

Credential Holder

Enter renewal information and click Save.

Credential Xref Insurance Firearms Details Letters Holds History Notes Cred: 1 of 1 > >

[Renew](#) | [Hot Print Renewal Letter](#) | [Wail Cert](#) | [Labels](#) | [Hot Print DRN](#) | [Renewal Notice](#) | [Expanded Details](#) | [Save](#)







Credential: 27161-20 (Medicine and Surgery)  **Renewal:** 2013
Name: BALL, CAROL **Status:** REGULAR - CURRENT(ACTIVE)
Granted: 10/25/1985 **Renew By:** 10/31/2015 OtherDate **First Fee:** 10/10/2013

Detail Payments/Refunds

Batch Date	Code	Batch Type	Batch#	Batch Location	Amt. Paid
10/10/2013	P	E	0	109	141

Requirements

[Add Requirement](#) | [Confirm Requirements](#)

Code	Complied	Complied Date	Printed	Comments	Actions
FEE	Met	10/10/2013 		added by CRP SR 09/06/2013 08:18	
CLS	Met	10/10/2013 		status set to Met 10/10/2013 11:25 via online re	
SIG	Met	10/10/2013 		status set to Met 10/10/2013 11:26 via online re	

License Type:

REGULAR

Specialty Code:

(12) OBSTETRICS AND GYNECOLOGY 

Working State:

--Select--

Status:

ACTIVE

Residency:


--Select--

Show SSN


--Select One-- 


[View/Edit Continuing Education](#)

Name and Address Change

Click on expand/collapse to view/hide information. 

More Details:

Click on expand/collapse to view/hide information. 

Credential Initial: 

Credentialing Method Group: EXAM (Exam) 

PDMP Status:










































Credential Holder
Enter renewal information and click Save.

Credential Xref Insurance Firearms Details Letters Holds History Notes << < Cred: 1 of 1 > >>

Name: BALL, CAROL **Renewal Due:** 10/31/2015
Profession: Medicine and Surgery
Credential #: 27161-20


[Add History](#) | [View Online Activity](#)

History

Date	History Type	History	Actions
10/14/2013	RenewedAuto	Cred Holder Renewed - Auto Event	 
09/26/2013	RenewalMiscellaneous	Official renewal notice returned not deliverable as addressed unable to forward SVP	 
10/07/2011	RenewedAuto	Cred Holder Renewed - Auto Event	 
09/21/2009	RenewedAuto	From fee rec. year=2009 date printed=09/21/2009	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	 
10/05/2007	BlueLicensePrinted		 
09/25/2007	RenewedAuto	From fee rec. year=2007 date printed=09/25/2007	 
09/07/2007	StandardRequirementAdded	Standard Requirement Added: SIG	 
09/07/2007	StandardRequirementAdded	Standard Requirement Added: FEE	 
11/02/2005	RenewedAuto	From fee rec. year=2005 date printed=11/02/2005	 
07/22/2004	Endorsement Sent	Endorsement Sent by PPL. SD	 
09/25/2003	RenewedAuto	From fee rec. year=2003 date printed=09/25/2003	 
10/30/2001	RenewedAuto	From fee rec. year=2001 date printed=10/30/2001	 
11/01/1999	RenewedAuto	From fee rec. year=1999 date printed=11/01/1999	 
10/23/1997	RenewedAuto	From fee rec. year=1997 date printed=10/23/1997	 
12/11/1985	DateRenewed	93 931019 B 082 06011 931020 95 951003 B 081 15005 951025	 
10/25/1985	Exam	EXAM OR P	 
10/25/1985	EndorsedFrom	ENDORSED NATIONAL BOARD	 
05/28/1977	GraduatedFrom	GRADUATED FROM 02708 MAYO MED SCHL- ROCHESTER MN	 

Exam History

There are no query results.

 [Print History](#)

Credential Holder

Enter renewal information and click Save.

[Credential](#)
[Xref](#)
[Insurance](#)
[Firearms](#)
[Details](#)
[Letters](#)
[Holds](#)
[History](#)
[Notes](#)
Cred: 1 of 1 > >>

Name: BALL, CAROL

Renewal Due: 10/31/2015

Profession: Medicine and Surgery

Credential #:27161-20

[Add Payment/Refund](#)

Payments/Refunds

<u>Year</u>	<u>Batch Date</u>	<u>Code</u>	<u>Batch Type</u>	<u>Batch#</u>	<u>Batch Location</u>	<u>Amt. Paid</u>	<u>Actions</u>
2013	10/10/2013	P	E	0	109	141	
2011	10/05/2011	P	E	0	32	141	
2009	09/21/2009	P	E	0	329	141	
2007	09/25/2007	P	E	0	276	106	
2005	10/31/2005	P	E	0	0	106	
2003	09/23/2003	P	E	0	0	106	
2001	10/26/2001	P	B	51	2	106	
1999	10/28/1999	P	B	51	131	110	
1997	10/21/1997	P	B	73	3	110	



[Clients](#) [Credentialing](#) [Enforcement](#) [Boards](#) [A/R](#) [Maintenance](#)

[Home](#) » [Clients](#) » [Search by Individual](#) » Search by Individual Results

Search by Individual Results

View, add, edit, and delete a person's contact information by browsing to the desired tab.

[Summary](#) [Name](#) [Relationships](#) [Address](#) [Phone/Fax](#) [Email/Web](#) [Protection](#) [Skills](#)

Name: [REDACTED] **Gender:** female [REDACTED] [REDACTED]

Current Address
ADDRESS DIVISION: CREDENTIALING
ADDRESS TYPE: MAILING

CAROL BALL
[REDACTED]

Applications
[Add New Application](#)
No applications found.

Credentials

[Add An Old Credential](#)

<u>Credential Number</u>	<u>Granted</u>	<u>Renewal By</u>	<u>Status</u>
27161-20	10/25/1985	10/31/2015	ACTIVE

Total Credentials : 1

Orders (ICE)
No orders found.

Intake Cases (ICE)
No cases found.

Respondent Report
[View Consolidated Case Notes Summary](#)

2011

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Credential](#)

Renewal Year: 2011

Log

Time	Step #	Step Title	Message
10/5/2011 8:45:29 AM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
10/5/2011 8:45:40 AM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... Survey Answers
10/5/2011 8:46:16 AM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... Survey Answers
10/5/2011 8:46:31 AM	4	DWD Survey	Step completed, advancing to next step in renewal process...
10/5/2011 8:46:50 AM	5	Verify Professional Specialties	Step completed, advancing to next step in renewal process...
10/5/2011 8:46:57 AM	6	Expert Witness Participation	Step completed, advancing to next step in renewal process... Survey Answers
10/5/2011 8:47:20 AM	7	Continuing Education Requirement	Step completed, advancing to next step in renewal process... Survey Answers
10/5/2011 8:47:35 AM	8	List Opt-Out	Step completed, advancing to next step in renewal process... Survey Answers
10/5/2011 8:51:01 AM	9	Pay Renewal Fee	Step completed, advancing to next step in renewal process...

Continuing Education Log

No Continuing Education log information recorded for this renewal year

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/23/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

I declare under penalty of law that I am: (check one)

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

a citizen or national of the United States, or

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Please check here if you are willing to serve as an expert witness in disciplinary proceedings.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers



I have or will have completed *30 hours of AMA or AOA Category I continuing education beginning January 1, 2010 and ending December 31, 2011, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

* Three months of approved post-graduate training is equivalent to 30 hours of Category I credits.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.

Please do not disclose my street address and/or PO Box # on lists

2013

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Credential](#)

Renewal Year: 2013

Log

Time	Step #	Step Title	Message
10/10/2013 11:19:57 AM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
10/10/2013 11:24:58 AM	2	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:25:04 AM	3	Certification Of Legal Status	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:25:45 AM	4	PDMP Question Introduction	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:26:00 AM	5	Have you submitted an application for an exemption	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:26:12 AM	11	Verify Professional Specialties	Step completed, advancing to next step in renewal process...
10/10/2013 11:26:29 AM	12	Continuing Education Audit	Step completed, advancing to next step in renewal process...
10/10/2013 11:26:38 AM	13	Continuing Education Requirement	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:26:47 AM	14	Expert Witness Participation	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:27:04 AM	15	List Opt-Out	Step completed, advancing to next step in renewal process... Survey Answers
10/10/2013 11:32:16 AM	16	Pay Renewal Fee	Step completed, advancing to next step in renewal process...

Continuing Education Log

No Continuing Education log information recorded for this renewal year

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985 **Renew By:** 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

I declare under penalty of law that I am: (check one)

a citizen or national of the United States, or

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Responding to prompts on this page is OPTIONAL

You may skip all questions related to the PDMP and still renew you license.

On January 1, 2013, Chapter Phar 18 of the Wisconsin Administrative Code created the Wisconsin Prescription Drug Monitoring Program (PDMP). The law requires licensees who dispense monitored prescription drugs to patients in Wisconsin to collect and submit data to the PDMP database.

NOTE:

"Dispense" means to deliver a prescribed monitored prescription drug to a patient by or pursuant to the prescription order of a practitioner, including the compounding, packaging or labelling necessary to prepare the prescribed drug or device for delivery. However, a licensee does not dispense a monitored prescription drug if he or she administers it directly to a patient or if he or she merely writes a prescription to be filled elsewhere.

"Monitored prescription drugs" are:

- State Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed
- Federally Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed
- Tramadol, a drug identified by the PEB as having a substantial potential for abuse

Continue

Skip PDMP Questions

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Responding to prompts on this page is OPTIONAL

You may skip all questions related to the PDMP and still renew you license.

Licenses who are authorized to dispense monitored percption drugs but NEVER dispense them DO NOT have to file anything with the PDMP. However, you may have submitted or wan to submit a form to give to the Department notice that you do not dispense monitored percption drupg and have to data to submit to the PDMP.

Have you submitted an application for an exemption from the data collection and submission requirements of the PDMP?

Yes

No

Skip PDMP Questions

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers



I have or will have completed *30 hours of AMA or AOA Category I continuing education beginning January 1, 2012 and ending December 31, 2013, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

* Three months of approved post-graduate training is equivalent to 30 hours of Category I credits.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Please check here if you are willing to serve as an expert witness in disciplinary proceedings.

Online Activity

View credential holder renewal log, Activity information (online login info), Continuing education log

Credential: 27161-20 (Medicine and Surgery)

Renewal: 2013

Name: BALL, CAROL

Status: REGULAR - CURRENT(ACTIVE)

Granted: 10/25/1985

Renew By: 10/31/2015

First Fee: 10/10/2013

Online Renewal Log

[< Back To Log](#)

Answers

Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.

Please do not disclose my street address and/or PO Box # on lists