

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### WORK HISTORY MEDICINE AND SURGERY

**Please print**

**COMPLETE WORK HISTORY.** If additional space is required this form may be copied and submitted with this form

**SECTION A:**

<b>NAME / LAST</b>	<b>FIRST</b>	<b>MI</b>	<b>DATE OF BIRTH</b>
_____			____ / ____ / ____ month      day      year
<b>ADDRESS (Street, City, State, Zip Code)</b>			
_____		<b>CHECK HERE IF YOU HAVE NEVER BEEN EMPLOYED:</b> <input type="checkbox"/>	<b>DATE THIS FORM IS COMPLETED:</b>
_____		_____	

**SECTION B:**

<b>RECORD WORK HISTORY CHRONOLOGICALLY</b> - Complete Work History <u>beginning with present employment and concluding with graduation from medical school.</u> You must account for the entire time period including periods of unemployment and volunteer work, etc.			
<b>1. NAME OF BUSINESS/INSTITUTION OR OTHER:</b>	<b>JOB TITLE:</b>		
<b>ADDRESS: (Street, City, State, Zip Code)</b>	<b>DESCRIPTION OF DUTIES PERFORMED:</b>		
<b>SUPERVISOR'S FULL NAME:</b>	_____		
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>	<b># OF HOURS WORKED PER WEEK:</b>	<b>TYPE OF EMPLOYMENT:</b>  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>From:</b> ____ / ____ Month      Year	<b>INDICATE TOTAL TIME WORKED IN YEARS/MONTH</b>		
<b>To:</b> ____ / ____ Month      Year			
<b>2. NAME OF BUSINESS/INSTITUTION OR OTHER:</b>	<b>JOB TITLE:</b>		
<b>ADDRESS: (Street, City, State, Zip Code)</b>	<b>DESCRIPTION OF DUTIES PERFORMED:</b>		
<b>SUPERVISOR'S FULL NAME:</b>	_____		
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b>	<b># OF HOURS WORKED PER WEEK:</b>	<b>TYPE OF EMPLOYMENT:</b>  <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>From:</b> ____ / ____ Month      Year	<b>INDICATE TOTAL TIME WORKED IN YEARS/MONTH</b>		
<b>To:</b> ____ / ____ Month      Year			

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<b>3. NAME OF BUSINESS/INSTITUTION OR OTHER:</b>		<b>JOB TITLE:</b>
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>
<b>SUPERVISOR'S FULL NAME:</b> _____		
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b> From: ___ ___ / ___ ___ Month   Year To:     ___ ___ / ___ ___ Month   Year	<b># OF HOURS WORKED PER WEEK:</b>	
<b>INDICATE TOTAL TIME WORKED IN YEARS/MONTH</b>		<b>TYPE OF EMPLOYMENT:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>4. NAME OF BUSINESS/INSTITUTION OR OTHER:</b>		<b>JOB TITLE:</b>
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>
<b>SUPERVISOR'S FULL NAME:</b> _____		
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b> From: ___ ___ / ___ ___ Month   Year To:     ___ ___ / ___ ___ Month   Year	<b># OF HOURS WORKED PER WEEK:</b>	
<b>INDICATE TOTAL TIME WORKED IN YEARS/MONTH</b>		<b>TYPE OF EMPLOYMENT:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>5. NAME OF BUSINESS/INSTITUTION OR OTHER:</b>		<b>JOB TITLE:</b>
<b>ADDRESS: (Street, City, State, Zip Code)</b>		<b>DESCRIPTION OF DUTIES PERFORMED:</b>
<b>SUPERVISOR'S FULL NAME:</b> _____		
<b>DATE OF EMPLOYMENT/ ATTENDANCE:</b> From: ___ ___ / ___ ___ Month   Year To:     ___ ___ / ___ ___ Month   Year	<b># OF HOURS WORKED PER WEEK:</b>	
<b>INDICATE TOTAL TIME WORKED IN YEARS/MONTH</b>		<b>TYPE OF EMPLOYMENT:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time