



**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD**
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
April 16, 2025

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-5)

B. Approval of Minutes of March 19, 2025 (6-9)

C. Introductions, Announcements and Recognition

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

- 1) Department, Staff and Board Updates
- 2) Board Members – Term Expiration Dates
 - a. Bond, Jr., Milton – 7/1/2027
 - b. Chou, Clarence P. – 7/1/2027
 - c. Clarke, Callisia N. – 7/1/2028
 - d. Ferguson, Kris – 7/1/2025
 - e. Gerlach, Diane M. – 7/1/2028
 - f. Goel, Sumeet K. – 7/1/2027
 - g. Hilton, Stephanie – 7/1/2028
 - h. Lerma, Carmen – 7/1/2024
 - i. Leuthner, Steven R. – 7/1/2027
 - j. Majeed-Haqqi, Lubna – 7/1/2027
 - k. Schmeling, Gregory J. – 7/1/2025
 - l. Siebert, Derrick R. – 7/1/2025
 - m. Yu, Emily S. – 7/1/2028
- 3) **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards’ Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest**
 - a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

- F. Administrative Rules Matters – Discussion and Consideration (10-33)**
 - 1) Final Rule Draft: Med 27, Relating to Provisional Licensure for International Physicians **(11-22)**
 - 2) Preliminary Rule Draft: Med 1, Relating to Licensure Requirements **(23-27)**
 - 3) Adoption Order: Med 24, Telemedicine and Telehealth **(28-30)**
 - 4) Pending or Possible Rulemaking Projects
 - a. Rule Projects Charts **(31-32)**
 - b. Affiliated Credentialing Board Rule Summaries **(33)**
- G. Consider Application to Respiratory Care Practitioners Examining Council**
 - 1) Kristine Ostrander, MA, RRT – Respiratory Care Practitioner Member **(34-39)**
- H. Legislative and Policy Matters – Discussion and Consideration
- I. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration
- J. Newsletter Matters – Discussion and Consideration
- K. Interdisciplinary Advisory Committee Liaison Report – Discussion and Consideration
- L. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders
- M. Controlled Substances Board Report – Discussion and Consideration
- N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin’s Commissioners – Discussion and Consideration
- O. Screening Panel Report
- P. Future Agenda Items
- Q. Discussion and Consideration of Items Added After Preparation of Agenda:
 - 1) Introductions, Announcements and Recognition
 - 2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
 - 3) Administrative Matters
 - 4) Election of Officers
 - 5) Appointment of Liaisons and Alternates
 - 6) Delegation of Authorities
 - 7) Education and Examination Matters
 - 8) Credentialing Matters
 - 9) Practice Matters
 - 10) Public Health Emergencies
 - 11) Legislative and Policy Matters
 - 12) Administrative Rule Matters
 - 13) Liaison Reports
 - 14) Board Liaison Training and Appointment of Mentors
 - 15) Informational Items
 - 16) Division of Legal Services and Compliance (DLSC) Matters
 - 17) Presentations of Petitions for Summary Suspension

- 18) Petitions for Designation of Hearing Examiner
- 19) Presentation of Stipulations, Final Decisions and Orders
- 20) Presentation of Proposed Final Decisions and Orders
- 21) Presentation of Interim Orders
- 22) Petitions for Re-Hearing
- 23) Petitions for Assessments
- 24) Petitions to Vacate Orders
- 25) Requests for Disciplinary Proceeding Presentations
- 26) Motions
- 27) Petitions
- 28) Appearances from Requests Received or Renewed
- 29) Speaking Engagements, Travel, or Public Relation Requests, and Reports

R. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

S. Credentialing Matters

- 1) **Application Review**
 - a. A.P. – Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training (IA-529675) **(40-69)**
- 2) **Full Board Oral Interview**
 - a. **APPEARANCE:** J.A.P. – Medicine and Surgery Applicant (IA-447687) **(70-141)**

T. Deliberation on Proposed Final Decision and Orders

- 1) Benjamin S. Gozon, III, Respondent (DHA Case Number SPS-23-0074/ DLSC Case Number 22 MED 260) **(142-155)**

U. Deliberation on DLSC Matters

- 1) **Proposed Stipulations, Final Decisions and Orders**
 - a. 22 MED 185 – Gordon L. Mortensen **(156-161)**
 - b. 23 MED 343 – Wycliffe O. Okumu **(162-167)**
 - c. 24 MED 0229 – Luann Moraski **(168-173)**
 - d. 24 MED 0379 – Geoffrey Roelant **(174-179)**
- 2) **Complaints**
 - a. 22 MED 400 – O.V.A. **(180-182)**
- 3) **Administrative Warnings**
 - a. 23 MED 312 – P.L.L. **(183-185)**
 - b. 23 MED 336 – P.G.C. **(186-187)**
 - c. 24 MED 0276 – M.A.S. **(188-189)**
 - d. 25 MED 0016 – C.M.M. **(190-191)**
- 4) **Case Closings**
 - a. 23 MED 201 – M.J.M. **(192-198)**
 - b. 23 MED 298 – K.M.O. **(199-206)**
 - c. 23 MED 360 – A.S.H. **(207-269)**

- d. 23 MED 454 – H.R.A. (270-277)
- e. 23 MED 563 – B.H.L. (278-283)
- f. 23 MED 567 – M.T.A. (284-289)
- g. 24 MED 0090 – J.T.J. (290-293)
- h. 24 MED 0169 – C.L.L.M. (294-302)
- i. 24 MED 0302 – J.W.G. (303-314)
- j. 24 MED 0385 – T.R.R. (315-324)
- k. 24 MED 0475 – M.W.W. (325-334)
- l. 24 MED 0504 – K.E.M. (335-340)
- m. 24 MED 0519 – A.K.P. (341-347)

V. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Complaints
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Extension of Time
- 18) Petitions for Assessments and Evaluations
- 19) Petitions to Vacate Orders
- 20) Remedial Education Cases
- 21) Motions
- 22) Petitions for Re-Hearing
- 23) Appearances from Requests Received or Renewed

W. Open Cases

X. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

Y. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

Z. Open Session Items Noticed Above Not Completed in the Initial Open Session

AA. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL INTERVIEWS OF CANDIDATES FOR LICENSURE

VIRTUAL/TELECONFERENCE

9:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interviews of **two (2)**
(at time of agenda publication) Candidates for Licensure – **Dr. Goel** and **Dr. Siebert**

NEXT MEETING: MAY 21, 2025

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at <https://dsps.wi.gov>. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

**VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
MEETING MINUTES
MARCH 19, 2025**

PRESENT: Milton Bond, Jr.; Clarence Chou, M.D.; Callisia Clarke, M.D.; Kris Ferguson, M.D.; Diane Gerlach, D.O.; Stephanie Hilton; Steven Leuthner, M.D. (*arrived at 8:03 a.m.*); Lubna Majeed-Haqqi, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

ABSENT: Sumeet Goel, D.O.; Carmen Lerma

STAFF: Tom Ryan, Executive Director; Renee Parton, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Brenda Taylor, Board Services Supervisor; and other Department staff

CALL TO ORDER

Gregory Schmeling, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with ten (10) members present.

ADOPTION OF AGENDA

Amendment to the Agenda

- 1 Oral Exam

MOTION: Diane Gerlach moved, seconded by Milton Bond, to adopt the Agenda as amended. Motion carried unanimously.

APPROVAL OF MINUTES OF FEBRUARY 19, 2025

Steven Leuthner arrived at 8:03

MOTION: Callisia Clark moved, seconded by Steven Leuthner, to approve the Minutes of February 19, 2025 as published. Motion carried.

CLOSED SESSION

MOTION: Emily Yu moved, seconded by Lubna Majeed-Haqqi, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Gregory Schmeling, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Callisia Clarke-yes; Kris Ferguson-yes; Diane Gerlach-yes; Stephanie Hilton-yes; Steven Leuthner-yes; Lubna Majeed-Haqqi-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

**DELIBERATION ON DIVISION OF LEGAL SERVICES AND
COMPLIANCE (DLSC) MATTERS**

Proposed Stipulations, Final Decisions and Orders

24 MED 0137 – Joseph A. Locke

MOTION: Clarence Chou moved, seconded by Lubna Majeed-Haqqi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Joseph A. Locke, DLSC Case Number 24 MED 0137. Motion carried unanimously.

23 MED 010 – Majed Jandali

MOTION: Emily Yu moved, seconded by Clarence Chou, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Majed Jandali, DLSC Case Number 23 MED 010. Motion carried unanimously.

23 MED 045 – Robert O. Ong

MOTION: Steven Leuthner moved, seconded by Lubna Majeed-Haqqi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Robert O. Ong, DLSC Case Number 23 MED 045. Motion carried unanimously.

23 MED 473 – Stanley Kaplan

MOTION: Emily Yu moved, seconded by Lubna Majeed-Haqqi, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Stanley Kaplan, DLSC Case Number 23 MED 473. Motion carried unanimously.

23 MED 581 – Masood A. Siddiqui

MOTION: Callisia Clarke moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Masood A. Siddiqui, DLSC Case Number 23 MED 581. Motion carried unanimously.

Complaints

24 MED 0272 – T.Z.Z.

MOTION: Diane Gerlach moved, seconded by Callisia Clarke, to find probable cause in DLSC Case Number 24 MED 0272, to believe that T.Z.Z. has

committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried unanimously.

(Kris Ferguson recused themselves and left the room for deliberation and voting in the matter concerning T.Z.Z., DLSC Case Number 24 MED 0272.)

Administrative Warnings

MOTION: Stephanie Hilton moved, seconded by Emily Yu, to issue Administrative Warnings in the following DLSC Cases:
23 MED 040 – M.G.R.
23 MED 111 – J.T.M.
24 MED 0271 – M.L.C.
24 MED 0518 – J.T.
Motion carried unanimously.

Case Closings

MOTION: Derrick Siebert moved, seconded by Steven Leuthner, to close the following DLSC Cases for the reasons outlined below:
24 MED 056 – K.K.G.A. – Prosecutorial Discretion (P7)
24 MED 0091 – E.E.P., M.S.G. – No Violation
24 MED 0205 – V.M.T. – Prosecutorial Discretion (P7)
24 MED 0426 – A.K.P. – Prosecutorial Discretion (P7)
25 MED 0054 – K.P. – No Violation
Motion carried unanimously.

24 MED 041 – J.Q. – No Violation

MOTION: Callisia Clarke moved, seconded by Clarence Chou, to close DLSC Case Number 24 MED 041 against J.Q., for – No Violation. Motion carried.

RECONVENE TO OPEN SESSION

MOTION: Callisia Clarke moved, seconded by Diane Gerlach, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 8:47 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Lubna Majeed-Haqqi moved, seconded by Steven Leuthner, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

**DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND
RATIFICATION OF LICENSES AND CERTIFICATES**

MOTION: Callisia Clarke moved, seconded by Emily Yu, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

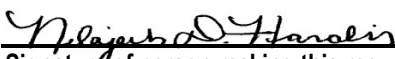
MOTION: Milton Bond moved, seconded by Lubna Majeed-Haqqi, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 8:49 a.m.

DRAFT

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin, Administrative Rules Coordinator		2) Date when request submitted: 04/04/25 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 04/16/25	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Discussion and Consideration 1. Final Rule Draft: Med 27, Relating to Provisional Licensure for International Physicians 2. Preliminary Rule Draft: Med 1, Relating to Licensure Requirements 3. Adoption Order: Med 24, Telemedicine and Telehealth 4. Pending or Possible Rulemaking Projects a. Rule Projects Charts b. Affiliated Credentialing Board Rule Summaries	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> ☐ Yes ☒ No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: Med 27 Legislative Report, Final Rule Draft, EIA Med 1 Preliminary Rule Draft Med 24 Adoption Order Rule Project Charts Affiliated Credentialing Board Rule Summaries (Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)			
11) Authorization			
 Signature of person making this request		04/04/25 Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

**STATE OF WISCONSIN
MEDICAL EXAMINING BOARD**

IN THE MATTER OF RULEMAKING	:	
PROCEEDINGS BEFORE THE	:	REPORT TO THE LEGISLATURE
MEDICAL EXAMINING BOARD	:	CR 24-099

I. THE PROPOSED RULE:

The proposed rule, including the analysis and text, is attached.

II. REFERENCE TO APPLICABLE FORMS: N/A

III. FISCAL ESTIMATE AND EIA:

The Fiscal Estimate and EIA is attached.

IV. DETAILED STATEMENT EXPLAINING THE BASIS AND PURPOSE OF THE PROPOSED RULE, INCLUDING HOW THE PROPOSED RULE ADVANCES RELEVANT STATUTORY GOALS OR PURPOSES:

The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 214. This was achieved by creating a new chapter in the Wisconsin Administrative Code, chapter Med 27, that outlines the requirements for provisional licensure for an international physician.

V. SUMMARY OF PUBLIC COMMENTS AND THE BOARD'S RESPONSES, EXPLANATION OF MODIFICATIONS TO PROPOSED RULES PROMPTED BY PUBLIC COMMENTS:

The Medical Examining Board held a public hearing on February 19, 2025. No public comments were received.

VI. RESPONSE TO LEGISLATIVE COUNCIL STAFF RECOMMENDATIONS:

All of the recommendations suggested in the Clearinghouse Report have been accepted in whole.

VII. REPORT FROM THE SBRRB AND FINAL REGULATORY FLEXIBILITY ANALYSIS: N/A

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 24-099)

PROPOSED ORDER

An order of the Medical Examining Board to create Med 27, relating to Provisional Licensure for International Physicians.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.075, 448.40 (3), and 448.05 (2m), Stats.

Statutory authority: ss. 15.08 (5) (b), 448.40 (1), and 448.40 (3), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Section 448.40 (3), Stats., as created by 2023 Wisconsin Act 214, states that “the board may promulgate rules defining “substantially similar” under s. 448.05 (2m).”

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 214. This was achieved by creating a new chapter in the Wisconsin Administrative Code, chapter Med 27, that outlines the requirements for provisional licensure for an international physician.

Summary of, and comparison with, existing or proposed federal regulation: None.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. In Illinois for an applicant that has graduated from a medical college outside of the US, it's territories, or Canada, their degree must be officially recognized by the country for medical licensure. Additionally, they must complete a 2 year course in a college of liberal arts and a postgraduate training course at least 12 months long approved by the Illinois Department. If the applicant has completed all requirements from a foreign medical school except the internship and "social service," they shall also submit an application to a medical college accredited by the Liaison Committee on Medical Education and complete any evaluation including nationally recognized tests or other examinations. Finally, they must also complete one academic year of supervised clinical training under that same medical college, in addition to the 12 month post graduate training program approved by the Illinois Department [225 Illinois Compiled Statutes ch. 60 s. 11].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians. In Iowa an applicant must submit evidence of a diploma issued by a medical college approved by the Iowa Board, evidence of having passed an examination prescribed by the Iowa Board to determine qualification for medical licensure and evidence that the applicant has completed one year of postgraduate internship or resident training in a hospital approved by the Iowa Board. If the applicant does not have a diploma from an approved medical college, then they must submit a diploma from a medical college that has not been approved or disapproved by the Iowa Board and a certificate from the educational commission for foreign medical graduates or a similar accrediting body [Iowa Code ch. 148 s. 148.3].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. In Michigan, an international applicant has to meet the following requirements: a degree in medicine from a medical school outside the US or Canada, demonstrate that they have engaged in the practice of medicine for no less than 10 years after completing their degree, complete no less than 3 years of postgraduate clinical training in an institution that is affiliated with a medical school listed on the directory of medical schools published by the World Health Organization, achieve a passing score on an initial medical licensure examination, and practice medicine under a clinical academic limited license issued by the Michigan Board for no less than 2 years with 800 hours per year in patient care [Michigan Compiled Laws s. 333.17031].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. In Minnesota, foreign medical graduate applicants must submit evidence that they have graduated from a medical school approved by the Minnesota Board that is equivalent to accredited US or Canadian schools. If the applicant has graduated from a medical school that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credential Verification Service to verify their school. The applicant shall also submit evidence of certification by the Educational Council for Foreign Medical Graduates, that they have working ability in the English language to engage in the practice of medicine, evidence of one year of graduate clinical medical training in an accredited program approved by the Minnesota Board, and evidence of having passed an examination prepared by the US Medical Licensing Examination or the Medical Council of Canada or the Comprehensive Osteopathic Medical Licensing Examination [Minnesota Statutes s.147.037].

Summary of factual data and analytical methodologies:

The Board reviewed 2023 Wisconsin Act 214, as well as referenced a summary from the Federation of State Medical Boards of recently proposed and enacted legislation on international medical graduates from various other states, as well as the Certification Commission for Healthcare Interpreters description of a healthcare interpreter, when drafting chapter Med 27.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis is attached.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov , or by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on February 19, 2025, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Chapter Med 27 is created to read:

Chapter Med 27
INTERNATIONAL PHYSICIAN PROVISIONAL LICENSE

Med 27.01 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) (b) and 448.40 (1) and (3), Stats.

Med 27.02 Definitions. As used in this chapter:

- (1) “Basic fluency” means the ability to perform the practice of medicine competently, independently, and unsupervised in any setting and in any modality where health care is provided with the knowledge, skill, and ability required to communicate accurately in the English language in accordance with established standards of the profession in this state.
- (2) “Country of practice” means the country where the applicant currently practices or has recently practiced medicine and surgery under a credential in good standing.
- (3) “Provisional license” is a license granted under s. 448.05 (2m), Stats.
- (4) “Substantially similar” means ~~a program that is~~ comparable in program content and educational experience needed to prepare a person for, but may differ in format or method of delivery. It implies reasonable confidence that the program has prepared its graduates to begin professional practice as a physician at the entry level as determined by the board to be comparable to those of a program in the United States, but differing in format or method of delivery.

Med 27.03 Provisional licensure. An applicant for a provisional license to practice medicine and surgery shall submit evidence to the board that the applicant satisfies all of the following:

- (1) Submission of a completed application for provisional licensure.
Note: Instructions for applications are available from the department of safety and professional services’ website at <http://dsps.wi.gov>.
- (2) Payment of the fee determined by the department under s. 440.05 (1), Stats.
- (3) Subject to ss. 111.321, 111.322, and 111.335, Stats., the applicant does not have an arrest or conviction record.
- (4) The applicant has an offer for full-time employment as a physician in this state from

any of the following:

~~(a)~~ A federally qualified health center as defined in s. 253.075 (1) (e), Stats.

~~(a)(b)~~ A community health center as defined in s. 250.15 (1) (a), Stats.

~~(b)(c)~~ A hospital as defined in s. 50.33 (2), Stats.

~~(e)(d)~~ An ambulatory surgical center as defined in 42 CFR 416.2.

~~(d)(e)~~ Any other health care facility approved by the board.

(5) The applicant has been granted a medical doctorate or a substantially similar degree by an international medical program.

(6) The applicant has completed a residency program or a postgraduate medical training program that is substantially similar to a residency program.

(7) The applicant has practiced as a fully licensed physician in their country of practice for at least 5 years after completing a residency program or a postgraduate medical training program under sub. (6). For the purposes of this chapter, an applicant may have more than one country of practice if they are fully licensed to practice medicine and surgery in all the countries listed in their application.

(8) In the last 5 years before the application was submitted, the applicant has practiced continuously as a physician in their country of practice for at least one year.

(9) The applicant has been in good standing with the medical licensing or regulatory agency of their country of practice and does not have any pending disciplinary action against their license for the 5 years preceding the individual's application.

(10) The applicant has passed all steps of the United States Medical Licensing Examination ~~(USMLE)~~ Administered by the National Board of Medical Examiners and the Federation of State Medical Boards, or their successor organization.

Note: The United States Medical Licensing Examination is commonly referred to as the USMLE.

(11) The applicant has obtained certification by the Educational Council for Foreign Medical Graduates ~~(ECFMG)~~, a successor organization, or another evaluation entity approved by the board.

Note: The Educational Council for Foreign Medical Graduates is commonly referred to as the ECFMG.

~~(10)(12)~~ The applicant's federal immigration status and employment authorization legally permits them to work as a physician in this state.

~~(11)(13)~~ The applicant demonstrates basic fluency in the English language.

NOTE: Demonstration of basic fluency in the English language ~~proficiency~~ may be accomplished by passage of an basic fluency English ~~proficiency~~ examination such as the Occupational English Test Medicine.

Med 27.04 Oral Examination. (1) In addition to the examination under s. Med 27.03 (10), the applicant may be required to complete an oral examination to address if they fail to sufficiently meet the requirements listed under s. Med 27.~~any or all the following:~~

~~(a) If the applicant can demonstrate basic fluency in the English language.~~

~~(b) If the applicant has completed a substantially similar residency or postgraduate medical training program under s. Med 27.03 (6).~~

~~(c) Whether the applicant has complied with ss. Med 27.03 (7) and (8).~~

~~(d) Any other concern that the board has with a provisional license application.~~

- (2) The board will notify each applicant required to complete an oral examination of the time and place scheduled for that applicant's examination. Failure of an applicant to appear for an examination as scheduled may 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) The oral examination will be conducted by at least two board members. The oral examination is scored either pass or fail. The application is approved if all examining board members give them a passing grade. ~~A passing grade is 90 percent.~~ If the application ~~fails is not approved~~, then it moves on to a full board oral examination. The board may deny an application when an applicant fails a full board oral examination pursuant to s. 448.06 (2), Stats.

Med 27.05 Practice limitations. A provisional license holder shall comply with all the following while performing the practice of medicine and surgery in this state:

- (1) The provisional license holder shall only practice under the supervision of a physician in a similar specialty who is licensed under ss. 448.04 (1) (a) ~~orand~~ (ab), Stats.
- (2) The provisional license holder shall only practice in one of the practice settings under s. Med 27.03 (4) where they are employed.
- (3) Every 6 months or at the request of the board, the provisional license holder shall submit a statement certifying whether they are still employed as a physician in this state and whether they have been subjected to professional discipline as a result of their practice to the board. If the provisional license holder has been subjected to professional discipline, they shall submit a description of the circumstances to the board.

Med 27.06 Regular Licensure. A provisional credential holder who has practiced medicine and surgery full-time in this state while maintaining good standing, as determined by the Board, for 3 consecutive years, shall petition the Board for a regular license under s. 448.04 (1) (a), Stats. The supervising physician under s. Med 27.05 (1) shall submit written confirmation to the board that the applicant has successfully completed the requirements for a regular license under s. 448.04 (1) (a), Stats.

Med 27.07 Complaints, investigations, suspension, and revocation. The medical examining board may receive and investigate complaints against provisional license holders to determine whether a provisional license holder has violated the rules in this chapter or has violated any state or federal law or any other jurisdiction related to the practice of medicine. The board may reprimand a provisional license holder or deny, limit, suspend, or revoke a provisional license as a result of any such investigations and complaints.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

This Proposed Order of the Medical Examining Board is approved for submission to the Governor and Legislature.

Dated _____

Agency _____

Chairperson
Medical Examining Board

DRAFT

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis ☒ Original ☐ Updated ☐ Corrected	2. Date 12/20/24								
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Med 27									
4. Subject Provisional Licensure for International Physicians									
5. Fund Sources Affected ☐ GPR ☐ FED ☒ PRO ☐ PRS ☐ SEG ☐ SEG-S	6. Chapter 20, Stats. Appropriations Affected s. 20.165 (1) (hg)								
7. Fiscal Effect of Implementing the Rule <table style="width: 100%;"><tr><td>☐ No Fiscal Effect</td><td>☐ Increase Existing Revenues</td><td>☒ Increase Costs</td><td>☐ Decrease Costs</td></tr><tr><td>☐ Indeterminate</td><td>☐ Decrease Existing Revenues</td><td colspan="2">☐ Could Absorb Within Agency's Budget</td></tr></table>		☐ No Fiscal Effect	☐ Increase Existing Revenues	☒ Increase Costs	☐ Decrease Costs	☐ Indeterminate	☐ Decrease Existing Revenues	☐ Could Absorb Within Agency's Budget	
☐ No Fiscal Effect	☐ Increase Existing Revenues	☒ Increase Costs	☐ Decrease Costs						
☐ Indeterminate	☐ Decrease Existing Revenues	☐ Could Absorb Within Agency's Budget							
8. The Rule Will Impact the Following (Check All That Apply) <table style="width: 100%;"><tr><td>☐ State's Economy</td><td>☐ Specific Businesses/Sectors</td></tr><tr><td>☐ Local Government Units</td><td>☐ Public Utility Rate Payers</td></tr><tr><td colspan="2">☐ Small Businesses (if checked, complete Attachment A)</td></tr></table>		☐ State's Economy	☐ Specific Businesses/Sectors	☐ Local Government Units	☐ Public Utility Rate Payers	☐ Small Businesses (if checked, complete Attachment A)			
☐ State's Economy	☐ Specific Businesses/Sectors								
☐ Local Government Units	☐ Public Utility Rate Payers								
☐ Small Businesses (if checked, complete Attachment A)									
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0									
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? ☐ Yes ☒ No									
11. Policy Problem Addressed by the Rule The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 214. This was achieved by creating a new chapter in the Wisconsin Administrative Code, chapter Med 27, that outlines the requirements for provisional licensure for an international physician.									
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. The rule was posted on the Department's website for 14 days to solicit public comment on economic impact, including how the proposed rules may affect businesses, local government units, and individuals. No comments were received.									
13. Identify the Local Governmental Units that Participated in the Development of this EIA. None.									
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred) DSPS estimates a total of \$15,355.00 in one-time costs and \$51,000.00 in ongoing costs for implementing this rule. The one-time staff costs support 0.4 limited term employee to undertake tasks such rule drafting, legal drafting and review, updating forms and website, and training. The ongoing costs support 0.5 full-time equivalents for undertaking tasks such as answering increasing customer service volume, intaking and processing complaints, monitoring of disciplined licensees, and screening and prosecution of cases. The one-time costs cannot be absorbed in the currently appropriated budget.									
15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule The benefits of implementing this rule are that the Medical Examining Board's section of the Administrative Code will be aligned with Wisconsin State Statutes.									
16. Long Range Implications of Implementing the Rule The Long range implications of this rule are standard requirements for provisional licensure of international physicians in Wisconsin.									

ADMINISTRATIVE RULES

Fiscal Estimate & Economic Impact Analysis

17. Compare With Approaches Being Used by Federal Government
None.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. In Illinois for an applicant that has graduated from a medical college outside of the US, its territories, or Canada, their degree must be officially recognized by the country for medical licensure. Additionally, they must complete a 2 year course in a college of liberal arts and a postgraduate training course at least 12 months long approved by the Illinois Department. If the applicant has completed all requirements from a foreign medical school except the internship and "social service," they shall also submit an application to a medical college accredited by the Liaison Committee on Medical Education and complete any evaluation including nationally recognized tests or other examinations. Finally, they must also complete one academic year of supervised clinical training under that same medical college, in addition to the 12 month post graduate training program approved by the Illinois Department [225 Illinois Compiled Statutes ch. 60 s. 11].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians. In Iowa an applicant must submit evidence of a diploma issued by a medical college approved by the Iowa Board, evidence of having passed an examination prescribed by the Iowa Board to determine qualification for medical licensure and evidence that the applicant has completed one year of postgraduate internship or resident training in a hospital approved by the Iowa Board. If the applicant does not have a diploma from an approved medical college, then they must submit a diploma from a medical college that has not been approved or disapproved by the Iowa Board and a certificate from the educational commission for foreign medical graduates or a similar accrediting body [Iowa Code ch. 148 s. 148.3].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. In Michigan, an international applicant has to meet the following requirements: a degree in medicine from a medical school outside the US or Canada, demonstrate that they have engaged in the practice of medicine for no less than 10 years after completing their degree, complete no less than 3 years of postgraduate clinical training in an institution that is affiliated with a medical school listed on the directory of medical schools published by the World Health Organization, achieve a passing score on an initial medical licensure examination, and practice medicine under a clinical academic limited license issued by the Michigan Board for no less than 2 years with 800 hours per year in patient care [Michigan Compiled Laws s. 333.17031].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. In Minnesota, foreign medical graduate applicants must submit evidence that they have graduated from a medical school approved by the Minnesota Board that is equivalent to accredited US or Canadian schools. If the applicant has graduated from a medical school that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credential Verification Service to verify their school. The applicant shall also submit evidence of certification by the Educational Council for Foreign Medical Graduates, that they have working ability in the English

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

language to engage in the practice of medicine, evidence of one year of graduate clinical medical training in an accredited program approved by the Minnesota Board, and evidence of having passed an examination prepared by the US Medical Licensing Examination or the Medical Council of Canada or the Comprehensive Osteopathic Medical Licensing Examination [Minnesota Statutes s.147.037].

19. Contact Name	20. Contact Phone Number
Nilajah Hardin, Administrative Rules Coordinator	608-267-7139

This document can be made available in alternate formats to individuals with disabilities upon request.

ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- ☐ Less Stringent Compliance or Reporting Requirements
☐ Less Stringent Schedules or Deadlines for Compliance or Reporting
☐ Consolidation or Simplification of Reporting Requirements
☐ Establishment of performance standards in lieu of Design or Operational Standards
☐ Exemption of Small Businesses from some or all requirements
☐ Other, describe:

4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

☐ Yes ☐ No

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Medical Examining Board to create Med 1.02 (7) and amend Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note), relating to Licensure Requirements.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.03 (1) (a), Stats.

Statutory authority: ss. 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to update the initial licensure requirements for physicians by adding specific requirements for what is to be submitted as proof of previous medical employment and updating the oral examination to be scored either pass or fail.

Summary of, and comparison with, existing or proposed federal regulation: None.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 9, each applicant for a license needs to submit evidence that they are professionally capable of practicing medicine with reasonable skill and safety, among other requirements. Professional capacity may be determined through additional testing or training and the Illinois Medical Board may consider medical research, specialized training, publication in medical journals, and other professional activities when making a determination on professional capacity [225 Illinois Compiled Statutes ch. 60 s. 9]. Additionally, the Illinois Administrative Code outlines requirements for determining professional capacity for those applicants who have graduated more than two years prior to submitting an application. Those requirements include that the Illinois Board may consider experience in human clinical research, specialized clinical training or education, and publication of original clinical medical work in a medical or scientific journal, among other activities [Illinois Administrative Code Title 68 Chapter VII Part 1285 Section 1285.95].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians. An applicant for an Iowa license to practice medicine and surgery needs to submit evidence of a diploma issued by a medical college, of having passed an examination required by the Iowa Board, and of successful completion of one year of post graduate resident training in an Iowa board approved hospital [Iowa Code ch. 148 s. 148.3]. The Iowa Administrative Code includes further requirements for medical licensure including verification of an applicant's professional experience for the past five years if requested by the Iowa Board [Iowa Administrative Code 653 Ch. 9 s. 953.9.4].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board [Michigan Compiled Laws ss. 333.17001-333.17097]. Together with the Michigan Department of Licensing and Regulatory Affairs, the Michigan Board also promulgates rules regarding certain aspects of medical practice. According to those rules, an applicant for medical licensure in Michigan who is a United States or Canadian medical school graduate needs to submit proof of completion of a degree from a medical school that satisfies the standards under Michigan statutes, proof of passing scores for all steps of the USMLE, and proof of at least 1 year of postgraduate clinical training that satisfies the requirements under Michigan statutes. An applicant with a medical degree from outside of the United States or Canada must submit proof of certification from ECFMG that the applicant's medical school is included in the World Directory of Medical Schools [Michigan Administrative Rules R 338.2421-338.2437].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 5600 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. According to those rules and requirements, an applicant for licensure needs to submit an original or certified copy of their diploma from the medical school they graduated from or if the applicant is enrolled in their final year at an approved medical school, a transcript of their credits and evidence that the applicant has completed the course of study in medicine prior to the final year. Applicants must also submit a “certificate of good moral character” signed by two licensed physicians and an unmounted recent photograph. [Minnesota Administrative Rules part 5600 section 5600.0200]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure. According to this chapter, in addition to the items described above, applicants must also have passed a comprehensive examination for initial licensure, such as the all three steps of the USMLE or COMLEX-USA. Applicants must also submit evidence of completion of one year of graduate clinical medical training [Minnesota Statutes chapter 147 section 147.02].

Summary of factual data and analytical methodologies:

The Medical Examining Board reviewed Wisconsin Administrative Code Chapter Med 1 and made changes based on feedback from Department staff on the licensure process and to be consistent with a recent rule project based on 2023 Wisconsin Act 214 that creates a provisional license for international physicians.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule will be posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department’s Regulatory Review Coordinator, Dan Hereth, may be contacted by email at Jennifer.Garrett@wisconsin.gov , or by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; telephone 608-267-7139; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:

Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Med 1.02 (7) is created to read:

Med 1.02 (7) Evidence of any medical employment in the last 3 years before the application was submitted. Such evidence may include:

- (a) A completed employment verification form provided by the department.
Note: Employment verification forms can be found on the department's website at <http://dps.wi.gov>.
- (b) A letter from an employer that includes all of the following:
 - 1. Dates of employment.
 - 2. Job title and description.
 - 3. A summary of any adverse action or discipline, if applicable.
 - 4. Employer or their representative's signature.
- (c) A paystub.
- (d) A W-2 or an equivalent tax document that indicates the name of an employer and the applicant's annual income.
- (e) Any other documentation approved by the Board.

SECTION 2. Med 1.06 (4) (a) and (b), 1.08 (Note), and 1.10 (3) (Note) are amended to read:

Med 1.06 (4)(a) An oral examination of an applicant is conducted by ~~one or more~~ at least two physician members of the board. The purpose of an oral exam is to evaluate the applicant's eligibility for a regular license under the applicable circumstances specified in s. Med 1.06 (1) (a) 1. to 11. The ~~passing grade for an~~ oral exam under this paragraph is 90 percent scored either pass or fail.

(b) Any applicant who fails the oral examination under par. (a) shall be examined by the full board. The grade of an exam under this paragraph shall be the applicant's final grade for the oral examination under this subsection. The ~~oral passing grade for an~~ exam under this paragraph is 90 percent scored either pass or fail. The board may deny an application when an applicant fails a full board oral examination pursuant to s. 448.06 (2), Stats.

Med 1.08 (Note) ~~Application forms are available on request to the board office, 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708~~ Instructions for applications are available on the department of safety and professional services' website at <http://dps.wi.gov>.

Med 1.10 (3) (Note) The board office is located at ~~1400 East Washington Avenue~~ 4822 Madison Yards Way, P.O. Box 8935, Madison, Wisconsin 53708 ~~53705~~.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

DRAFT

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING	:	ORDER OF THE
PROCEEDINGS BEFORE THE	:	MEDICAL EXAMINING BOARD
MEDICAL EXAMINING BOARD	:	ADOPTING RULES
	:	(CLEARINGHOUSE RULE 24-039)

ORDER

An order of the Medical Examining Board to repeal Med 24.01 (5) and repeal and recreate Med 24.02, relating to Telemedicine and Telehealth.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 440.01 (1) (hm) and 440.17, Stats.

Statutory authority: ss. 15.08 (5) (b) and 448.40 (1), Stats.

Explanation of agency authority:

Section 15.08 (5) (b), Stats. states that “The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession.”

Section 448.40 (1), Stats., provides that “[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery.”

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to implement the statutory changes from 2021 Wisconsin Act 121. This was achieved by revising the definition of “telemedicine,” as well as removing a reference to the Physician Assistant Affiliated Credentialing Board by repealing section Med 24.05 (5). The new Telemedicine and Telehealth rules for Physician Assistants are listed in section PA 3.08, so the Board decided it was no longer necessary to have a reference included in chapter Med 24. The rules in section PA 3.08 align with the statute changes from 2021 Wisconsin Act 121 and the changes to Med 24 from this rule.

Summary of, and comparison with, existing or proposed federal regulation: The U.S. Code of Federal Regulations (CFR) includes requirements for Telehealth services in the context of Medicare patient and provider relationships. Definitions for terms in this section of the CFR include asynchronous store and forward technologies, distant site, interactive telecommunications system, and originating site. In general, these requirements allow for telehealth visits to be paid for through Medicare part B as long as the conditions in this section of the CFR are met [42 CFR 410.78].

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. As outlined in Section 49.5, telemedicine may only be performed by someone who has an Illinois medical license or permit. Telemedicine includes, but is not limited to diagnosis and treatment of a patient in Illinois by a person in a different location than the patient via electronic means of communication. [225 Illinois Compiled Statutes ch. 60 s. 49.5].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians [Iowa Code ch. 148]. The Iowa Administrative Code includes rules relating to medical practice, including Telemedicine. In Iowa, Telemedicine means the practice of medicine via electronic communications including asynchronous transmission. [653 Iowa Administrative Code ch. 13 s. 13.11].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. [Michigan Compiled Laws ss. 333.17001-333.17097]. The statutory definition for Telehealth in Michigan is contained in Act 218 Chapter 34 Section 500 and includes the use of electronic media to link patients with health care professionals [Michigan Compiled Laws s. 500.3476 (2) (b)].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians, as well as Telehealth [Minnesota Statutes ch. 147]. In Minnesota, the statutory definition of Telehealth is included in the Minnesota Telehealth Act and means the delivery of healthcare services via two-way interactive communications [Minnesota Statutes ch. 62A s. 62A.673 (2) (h)].

Summary of factual data and analytical methodologies:

The Board reviewed 2021 Wisconsin Act 121 and made changes to Wisconsin Administrative Code Chapter Med 24 accordingly.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:

The rule was posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens. No comments were received.

Fiscal Estimate and Economic Impact Analysis:

The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:

These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:

Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

TEXT OF RULE

SECTION 1. Med 24.01 (5) is repealed.

SECTION 2. Med 24.02 is repealed and recreated to read:

Med 24.02 Definition of telemedicine. In this chapter, "telemedicine" means "telehealth" as defined in s. 440.01 (1) (hm), Stats.

SECTION 3. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

Dated _____

Agency _____
Chairperson
Medical Examining Board

Medical Examining Board
Rule Projects (updated 04/04/25)

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	099-24	03/23/2027	Med 1	Licensure Requirements	Preliminary Rule Draft Reviewed at 04/16/25 Meeting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review
Not Assigned Yet	Not Assigned Yet	TBD	Med 21	Patient Health Care Records	Scope Statement Approved by Governor's Office on 04/03/25	Submission Publication in Administrative Register (Preliminary Hearing on Statement of Scope Anticipated for Future Meeting)
24-039	117-23	06/26/2026	Med 24	Telemedicine and Telehealth	Adoption Order Reviewed at 04/16/25 Meeting	Submission for Publication; Anticipated Rule Effective Date of
24-099	055-24	11/28/2026	Med 27	Provisional Licensure for International Physicians	Final Rule Draft and Legislative Report Reviewed at 04/16/25 Meeting	Submission for Governor's Office Approval and Legislative Review

Medical Examining Board

Affiliated Credentialing Board (ACB) Rule Projects

Clearinghouse Rule Number	Scope #	Scope Expiration	ACB Name	Code Chapter Affected	Relating clause	Current Stage	Next Step
Not Assigned Yet	097-22	06/12/2025	Athletic Trainers	AT 4	Protocol Requirements	Fiscal Estimate and Clearinghouse Review	Public Hearing Anticipated at 04/29/25 Meeting
24-098	064-24	12/03/2026	Dietitians	DI 1	Definitions	Drafting Final Rule and Legislative Report	Submission for Governor's Office Approval and Legislative Review
Not Assigned Yet	009-25	02/17/2027	Massage Therapy and Bodywork Therapy	MTBT 3	Education	Preliminary Hearing on Statement of Scope Ordered by JCRAR	Preliminary Hearing Anticipated at 05/19/25 Meeting
24-054	080-23	04/23/2026	Massage Therapy and Bodywork Therapy	MTBT 6	Temporary License	Final Rule Draft Approved by Governor's Office on 04/03/25	Legislative Review
24-050	072-22	02/22/2025	Occupational Therapists	OT 1 to 5	Implementation of the Occupational Therapy Licensure Compact	Legislative Review	Adoption Order Review at a Future Meeting
Not Assigned Yet	091-24	02/12/2027	Physician Assistant	PA 1 to 4	Implementation of the Physician Assistant Licensure Compact	Fiscal Estimate and Clearinghouse Review	Public Hearing Anticipated at 06/26/25 Meeting
25-002	065-24	12/03/2026	Physician Assistant	PA 4	Physical Examinations	Drafting Final Rule and Legislative Report	Submission for Governor's Office Approval and Legislative Review
Not Assigned Yet	Not Assigned Yet	TBD	Podiatry	Pod 1 and 9	Supervision of Physician Assistants	Scope Statement Approved by Governor's Office on 04/03/25	Submission for Publication in Administrative Register
Not Assigned Yet	Not Assigned Yet	TBD	Podiatry	Pod 1 and 10	Podiatrists and Telehealth	Scope Statement Approved by Governor's Office on 04/03/25	Submission for Publication in Administrative Register

Affiliated Credentialing Board (ACB) Rule Summaries

Athletic Trainers:

- AT 4, Relating to Protocol Requirements
 - Updates the Athletic Trainer Protocol to include already existing statutory practice exceptions and adds manual therapy as a service

Dietitians:

- DI 1, Relating to Definitions
 - Updates the definition of “regionally accredited college or university” to mean a college or university recognized by the US Department of Education as being accredited, instead of listing individual institutions by name

Massage Therapy and Bodywork Therapy:

- MTBT 3, Relating to Education (Scope Statement not implemented yet)
 - The ACB plans to change the initial licensure requirement of 600 education hours to match the standard recommended by the Federation of State Massage Therapy Boards.
 - Other updates may be made to the chapter to align with current practice if needed
- MTBT 6, Relating to Temporary Licenses
 - Updates to allow applicants to practice while waiting for their examination results.
 - Each temporary license expires after 6 months or when the applicant successfully passes their examination, whichever comes first.

Occupational Therapists:

- OT 1 to 5, Relating to Implementation of the Occupational Therapy Licensure Compact
 - 2021 WI Act 123 outlines all compact requirements in the statute.
 - This rule project adds compact privilege as a license option to the rules.

Physician Assistant:

- PA 1 to 4, Relating to Implementation of the Physician Assistant Licensure Compact
 - 2023 WI Act 81 outlines all compact requirements in the statute.
 - This rule project adds compact privilege as a license option to the rules.
- PA 4, Relating to Physical Examinations
 - Similar to the recent rule that amended Med 10, this rule requires that each licensee have a policy on chaperones for sensitive examinations, and that such a policy be made available to all patients.

Podiatry:

- Pod 1 and 9, Relating to Supervision of Physician Assistants (Scope Statement not implemented yet)
 - Due to 2021 WI Act 23, the ACB plans to create requirements for supervision of Physician Assistants by a Podiatrist.
- Pod 1 and 10, Relating to Podiatrists and Telehealth (Scope Statement not implemented yet)
 - The ACB plans to create requirements on Telehealth in line with 2021 WI Act 121.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kristine Ostrander, MA, RRT, Respiratory Care Practitioners Examining Council Applicant		2) Date when request submitted: 3/12/2025 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Medical Examining Board			
4) Meeting Date: 4/16/2025	5) Attachments: ☒ Yes ☐ No	6) How should the item be titled on the agenda page? Consider Application to Respiratory Care Practitioners Examining Council • Kristine Ostrander, MA, RRT – Respiratory Care Practitioner Member	
7) Place Item in: ☒ Open Session ☐ Closed Session	8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) ☐ Yes ☒ No		9) Name of Case Advisor(s), if applicable: N/A
10) Describe the issue and action that should be addressed: The Board will review the application of Kristine Ostrander, an applicant to serve on the Respiratory Care Practitioners Examining Council. She would replace Lynn Waldera. The first term of service would be from the date of appointment until 4/16/2028. From the Wisconsin Statutes: 15.407 Same; councils. (1m) Respiratory care practitioners examining council. There is created a respiratory care practitioners examining council in the department of safety and professional services and serving the medical examining board in an advisory capacity in the formulating of rules to be promulgated by the medical examining board for the regulation of respiratory care practitioners. The respiratory care practitioners examining council shall consist of 3 certified respiratory care practitioners, each of whom shall have engaged in the practice of respiratory care for at least 3 years preceding appointment, one physician and one public member. The respiratory care practitioner and physician members shall be appointed by the medical examining board. The members of the examining council shall serve 3-year terms. Section 15.08 (1) to (4) (a) and (6) to (10) shall apply to the respiratory care practitioners examining council, except that members of the examining council may serve more than 2 consecutive terms.			
11) Signature of person making this request		Authorization Date	
Supervisor (Only required for post agenda deadline items)		Date	
Executive Director signature (Indicates approval for post agenda deadline items)		Date	
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			



APPLICATION FOR A [REDACTED] APPOINTMENT

[REDACTED]

[REDACTED]

PART I

Name (First, Middle Initial, Last):		Kristine May Ostrander	
Home Address 1:		5417 Yesterday Drive	
Address Line 2:			
City:	Madison	ZIP Code:	53718
Home Phone:		Cell Phone:	608-217-0466
E-mail Address:	Donandpearlskid@gmail.com	Date of Birth:	07/30/1964
State Senator:	Kelda Helen Roys	State Representative:	Sheila Stubbs
Job Title, Company:	Director Respiratory Care Services, UW Health		
Work Address 1:	600 Highland Avenue		
Address Line 2:			
City:	Madison	ZIP Code:	53792
Work Phone:	608-263-9757	Fax Number:	
Preferred Mailing Address (please check one):	☒ Home ☐ Work		
What is your state of residence?	Wisconsin		
Are you a state employee?	☐ Yes ☒ No		
If yes, list your Department and Division.			
Are you an elected official?	☐ Yes ☒ No		
If yes, what is your position?			

Are you a licensed/certified professional? If so, please specify.
Yes I am a licensed Respiratory Care Practitioner in Wisconsin. I have a Registered Respiratory Therapist (RRT) certification and credentials.
Do you belong to any professional groups? If so, please specify.
I am a member of the American Association of Respiratory Care and the Wisconsin Society for Respiratory Care.

*Demographic Information is Optional	
Disability:	Veteran:

Gender:	☒ Female ☐ Male	Ethnicity:	Caucasian
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Part II

Councils or Committees Sought (Please list in order of preference and specify member type, if known.):

1.	Respiratory Care Practitioners Examining Council
2.	
3.	
4.	

In the space provided below, please list the names of three people who are willing to serve as references. Please also include phone numbers and their relationship to you.

Name	Phone Number	Relationship to You
1. Chris Becker, RRT	608-658-0253	Friend/Fellow Respiratory Therapist
2. Rebecca Wieczorek	608-890-6639	Supervisor
3. Jon Lewis	608-890-9092	Chief Operating Officer UW Health/Supervising V.P.

Did anyone refer you to this board, council or committee? If so, who?

1.	Chris Becker, RRT.
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RESUME

Please attach a copy of your resume to this application. Please include relevant work experience, education, community involvement, government or military service, honors, awards, and other talents.

- By submitting this application, you are affirming that all the statements you have made in this document are true and that you understand that a background check may be conducted if you are considered for appointment.
- Under Wisconsin Statutes 19.36(7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. If you wish to reserve this right, you must attach to our application a letter requesting confidentiality of your identify with respect to this application.
- This right prevents your identity from being released in response to a public records request unless; you are appointed to the position or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a).

Applications should be faxed to:	Applications should be emailed to:	Applications should be mailed to:
608-251-3032	DSPSAppointments@wisconsin.gov	Department of Safety & Professional Services P.O. Box 8366 Madison, WI 53708-8366

Kristine M. Ostrander, MA, RRT

5417 Yesterday Drive, Madison, WI 53718
(608) 217-0466
KOstrander@uwhealth.org

PROFESSIONAL QUALIFICATIONS

- Respiratory Care and ECMO Services Director with over 39 years of experience in an academic medical center setting.
- Adaptable leader accustomed to the integration of new health care delivery systems, restructuring of work, and an increasingly complex regulatory environment.
- Proven track record of successfully balancing personnel and operations while concurrently providing excellent patient care.
- Proficient in project development and management.
- Expert in staff training, development, and coordination.
- Effective communication, organizational, and critical thinking skills.
- By nature, an initiative-taking, creative thinker with the ability to make quick decisions and solve problems.

PROFESSIONAL EXPERIENCE

UW Health, Madison, WI

Director Respiratory Care Services

June 2014-Present

Achievements:

- Extracorporeal Life Support Organization (ECLS) Award for Excellence in Life Support-Gold Level in 2020.
- Implemented Respiratory Therapy (RT) Discharge Planner positions at both University Hospital and American Family Children's Hospital in 2014. This program has grown to encompass 4.8 full time equivalent positions at UW Health. RT Discharge Planners providers, nurses, and social work team members with the coordination of DME equipment for patients being discharged from UW Health. They work closely with DME companies to send patients home on appropriate therapies and life support often providing teaching for patients and family members prior to discharge.
- Expansion of Pulmonary Function testing from two locations to five locations throughout the greater Madison area. This improved patient access to timely testing.
- Increased Respiratory Therapist support to Pulmonary and Neuromuscular Clinics for adult and pediatric patients. Therapists are providing diagnostic testing, equipment training, video visits, durable medical equipment coordination and responding to patient needs via inbox within the medical record.

Responsibilities:

Oversight and responsibility for administrative, financial, clinical, and human resource utilization within Respiratory Care Services. Respiratory Care Services is comprised of the following cost centers:

- Respiratory Therapy-UW Health-University Hospital
- Respiratory Therapy-UW Health-American Family Children's Hospital
- Respiratory Therapy-UW Health-East Madison Hospital
- Pulmonary Function-University Hospital
- Pulmonary Function Laboratory-Meriter Atrium
- Pulmonary Function Laboratory-East Park Medical Center
- ECMO Services

UW Health, Madison, WI*Interim Director Respiratory Care and ECMO Services*

August 2013 – June 2014

Achievements:

- Implemented a new RT Discharge Planner pilot within the Respiratory Therapy department to facilitate discharges and decrease thirty-day re-admissions. Within 9 weeks this program decreased the thirty-day re-admission rate by 4.5% on the inpatient Hospitalist service.
- Reviewed and revised scheduling processes to improve human resources utilization, minimize mandatory overtime, and improve employee work/life balance.
- Provided construction guidance and budget development for UW Health East Madison Hospital

Responsibilities:

Oversight and responsibility for clinical, financial, operational, and human resource utilization within Respiratory Care Services. Respiratory Care Services is comprised of three Respiratory Therapy Departments across three hospitals and the Pulmonary Function Laboratory. Patient Care Services are provided in both the inpatient and outpatient environments at the University of Wisconsin Hospital and Clinics (UWHC) and American Family Children's Hospital (AFCH). Established short- and long-term goals for Respiratory Care Services in conjunction with the Vice President of Development, Nursing, and Patient Care Services. Direct and manage the strategic planning for the Respiratory Care Services in alignment with the strategic goals of UW Health.

Ensure departmental compliance with all legal, ethical, and administrative standards set by the hospital, government, accrediting agencies, and Joint Commission. Direct instruction and training opportunities for medical staff, nursing, and other allied health professionals that relate to Respiratory Therapy. Guide and oversee educational processes provided within Respiratory Care Services. Support various operational committees including Co-chair of Respiratory Care Committee, Chair of Respiratory Care Leadership Committee, Infection Control Committee, Critical Care Committee, UWHC Nursing and Patient Care Services Leadership Council and Nurse Executive Committee.

University of Wisconsin Hospital and Clinics, Madison, WI*Respiratory Therapy Supervisor*

January 1991 – August 2013

Achievements:

- Responsible for the successful development and on-going coordination of Respiratory Therapy Assess and Treat Protocols.
- Assisted with the coordination and development of Respiratory Therapy documentation and charging within the electronic medical record.
- Coordinated the implementation of inhaled Epoprostenol as an alternative to inhaled Nitric Oxide.

Responsibilities:

Responsible for the supervision and development of procedures and care provided by the Respiratory Therapists in both the inpatient and outpatient settings at UWHC. Participated in budget planning and shared Administrator on Call responsibilities with the Director of Respiratory Care Services. In collaboration with the Respiratory Care Leadership group, established long and short-term goals for Respiratory Care Services. Assisted with strategic planning. Participated in the purchasing process for equipment through coordination with vendors and equipment evaluation. Worked collaboratively with Respiratory Therapy affiliate schools to support the clinical experiences provided at UWHC and AFCH. Provided instruction and training opportunities for medical staff, nursing, and other allied health professionals. Member of Respiratory Care Committee, Respiratory Care Leadership Committee, Heart and Lung Transplant Team, Adult Cystic Fibrosis Team. Advisory Board member for Madison College and Northeast Iowa Community College Respiratory Therapy programs.

University of Wisconsin Hospital and Clinics, Madison, WI
Respiratory Therapist
November 1985 – January 1991

Responsibilities:

Provided Respiratory Therapy for stable and critically ill patients at the University of Wisconsin Hospital and Clinics. Served as a resource and role model for other respiratory therapists. Communicated effectively and worked cooperatively with others.

EDUCATION

Ashford University, Clinton, IA
Master of Arts Organizational Management GPA: 4.0
2009

Independence University, San Diego, CA
Bachelor of Science Health Services Management
2005

Madison Area Technical College, Madison, WI
Associate of Science Respiratory Therapy
1985

PROFESSIONAL MEMBERSHIPS

- Licensed Respiratory Care Practitioner, State of Wisconsin: 1992-Present
- American Association for Respiratory Care (AARC): 1985-Present
- Wisconsin Society for Respiratory Care (WSRC): 1985-Present
- National Board for Respiratory Care (NBRC): 1987-Present

PROFESSIONAL ACTIVITIES

- Vizient Respiratory Care Network Advisory Committee 2018-Present
- WSRC Legislative Co-Chair 2019-2024
- WSRC Past President 2018-2019
- WSRC President 2016-2018
- WSRC President Elect: 2014-2016
- UHC Respiratory Council: 2009-2018
- Respiratory Therapy Advisory Board Northeast Iowa Community College: 2008-2018
- Respiratory Therapy Advisory Board Madison College: 2008-Present

PROFESSIONAL AWARDS

- WSRC Anne Flaten President's Award-2021
- WSRC Past President Award 2018