

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
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MEDICAL EXAMINING BOARD

APPLICATION FOR RENEWAL OF RESIDENT EDUCATIONAL LICENSE (REL)

Applicant please complete top section and of this form and forward to your post graduate training facility. Request the facility to return the completed form directly to the Department.

Applicant's

Name:

Current REL Number:

REL Expiration Date: / /

Current Address:
(City, State and Zip)

Facility Name:

I would like to make application for renewal of my Resident Educational License issued to allow me to secure post-graduate training at the facility listed above. I request permission for my training to continue for the period of an additional twelve months from the date stated above. During the past year, I have conducted my activities in this facility according to the limitations placed upon them by Wis. Stat. § 448.04(1)(c) and by the regulations of the Medical Examining Board.

Applicant Signature: _____ **Date:** / /

This section must be completed by the President or Dean of the post-graduate training program only if the applicant has been/will be accepted to continue in the post-graduate training program accredited by the ACGME or AOA.

I hereby recommend the renewal of the **Resident Educational License** for the applicant and license number listed above, who has been employed in this facility for the past year as a post-graduate trainee in medicine and surgery under the provisions of Wis. Stat. § 448.04(1)(c). This renewal shall extend the license for the period of an additional twelve months.

President/Dean Name:

Location of Facility:
(Street, City, State and Zip)

President/Dean Signature: _____ **Date:** / /

Permit fee: \$10.00

Facility please return directly to:

DSPS
ATTN: Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935
Or you may fax or email with facility cover sheet /letter to: 608-261-7083 or
DSPCredMedBD@wisconsin.gov

For Receipting Use Only (851)