

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

PHYSICIAN DATA CENTER PRACTITIONER PROFILE REPORT

(Not necessary if utilizing FCVS)

APPLICANT: Please complete this form and forward directly to the Federation of State Medical Boards.

Email: Boardinquiry@fsmb.org

Fax: (817) 868-4099

Mail: Federation of State Medical Board, Inc. (FSMB)
400 Fuller Wisser Rd Suite 300
Eules, TX 76039-3855

The State of Wisconsin requests a Physician Data Center Profile concerning the following individual:

Physician's Name

 / /

Date of Birth

Medical School

ECFMG Number

Physician's Signature

Degree

 - -

Social Security Number

 / /

Year of Graduation

 / /

Date

FEDERATION OF STATE MEDICAL BOARDS: Please respond directly to the Medical Examining Board.

Email: DspsCredMedBD@wisconsin.gov

Mail: DSPS

Attn: Medical Examining Board
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935