

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Note: Chapter Med 1 as it existed on October 31, 1976 was repealed and a new chapter Med 1 was created effective November 1, 1976.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

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.

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.

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

History: Cr. Register, January, 1994, No. 457, eff. 2–1–94.

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 family services as related to communicable diseases.

(6) The required fees made payable to the Wisconsin department of regulation and licensing.

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.

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 Panel review of applications; examinations required. (1) (a) All applicants shall complete the computer–based examination under sub. (3) (b), and an open book examination on statutes and rules governing the practice of medicine and surgery in Wisconsin. 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 within the past 2 years 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) Written, computer-based 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 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) (a) The board accepts the FLEX examination administered on or before December 31, 1993, as its written examination and requires a score of not less than 75.0 on each component of the 2-component FLEX examination administered on or after January 1, 1985. Every applicant shall have taken the complete 2-component examination the first time the applicant was admitted to the FLEX examination.

(b) Commencing January 1, 1994, the board accepts the 3-step USMLE sequence as its written or computer-based examination and administers step 3 of the sequence. Minimum standard passing scores for each step shall be not less than 75.0. Applicants shall complete all 3 steps of the examination sequence within 7 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 7-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 according to the reexamination provisions of s. Med 1.08 (1).

(c) Prior to the January 1, 2000, the board shall waive completion of steps 1 and 2 of the USMLE sequence for applicants who

have passed FLEX component 1; 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.

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 a weighted average score of no less than 75.0 on all 3 components of the FLEX 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 components, the applicant shall meet requirements specified in s. Med 1.08 (2).

(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 75.0 on each of the 2 components 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 components in no more than 3 attempts. If the applicant has been examined 4 or more times before achieving a score of 75.0 on either or both components of the FLEX examination, the applicant shall meet requirements specified in s. Med 1.08 (2).

(f) An applicant who has passed all 3 components 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 examiners of osteopathic physicians and surgeons; or
3. Medical council of Canada, if the examination is taken on or after January 1, 1978.

(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) 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 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; 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.**

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 reexamination. (1) An applicant who fails to achieve a passing grade in the examinations required under this chapter may apply for reexamination on forms provided by the board and pay the appropriate fee for each reexamination as required in s. 440.05, Stats. An applicant who fails to achieve a passing grade may be reexamined twice at not less than 4-month intervals. If the applicant fails to achieve a passing grade on the second reexamination, 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 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.**

Med 1.09 Examination review by applicant. (1) An applicant who fails the oral-practical or statutes and rules examination may request a review of that examination by filing a written request and required fee with the board within 30 days of the date on which examination results were mailed.

(2) Examination reviews are by appointment only.

(3) An applicant may review the statutes and rules examination for not more than one hour.

(4) An applicant may review the oral-practical examination for not more than 2 hours.

(5) The applicant may not be accompanied during the review by any person other than the proctor.

(6) At the beginning of the review, the applicant shall be provided with a copy of the questions, a copy of the applicant's answer sheet or oral-practical tape and a copy of the master answer sheet.

(7) The applicant may review the examination in the presence of a proctor. The applicant shall be provided with a form on which to write comments, questions or claims of error regarding any items in the examination. Bound reference books shall be permitted. Applicants shall not remove any notes from the area. Notes shall be retained by the proctor and made available to the applicant for use at a hearing, if desired. The proctor shall not defend the examination nor attempt to refute claims of error during the review.

(8) An applicant may not review the examination more than once.

History: Cr. Register, February, 1997, No. 494, eff. 3-1-97.

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. RL 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.