

Chapter Med 1

LICENSE TO PRACTICE MEDICINE AND SURGERY
 UNDER SECTION 448.04(1) (a), WIS. STATS.
 (“REGULAR LICENSE”)

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Note: Chapter Med 1 as it existed on October 31, 1976 was repealed and a new chapter Med 1 was created effective November 1, 1976.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 sections 15.08 (5), 227.08, and 448.40 Wis. Stats., and govern application and examination for license to practice medicine and surgery under section 448.04(1) (a) Wis. Stats., (hereinafter “regular license”).

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

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 and a verified photographic copy of the diploma conferring the degree of doctor of medicine or doctor of osteopathy granted to the applicant by such school. The board recognizes as approved those medical or osteopathic schools recognized and approved at the time of the applicant’s graduation therefrom by the Council on Medical Education and Hospitals of the American Medical Association, or the American Osteopathic Association, or the Liaison Committee on Medical Education, or 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 Health Organization of the United Nations, such applicant shall submit verified documentary evidence of graduation from such school and a verified photographic copy of the diploma conferring the degree of doctor of medicine or equivalent degree as determined by the board granted to the applicant by such school and also verified documentary evidence of having passed the examinations conducted 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 verified certificate showing satisfactory completion by the applicant of 12 months' postgraduate training in a facility approved by the board. The board recognizes as approved those facilities and training programs recognized as approved at the time of the applicant's service therein by the Council on Medical Education of the American Medical Association, or the American Osteopathic Association, or the Liaison Committee on Graduate Medical Education, or the National Joint Committee on Approval of Pre-Registration Physician Training Programs of Canada, or successors. If an applicant is a graduate of a foreign medical school not approved by the board and if such applicant has not completed 12 months' postgraduate training in a facility approved by the board, but such applicant has had other professional experience which the applicant believes has given that applicant education and training substantially equivalent, such applicant may submit to the board documentary evidence thereof. The board will review such documentary evidence and may make such further inquiry including a personal interview of the applicant as the board deems necessary to determine that such substantial equivalence in fact exists. The burden of proof of such equivalence shall lie upon the applicant. If the board finds such equivalence, the board may accept this in lieu of requiring that applicant to have completed 12 months' postgraduate training in a program approved by the board.

(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 and social services as related to communicable diseases.

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

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 1.04 Application deadline. The fully completed application and all required documents must be received by the board at its office not less than 3 weeks prior to the date of examination.

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 Examinations. (1) Examinations are both written and oral and are conducted only in the English language. The written and oral examinations are scored separately, and each applicant must achieve passing grades on both the written and the oral examinations to become qualified for grant of license.

(2) The board will notify each applicant found eligible for examination of the time and place scheduled for that applicant's examinations. Failure of an applicant to appear for examinations as scheduled will 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) The board administers the FLEX examination as its written examination and requires a weighted average score of 75.0 or better based on all 3 parts of the examination taken at a single session as reported by the FLEX Administrative Offices as passing grade.

(a) An applicant who has achieved a weighted average score of 75.0 or better on the FLEX examination based on all 3 parts of the examination taken at a single session in another licensing jurisdiction of the United States or Canada may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written examination of the applicant.

(b) An applicant who has passed all 3 parts of the examinations of either the National Board of Medical Examiners or the National Board of Examiners for Osteopathic Physicians and Surgeons may submit to the board verified documentary evidence thereof, and the board will accept this in lieu of requiring further written examination of the applicant.

(c) An applicant who has received passing grades in written 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 examination of the candidate. The burden of proof of such equivalence shall lie upon the applicant.

(4) Oral examinations of each applicant are conducted by members of the board, and are scored as pass or fail.

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

Med 1.07 Conduct of examinations. (1) At the opening of the examinations each applicant shall be assigned a number which shall be used by the applicant on all examination papers, and neither the name of the applicant nor any other identifying marks shall appear on any such papers.

(2) At the opening of the examinations the proctor will read and distribute to the assembled applicants the rules of conduct to be followed during the course of the examinations. Any violation of these rules of conduct by any applicant will be cause for the board to terminate the examination of such applicant and to exclude such applicant from continuing the examinations, and will also be cause for the board to find that such applicant has failed the examinations.

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

Med 1.08 Failure and re-examination. An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for re-examination on forms provided for that purpose by the board. For each such re-examination the application therefor shall be accompanied by the re-examination fee. An applicant who fails to achieve a passing grade in the examinations required under this chapter may be re-examined twice at not less than 4 month intervals, and if such applicant fails to achieve a passing grade on the second such re-examination, that applicant shall not be admitted to further examination until such applicant reapplies for licensure and also presents to the board evidence of further professional training or education as the board may deem appropriate in such applicant's specific case.

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