

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 score of not less than 75.0 on each part of the 2-part FLEX examination administered on or after January 1, 1985. Every applicant shall take the complete 2-part examination the first time the applicant is admitted to the FLEX examination. If the applicant fails to achieve a passing grade on one of the 2 parts, the applicant may apply for and take only the part failed. If the applicant fails to achieve a passing grade in the second re-examination of the part failed, the applicant shall meet requirements specified in s. Med 1.08 (1).

(a) The board may waive the requirement for written examinations required in this section for any applicant who has achieved a weighted average score of no less than 75.0 on all 3 parts of the examination 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 75.0 on all 3 parts, the applicant shall meet requirements specified in s. Med 1.08 (2).

(b) The board may waive the requirement for written examinations required in this section for any applicant who has achieved a score of no less than 75.0 on each of the 2 parts of the FLEX examination 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 75.0 on each of the 2 parts in no more than 3 attempts. If the applicant had been examined 4 or more times before achieving a score of 75.0 on either or both parts of the FLEX examination, the applicant shall meet requirements specified in s. Med 1.08 (2).

(c) An applicant who has passed all 3 parts 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 examination of the applicant:

1. National Board of Medical Examiners;
2. National Board of Examiners of Osteopathic Physicians and Surgeons; or
3. Medical Council of Canada, if the examination is taken on or after January 1, 1978.

(d) 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 one or more physician members of the board. The purpose of the oral exams is to test

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the applicant's knowledge of the practical application of medical principles and techniques of diagnosis and treatment, judgment and professional character and are scored pass or fail. Any applicant who fails the initial oral examination shall be examined by the board which shall then make the final decision as to pass or fail.

(5) Any applicant who is a graduate of a medical school in which English is not the primary language of communication may be examined by the board on his or her proficiency in the English language.

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.

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 beginning of the examinations a proctor shall read and distribute to the applicants the rules of conduct to be followed during the examinations and the consequences of violation of the rules. If an applicant violates the rules of conduct, the board may withhold or invalidate the applicant's examination scores, disqualify the applicant from the practice of medicine or impose other appropriate discipline.

History: Cr. Register, October, 1976, No. 250, eff. 11-1-76; r. and recr. (2), Register, December, 1984, No. 348, eff. 1-1-85.

Med 1.08 Failure and re-examination. (1) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for re-examination on forms provided by the board and pay the appropriate fee for each re-examination as required in s. 440.05, Stats. An applicant who fails to achieve a passing grade may be re-examined twice at not less than 4-month intervals. If the applicant fails to achieve a passing grade on the second re-examination, the applicant may not be admitted to any further examination until the applicant reapplies for licensure and presents evidence satisfactory to the board of further professional training or education as the board may prescribe following its evaluation of the applicant's specific case.

(2) 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 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 appli-

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cant'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 er (2), Register, September, 1985, No. 357, eff. 10-1-85.