







**Credential:** 31221-21 (Medicine and Surgery)  **Renewal:** 2014  
**Name:** [Kernes, Stewart](#) **Status:** REGULAR - CURRENT(ACTIVE)  
**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)  OtherDate **First Fee:**

**Detail Payments/Refunds**

Batch Date	Code	Batch Type	Batch#	Batch Location	Amt. Paid
01/12/2014	P	E	0	1555	141

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

Code	Complied	Complied Date	Printed	Comments	Actions
SIG	Met <input type="checkbox"/>	01/12/2014 	<input type="checkbox"/>	status set to Met 01/12/2014 22:14 via online r	
FEE	Met <input type="checkbox"/>	01/12/2014 	<input type="checkbox"/>	added by CRP SR 01/02/2014 10:16	
CLS	Met <input type="checkbox"/>	01/12/2014 	<input type="checkbox"/>	status set to Met 01/12/2014 22:12 via online r	

<b>License Type:</b> REGULAR <input type="checkbox"/>	<b>Specialty Code:</b> (12) OBSTETRICS AND GYNECOLOGY 	<b>Working State:</b> --Select-- <input type="checkbox"/>
<b>Status:</b> ACTIVE <input type="checkbox"/>		<b>Residency:</b> --Select-- <input type="checkbox"/>
<a href="#">Show SSN</a>	--Select One-- <input type="checkbox"/> 	<b>Renew Disabled:</b> <input type="checkbox"/>
<a href="#">View/Edit Continuing Education</a>		<b>On Hold:</b> <input type="checkbox"/>
		<b>Notify DOE:</b> <input type="checkbox"/>
		<b>Opt. Out:</b> <input checked="" type="checkbox"/>
		<b>Multi State:</b> <input type="checkbox"/>
		<b>Expert:</b> <input checked="" type="checkbox"/>
		<b>Exempt Fee:</b> <input type="checkbox"/>
		<b>Military:</b> <input type="checkbox"/>
		<b>Bad Check:</b> <input type="checkbox"/>
		<b>Firearm Rnwl Disabled:</b> <input type="checkbox"/>

<b>Name:</b> <a href="#">Kernes, Stewart</a>	<b>Renewal Due:</b> 02/29/2016
<b>Profession:</b> Medicine and Surgery	
<b>Credential #:</b> 31221-21	

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

**History**

<u>Date</u>	<u>History Type</u>	<u>History</u>	<u>Actions</u>
01/15/2014	RenewedAuto	Cred Holder Renewed - Auto Event	
01/13/2012	RenewedAuto	Cred Holder Renewed - Auto Event	
09/09/2009	RenewedAuto	From fee rec. year=2009 date printed=09/09/2009	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	
10/25/2007	BlueLicensePrinted		
10/23/2007	RenewedAuto	From fee rec. year=2007 date printed=10/23/2007	
09/06/2007	StandardRequirementAdded	Standard Requirement Added: SIG	
09/06/2007	StandardRequirementAdded	Standard Requirement Added: FEE	
03/14/2006	Endorsement Sent	Endorsement Sent by PPL. IL	
12/29/2005	DuplicateCertificate	Duplicate Bluecert printed by CSD on 29-DEC-05	
09/13/2005	RenewedAuto	From fee rec. year=2005 date printed=09/13/2005	
10/21/2003	RenewedAuto	From fee rec. year=2003 date printed=10/21/2003	
10/19/2001	RenewedAuto	From fee rec. year=2001 date printed=10/19/2001	
10/21/1999	RenewedAuto	From fee rec. year=1999 date printed=10/21/1999	
11/04/1997	RenewedAuto	From fee rec. year=1997 date printed=11/04/1997	
12/11/1991	DateRenewed	93 931101 B 081 03037 931103 95 951023 B 082 02042 951024	
06/21/1990	EndorsedFrom	ENDORSED FLEX	
06/01/1986	GraduatedFrom	PACIFIC MED COL-LOS ANGELES	

**Name:** [Kernes, Stewart](#) **Renewal Due:** 02/29/2016  
**Profession:** Medicine and Surgery  
**Credential #:** 31221-21

[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>
2014	01/12/2014	P	E	0	1555	141	
2012	01/11/2012	P	E	0	1423	141	
2009	09/09/2009	P	E	0	1164	165	
2007	10/23/2007	P	E	0	121	106	
2005	09/09/2005	P	E	0	0	106	
2003	10/17/2003	P	B	9	336	106	
2001	10/17/2001	P	B	7	287	106	
1999	10/19/1999	P	B	74	1	110	
1997	10/31/1997	P	B	16	3	110	

**Cred. Holder:** [Kernes, Stewart](#)  
**Profession:** 31221-21 (Medicine and Surgery)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
10/30/1997	DUPLICATE	Yes	3/19/2025	0
10/30/1997	DUPLICATE	Yes	3/19/2025	0
1/15/2014	HEALTHCHK	Yes	1/21/2014	0
1/2/2014	RENEWALDOM	Yes	1/2/2014	2014
1/2/2014	RENEWALSEL	Yes	1/2/2014	2014

1 [2](#) [3](#) [4](#) [5](#)

**Cred. Holder:** [Kernes, Stewart](#)

**Profession:** 31221-21 (Medicine and Surgery)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
1/11/2012	HEALTHCHK	Yes	1/17/2012	0
2/4/2008	HEALTHCHK	Yes	4/2/2010	0
9/11/2009	HEALTHCHK	Yes	4/2/2010	0
3/26/2008	HEALTHCHK	Yes	4/2/2010	0
3/6/2009	HEALTHCHK	Yes	4/2/2010	0

[1](#) [2](#) [3](#) [4](#) [5](#)

**Cred. Holder:** [Kernes, Stewart](#)

**Profession:** 31221-21 (Medicine and Surgery)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
4/23/2008	HEALTHCHK	Yes	4/2/2010	0
10/25/2007	HEALTHCHK	Yes	4/2/2010	0
3/2/2010	HEALTHCHK	Yes	3/16/2010	0
10/25/2007	NEWLICENSE	Yes	10/25/2007	2007
3/14/2006	CERT	Yes	3/14/2006	0

[1](#) [2](#) [3](#) [4](#) [5](#)

**Cred. Holder:** [Kernes, Stewart](#)

**Profession:** 31221-21 (Medicine and Surgery)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
3/14/2006	CERT	Yes	3/14/2006	0
9/13/2005	NEWLICENSE	Yes	9/13/2005	2005
10/21/2003	NEWLICENSE	Yes	10/21/2003	2003
10/19/2001	NEWLICENSE	Yes	10/19/2001	2001
10/21/1999	NEWLICENSE	Yes	10/21/1999	1999

[1](#) [2](#) [3](#) [4](#) [5](#)

**Cred. Holder:** [Kernes, Stewart](#)

**Profession:** 31221-21 (Medicine and Surgery)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
11/4/1997	NEWLICENSE	Yes	11/4/1997	1997

[1](#) [2](#) [3](#) [4](#) [5](#)

**Renewal Requirements List**

<u>Code</u>	<u>Renewal Year</u>	<u>Complied</u>	<u>Complied Date</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Insert Date</u>	<u>Comments</u>
CLS	2014	Met	01/12/2014	No		01/02/2014	status set to Met 01/12/2014 22:12 via online renewal
FEE	2014	Met	01/12/2014	No		01/02/2014	added by CRP SR 01/02/2014 10:16
SIG	2014	Met	01/12/2014	No		01/02/2014	status set to Met 01/12/2014 22:14 via online renewal
SIG	2012	Met	01/11/2012	No		01/03/2012	status set to Met 01/11/2012 13:45 via online renewal
FEE	2012	Met	01/11/2012	No		01/03/2012	added by CRP SR 01/03/2012 09:57
SVY	2012	Met	01/11/2012	No		01/11/2012	Added and met thru online renewal
CLS	2012	Met	01/11/2012	No		01/03/2012	status set to Met 01/11/2012 13:35 via online renewal
FEE	2009	Met	09/09/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	09/09/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	09/09/2009	No		09/02/2009	Met thru online renewal
FEE	2007	Met	10/23/2007	No		09/06/2007	Met thru online renewal
SIG	2007	Met	10/23/2007	No		09/06/2007	Met thru online renewal
SIG	2005	Met	09/12/2005	No		09/04/2007	
FEE	2005	Met	09/13/2005	No		09/04/2007	Added FEE for conversion
FEE	2003	Met	10/21/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	10/17/2003	No		09/04/2007	
SIG	2001	Met	10/17/2001	No		09/04/2007	
FEE	2001	Met	10/19/2001	No		09/04/2007	Added FEE for conversion
FEE	1999	Met	10/21/1999	No		09/04/2007	Added FEE for conversion
SIG	1999	Met	10/19/1999	No		09/04/2007	
FEE	1997	Met	11/04/1997	No		09/04/2007	Added FEE for conversion
SIG	1997	Met	10/31/1997	No		09/04/2007	

**Credential:** 31221-21 (Medicine and Surgery) **Renewal:** 2014  
**Name:** [Kernes, Stewart](#) **Status:** REGULAR - CURRENT(ACTIVE)  
**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#) **First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Credential](#)

Renewal Year:

**Log**

Time	Step #	Step Title	Message
1/12/2014 10:11:42 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
1/12/2014 10:11:52 PM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
1/12/2014 10:12:04 PM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
1/12/2014 10:12:59 PM	4	DWD Survey	Step completed, advancing to next step in renewal process...
1/12/2014 10:13:12 PM	4	Verify Professional Specialties	Step completed, advancing to next step in renewal process...
1/12/2014 10:13:56 PM	5	Expert Witness Participation	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
1/12/2014 10:14:09 PM	6	Continuing Education Requirement (DO)	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
1/12/2014 10:14:32 PM	7	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
1/12/2014 10:28:37 PM	9	Pay Renewal Fee	Step completed, advancing to next step in renewal process...
1/12/2014 10:28:43 PM	10	Workforce Survey	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:** 31221-21 (Medicine and Surgery) **Renewal:** 2014  
**Name:** [Kernes, Stewart](#) **Status:** REGULAR - CURRENT(ACTIVE)  
**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#) **First Fee:** 01/12/2014

**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

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I plan to complete the required Continuing Education. I understand that no credential will be issued until I meet this requirement. I also understand that my credential may expire if the required Continuing Education is not completed by the renewal deadline.

I have or will have completed \*30 hours of AMA or AOA Category I continuing education beginning March 1, 2012 and ending February 28, 2014, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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**

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Log](#)

**Answers**

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



**Credential:** 31221-21 (Medicine and Surgery)  
**Name:** [Kernes, Stewart](#)  
**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**Renewal:** 2014  
**Status:** REGULAR - CURRENT(ACTIVE)  
**First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Credential](#)

Renewal Year:

**Log**

Time	Step #	Step Title	Message
1/11/2012 1:35:22 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
1/11/2012 1:35:32 PM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
1/11/2012 1:35:47 PM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
1/11/2012 1:45:03 PM	4	DWD Survey	Step completed, advancing to next step in renewal process...
1/11/2012 1:45:18 PM	4	Verify Professional Specialties	Step completed, advancing to next step in renewal process...
1/11/2012 1:45:28 PM	5	Expert Witness Participation	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
1/11/2012 1:45:40 PM	7	Important Information Regarding Your Credential	Step completed, advancing to next step in renewal process...
1/11/2012 1:45:50 PM	6	Continuing Education Requirement (DO)	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
1/11/2012 1:46:03 PM	7	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
1/11/2012 1:50:29 PM	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:** 31221-21 (Medicine and Surgery)  
**Name:** [Kernes, Stewart](#)  
**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**Renewal:** 2014  
**Status:** REGULAR - CURRENT(ACTIVE)  
**First Fee:** 01/12/2014

**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

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I plan to complete the required Continuing Education. I understand that no credential will be issued until I meet this requirement. I also understand that my credential may expire if the required Continuing Education is not completed by the renewal deadline.

I have or will have completed \*30 hours of AMA or AOA Category I continuing education beginning March 1, 2012 and ending February 28, 2014, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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**

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I plan to complete the required Continuing Education. I understand that no credential will be issued until I meet this requirement. I also understand that my credential may expire if the required Continuing Education is not completed by the renewal deadline.

I have or will have completed \*30 hours of AMA or AOA Category I continuing education beginning March 1, 2012 and ending February 28, 2014, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

**Online Activity**

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

**Credential:** 31221-21 (Medicine and Surgery)

**Renewal:** 2014

**Name:** [Kernes, Stewart](#)

**Status:** REGULAR - CURRENT(ACTIVE)

**Granted:** [06/21/1990](#) **Renew By:** [02/29/2016](#)

**First Fee:** 01/12/2014

**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**