation shall be borne by the applicant.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76.

Med 1.05 Fees. The required fees must accompany the application, and all remittances must be made payable to the Wisconsin medical examining board.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76.

Med 1.06 Panel review of applications; examinations required. (1) (a) All applicants shall complete the examination under sub. (3) (b). In addition, an applicant may be required to complete an oral examination 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 s. 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.

(c) All examinations shall be conducted in the English language.

(d) All written examinations and oral examinations as required shall be scored separately and the applicant shall achieve a passing grade on all examinations to qualify for a license.

(2) The board will notify each applicant required to complete an oral examination of the time and place scheduled for that applicant’s examination. Failure of an applicant to appear for an examination as scheduled may void that applicant’s application and

require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

(3) (a) The board accepts the results of the FLEX administered on or before December 31, 1993, as its written examination and requires a score of not less than 75 on both Component 1 and Component 2 of the FLEX administered on or after January 1, 1985.

(b) Commencing January 1, 1994, the board requires the 3–step USMLE sequence as its written or computer–based examination. The minimum passing score for Step 1, Step 2 CK, and Step 3 shall be not less than 75 on the 2–digit scale. Step 2 CS, which is scored as pass or fail, shall be passed. Applicants who have completed a standard M.D. or D.O. medical education program shall complete all 3 steps of the examination sequence within 10 years from the date upon which the applicant first passes a step, either Step 1 or Step 2. Applicants who have completed a combined M.D. or D.O. and Ph.D. medical scientist training program shall complete all 3 steps of the examination sequence within 12 years from the date upon which the applicant first passes a step, either Step 1 or Step 2. Applicants who have passed a step may not repeat the step unless required to do so in order to comply with the 10–year or 12–year time limit. If the applicant fails to achieve a passing grade on any step, the applicant may apply for and be reexamined on only the step failed.

Note: The 10–year or 12–year time limit applies to all applicants, regardless of the date of application, including applicants denied under the prior 7–year or 9–year time limit who submit a new application for licensure.

(bm) The board shall waive completion of the 3–step USMLE sequence for an applicant who has passed all 3 levels of the Comprehensive Osteopathic Medical Licensing Examination, commonly known as the COMLEX–USA. The applicant shall have achieved a minimum passing score for Level 1, Level 2–CE, and Level 3 of not less than 75 on the 2–digit scale. Level 2–PE, which is scored as pass or fail, shall be passed.

(c) The board shall waive completion of Steps 1 and 2 of the USMLE sequence for applicants who have passed FLEX Component 1 prior to January 1, 2000; and shall waive Step 3 of the USMLE sequence for applicants who have passed FLEX Component 2 prior to January 1, 2000. The board shall waive any step of the USMLE sequence for applicants who have passed the corresponding part of the NBME examination prior to January 1, 2000.

Note: The following table represents application of s. Med 1.06 (3) (c)

USMLE STEP 1	USMLE STEP 2	USMLE STEP 3
FLEX COMPONENT 1 or NBME PART 1	FLEX COMPONENT 1 or NBME PART 2	FLEX COMPONENT 2 or NBME PART 3

(d) The board may waive the requirement for written or computer–based examinations required in this section for any applicant who has achieved an overall FLEX weighted average of no less than 75 on the FLEX taken prior to January 1, 1985 in a single session in another licensing jurisdiction in the United States or Canada, in no more than 3 attempts. If the applicant had been examined 4 or more times before achieving a weighted average score of no less than 75, the applicant shall meet the requirements specified in s. Med 1.08.

(e) The board may waive the requirement for written or computer–based examinations required in this section for any applicant who has achieved a score of no less than 75 on Components 1 and 2 of the FLEX administered on or after January 1, 1985 in another licensing jurisdiction in the United States or Canada, if the applicant achieved a score of no less than 75 on each of the 2 components in no more than 3 attempts. If the applicant has been examined 4 or more times before achieving a score of 75 on either

or both components of the FLEX, the applicant shall meet the requirements specified in s. Med 1.08.

(f) An applicant who has passed all components of any of the examinations of the following boards and councils may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written or computer-based examination of the applicant:

1. National Board of Medical Examiners.
2. National Board of Osteopathic Medical Examiners.
3. Medical Council of Canada, if the examination is taken on or after January 1, 1978.
4. Medical Council of Canada, if the examination was taken before January 1, 1978, and the applicant is board certified at the time of application by a specialty board acceptable to the board.

(g) An applicant who has received passing grades in written or computer-based examinations for a license to practice medicine and surgery conducted by another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof. The board will review such documentary evidence to determine whether the scope and passing grades of such examinations are substantially equivalent to those of this state at the time of the applicant's examination, and if the board finds such equivalence, the board will accept this in lieu of requiring further written or computer-based examination of the candidate. The burden of proof of such equivalence shall lie upon the applicant.

(4) (a) An oral examination of an applicant is conducted by one or more physician members of the board. The purpose of an oral exam is to evaluate the applicant's eligibility for a regular license under the applicable circumstances specified in s. Med 1.06 (1) (a) 1. to 11. The passing grade for an oral exam under this paragraph is 90 percent.

(b) Any applicant who fails the oral examination under par. (a) shall be examined by the board. The grade of an exam under this paragraph shall be the applicant's final grade for the oral examination under this subsection. The passing grade for an exam under this paragraph is 90 percent.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; am. (4), Register, August, 1979, No. 284, eff. 9–1–79; am. (3) (b), cr. (3) (b) 1. to 3., Register, October, 1980, No. 298, eff. 11–1–80; cr. (5), Register, October, 1984, No. 346, eff. 11–1–84; emerg. am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b) eff. 2–8–85; am. (3) (intro.), r. and recr. (3) (a), renum. (3) (b) and (c) to be (3) (c) and (d), cr. (3) (b), Register, September, 1985, No. 357, eff. 10–1–85; r. and recr. (1) Register, April, 1987, No. 376, eff. 5–1–87; renum. (3) (intro.), (a), (b), (c) (intro) and (d) to be (3) (a), (d), (e), (f) (intro.) and (g) and am. (a), (d), (e) and (f) (intro.), cr. (3) (b) and (c), Register, January, 1994, No. 457, eff. 2–1–94; am. (1) (a) (intro.), 3. to 6. and (d), r. and recr. (1) (a) 1. and 2., cr. (1) (a) 8. to 11., Register, February, 1997, No. 494, eff. 3–1–97; am. (1) (a) (intro.), (d), (3) (a), (b), (d), (e), (f) (intro.) and (g), Register, March, 2000, No. 531, eff. 4–1–00; CR 01–032: am. (3) (b), Register October 2001 No. 550, eff. 11–1–01; CR 03–072: am. (3) (f), cr. (3) (f) 4. Register January 2004 No. 577, eff. 2–1–04; CR 06–114: am. (3), Register April 2007 No. 616, eff. 5–1–07; CR 15–022: am. (1) (a) (intro.), (b), (d), r. (4) Register October 2015 No. 718, eff. 11–1–15; **CR 16–047: am. (1) (a) (intro.), 9., (b), (d), (2), (3) (a), (b), cr. (3) (bm), am. (3) (c) to (e), (f) (intro.), 2., cr. (4), r. (5) Register May 2017 No. 737,**

eff. 6–1–17; correction in (3) (d), (e) made under s. 13.92 (4) (b) 7., Stats., Register May 2017 No. 737.

Med 1.08 Failure and reexamination. If an applicant has been examined 4 or more times in another licensing jurisdiction in the United States or Canada before achieving a passing grade in written or computer-based examinations also required under this chapter, the board may require the applicant to submit evidence satisfactory to the board of further professional training or education in examination areas in which the applicant had previously demonstrated deficiencies. If the evidence provided by the applicant is not satisfactory to the board, the board may require the applicant to obtain further professional training or education as the board deems necessary to establish the applicant's fitness to practice medicine and surgery in this state. In order to determine any further professional training or education requirement, the board shall consider any information available relating to the quality of the applicant's previous practice, including the results of the applicant's performance on the oral examination required under s. 448.05 (6), Stats., and s. Med 1.06.

Note: Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, October, 1976, No. 250, eff. 11–1–76; am. (1) and cr. (2), Register, September, 1985, No. 357, eff. 10–1–85; am. (2), Register, March, 2000, No. 531, eff. 4–1–00; CR 15–022: am. (2) Register October 2015 No. 718, eff. 11–1–15; **CR 16–047: r. (1), am. (2) Register May 2017 No. 737, eff. 6–1–17; renum. (2) to Med 1.08 under s. 13.92 (4) (b) 7., Stats., Register May 2017 No. 737.**

Med 1.10 Board review of examination error claim.

(1) An applicant claiming examination error shall file a written request for board review in the board office within 30 days of the date the examination was reviewed. The request shall include all of the following:

- (a) The applicant's name and address.
- (b) The type of license for which the applicant applied.
- (c) A description of the mistakes the applicant believes were made in the examination content, procedures, or scoring, including the specific questions or procedures claimed to be in error.
- (d) The facts which the applicant intends to prove, including reference text citations or other supporting evidence for the applicant's claim.

(2) The board shall review the claim, make a determination of the validity of the objections and notify the applicant in writing of the board's decision and any resulting grade changes.

(3) If the decision does not result in the applicant passing the examination, a notice of denial of license shall be issued. If the board issues a notice of denial following its review, the applicant may request a hearing under s. SPS 1.05.

Note: The board office is located at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, February, 1997, No. 494, eff. 3–1–97; correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.