

**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](#) | [Wall Cert](#) | [Labels](#) | [Hot Print DRN](#) | [Renewal Notice](#) | [Expanded Details](#) | [Save](#) | [Email incomplete renewal checklist](#)

**Credential:** 229-23 (Physician Assistant) **Renewal:** 2016  
**Name:** Laan, Marv PA **Status:** REGULAR - CURRENT(ACTIVE)  
**Granted:** 08/17/1979 **Renew By:** 02/29/2016  OtherDate **First Fee:**

**Detail Payments/Refunds**

There are no query results.

**Requirements**

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

Code	Complied	Complied Date	Printed	Comments	Actions
FEE	Not met <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	added by CRP SR 01/05/2016 12:36	
SIG	Not met <input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	added by CRP SR 01/05/2016 12:36	

**License Type:**

**Status:**

**Show SSN**

[View/Edit Continuing Education](#)

**Specialty Code:**

**Working State:**

**Residency:**

- Renew Disabled
- On Hold
- Notify DOE
- Opt. Out
- Multi State
- Expert
- Exempt Fee
- Military
- Bad Check
- Firearm Rnwl Disabled

**Name and Address Change**

[Click on expand/collapse to view/hide information.](#)

**More Details:**

[Click on expand/collapse to view/hide information.](#)

**Credential Initial:** PA

**Credentialing Method Group:** undefined group type (Group Type not yet defined)

**PDMP Status:**

**Credential Holder**

Enter renewal information and click Save.

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

**Name:** Laan, Mary PA **Renewal Due:** 02/29/2016  
**Profession:** Physician Assistant  
**Credential #:** 229-23

**Supervisor**

**First Name:** **Middle Name:** **Last Name:**  
**Location:** **License Number:**  
[Edit](#) | [Delete](#)

[Manage Credential Xrefs](#)

**Credential Holder to Credential Holder Relations**

<u>Relationship</u>	<u>Cred. Holder#</u>	<u>Name</u>	<u>Start Date</u>	<u>End Date</u>	<u>Renew By</u>
MD SUPRVSR	20972-20	Christensen, Dennis	03/04/2014		10/31/2017
MD SUPRVSR	24928-20	Gorelick, Jeffrey	01/01/2002	09/24/2007	10/31/2017
MD SUPRVSR	25982-20	Lerner, Jerome	09/24/2007	05/15/2008	10/31/2017
MD SUPRVSR	29107-20	Smith, Bernard	03/04/2014		10/31/2017
MD SUPRVSR	36074-20	Nunyakpe, Abalo K	09/10/2012	02/26/2014	10/31/2015
MD SUPRVSR	37148-20	Masci, Vance	05/15/2008	02/26/2014	10/31/2017
MD SUPRVSR	37347-20	Thomas-King, Pamela	04/01/2009	08/01/2012	10/31/2017
MD SUPRVSR	34263-21	Phillips, Dennis	02/04/2000	12/31/2001	02/28/2018

[Manage Non-Credential Xrefs](#)

**Credential Holder to Non-Credential Holder Relations**

<b>Current</b>				
<b>Relation</b>	<b>Details</b>	<b>Related To</b>	<b>Details</b>	<b>Eff Date</b>
<b>Prior</b>				
<b>Relation</b>	<b>Details</b>	<b>Related To</b>	<b>Details</b>	<b>Eff Date</b>

 [Affiliation Report](#) | [Actives Only](#)

**Credential Holder**

Enter renewal information and click Save.

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

**Name:** Laan, Mary PA **Renewal Due:** 02/29/2016  
**Profession:** Physician Assistant  
**Credential #:** 229-23

[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	02/26/2014	P	E	0	716	141	
2012	02/22/2012	P	E	0	801	141	
2009	10/26/2009	P	E	0	614	165	
2007	04/23/2008	P	E	0	89	97	
2005	10/07/2005	P	B	73	432	72	
2003	11/05/2003	P	B	66	212	72	
2001	09/25/2001	P	B	71	1181	72	
1999	12/10/1999	P	B	10	1	84	
1997	03/10/1999	P	C	0	182	76	

**Credential Expanded Details**  
View expanded details on the credential holder. Click the Return link when finished.

**Cred. Holder:** [Laan, Mary](#)  
**Profession:** 229-23 (Physician Assistant)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
1/5/2016	RENEWALDOM	Yes	1/5/2016	2016
1/5/2016	RENEWALSEL	Yes	1/5/2016	2016
1/2/2014	RENEWALDOM	Yes	1/2/2014	2014
1/2/2014	RENEWALSEL	Yes	1/2/2014	2014
4/23/2008	NEWLICENSE	Yes	4/25/2008	2007

1 2 3

**PIN Number**

[REDACTED]

**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>
FEE	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 14:00 via online renewal
FEE	2014	Met	02/26/2014	No		01/02/2014	added by CRP SR 01/02/2014 10:30
CLS	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 13:38 via online renewal
FEE	2012	Met	02/22/2012	No		01/03/2012	added by CRP SR 01/03/2012 10:08
CLS	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:38 via online renewal
SIG	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:40 via online renewal
FEE	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
STA	2007	Met	04/24/2008	No		04/24/2008	Added thru Web
FEE	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
FEE	2005	Met	10/11/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/07/2005	No		09/04/2007	
FEE	2003	Met	11/07/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	11/05/2003	No		09/04/2007	

SIG	2001	Met	09/25/2001	No		09/04/2007
FEE	2001	Met	09/27/2001	No		09/04/2007 Added FEE for conversion
LFN	1999	Met	12/10/1999	No		09/04/2007
FEE	1999	Met	12/14/1999	No		09/04/2007 Added FEE for conversion
SIG	1999	Met	12/13/1999	No		09/04/2007
SSN	1997	Met	04/14/1999	No	<b>03/12/1999</b>	09/04/2007
LFN	1997	Met	03/11/1999	No		09/04/2007
FEE	1997	Met	04/15/1999	No		09/04/2007 Added FEE for conversion
SIG	1997	Met	04/12/1999	No	<b>03/12/1999</b>	09/04/2007
STA	1997	Met	04/12/1999	No		09/04/2007
BUR	1997	Met	04/12/1999	No		09/04/2007

[Return](#)

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**Credential Expanded Details**

View expanded details on the credential holder. Click the Return link when finished.

**Cred. Holder:** [Laan, Mary](#)

**Profession:** 229-23 (Physician Assistant)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
10/11/2005	NEWLICENSE	Yes	10/11/2005	2005
11/7/2003	NEWLICENSE	Yes	11/7/2003	2003
12/12/2001	GOV	Yes	12/13/2001	0
12/12/2001	GOV	Yes	12/13/2001	0
9/27/2001	NEWLICENSE	Yes	9/27/2001	2001

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

**PIN Number**

[REDACTED]

**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>
FEE	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 14:00 via online renewal
FEE	2014	Met	02/26/2014	No		01/02/2014	added by CRP SR 01/02/2014 10:30
CLS	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 13:38 via online renewal
FEE	2012	Met	02/22/2012	No		01/03/2012	added by CRP SR 01/03/2012 10:08
CLS	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:38 via online renewal
SIG	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:40 via online renewal
FEE	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
STA	2007	Met	04/24/2008	No		04/24/2008	Added thru Web
FEE	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
FEE	2005	Met	10/11/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/07/2005	No		09/04/2007	
FEE	2003	Met	11/07/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	11/05/2003	No		09/04/2007	

SIG	2001	Met	09/25/2001	No		09/04/2007
FEE	2001	Met	09/27/2001	No		09/04/2007 Added FEE for conversion
LFN	1999	Met	12/10/1999	No		09/04/2007
FEE	1999	Met	12/14/1999	No		09/04/2007 Added FEE for conversion
SIG	1999	Met	12/13/1999	No		09/04/2007
SSN	1997	Met	04/14/1999	No	<b>03/12/1999</b>	09/04/2007
LFN	1997	Met	03/11/1999	No		09/04/2007
FEE	1997	Met	04/15/1999	No		09/04/2007 Added FEE for conversion
SIG	1997	Met	04/12/1999	No	<b>03/12/1999</b>	09/04/2007
STA	1997	Met	04/12/1999	No		09/04/2007
BUR	1997	Met	04/12/1999	No		09/04/2007

[Return](#)

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**Credential Expanded Details**

View expanded details on the credential holder. Click the Return link when finished.

**Cred. Holder:** [Laan, Mary](#)

**Profession:** 229-23 (Physician Assistant)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
12/14/1999	NEWLICENSE	Yes	12/14/1999	1999
12/6/1999	DUPLICATE	Yes	12/7/1999	0
12/6/1999	DUPLICATE	Yes	12/7/1999	0
4/15/1999	NEWLICENSE	Yes	4/15/1999	1997

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

**PIN Number**

[REDACTED]

**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>
FEE	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2016	Not met		No		01/05/2016	added by CRP SR 01/05/2016 12:36
SIG	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 14:00 via online renewal
FEE	2014	Met	02/26/2014	No		01/02/2014	added by CRP SR 01/02/2014 10:30
CLS	2014	Met	02/26/2014	No		01/02/2014	status set to Met 02/26/2014 13:38 via online renewal
FEE	2012	Met	02/22/2012	No		01/03/2012	added by CRP SR 01/03/2012 10:08
CLS	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:38 via online renewal
SIG	2012	Met	02/22/2012	No		01/03/2012	status set to Met 02/22/2012 14:40 via online renewal
FEE	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
CLS	2009	Met	10/26/2009	No		09/02/2009	Met thru online renewal
SIG	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
STA	2007	Met	04/24/2008	No		04/24/2008	Added thru Web
FEE	2007	Met	04/23/2008	No		09/06/2007	Met thru online renewal
FEE	2005	Met	10/11/2005	No		09/04/2007	Added FEE for conversion
SIG	2005	Met	10/07/2005	No		09/04/2007	
FEE	2003	Met	11/07/2003	No		09/04/2007	Added FEE for conversion
SIG	2003	Met	11/05/2003	No		09/04/2007	
SIG	2001	Met	09/25/2001	No		09/04/2007	



FEE	2001	Met	09/27/2001	No		09/04/2007	Added FEE for conversion
LFN	1999	Met	12/10/1999	No		09/04/2007	
FEE	1999	Met	12/14/1999	No		09/04/2007	Added FEE for conversion
SIG	1999	Met	12/13/1999	No		09/04/2007	
SSN	1997	Met	04/14/1999	No	<b>03/12/1999</b>	09/04/2007	
LFN	1997	Met	03/11/1999	No		09/04/2007	
FEE	1997	Met	04/15/1999	No		09/04/2007	Added FEE for conversion
SIG	1997	Met	04/12/1999	No	<b>03/12/1999</b>	09/04/2007	
STA	1997	Met	04/12/1999	No		09/04/2007	
BUR	1997	Met	04/12/1999	No		09/04/2007	

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**Credential Holder**




Enter renewal information and click Save.











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

**Name:** Laan, Mary PA **Renewal Due:** 02/29/2016  
**Profession:** Physician Assistant  
**Credential #:** 229-23

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

**History**

Date	History Type	History	Actions
03/04/2014	AffiliationHistory	Affiliated with 229-23 from 2/26/2014 12:00:00 AM to Present	 
03/04/2014	AffiliationHistory	Affiliated with 229-23 from 2/26/2014 12:00:00 AM to Present	 
02/28/2014	RenewedAuto	Cred Holder Renewed - Auto Event	 
02/24/2012	RenewedAuto	Cred Holder Renewed - Auto Event	 
10/26/2009	RenewedAuto	From fee rec. year=2009 date printed=10/26/2009	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	 
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	 
07/24/2008	AffiliationHistory	Affiliated with 229-23 from 9/24/2007 12:00:00 AM to Present	 
07/24/2008	AffiliationHistory	Affiliated with 25982-20 from 9/24/2007 12:00:00 AM to Present	 
07/24/2008	AffiliationHistory	Affiliated with 25982-20 from 9/24/2007 12:00:00 AM to Present	 
07/24/2008	AffiliationHistory	Affiliated with 24928-20 from 1/1/2002 12:00:00 AM to 09/24/2007	 
07/24/2008	AffiliationHistory	Affiliated with 34263-21 from 2/4/2000 12:15:55 PM to 12/31/2001	 
04/25/2008	BlueLicensePrinted		 
04/24/2008	CredHolderStatusChange	Status Change: E to A by DRL-WORLD\Rnl142	 
04/23/2008	RenewedAuto	From fee rec. year=2007 date printed=04/23/2008	 
09/24/2007	AffiliationHistory	Affiliated with 24928-20 from 1/1/2002 12:00:00 AM to 1/1/0001 12:00:00 AM	 
09/24/2007	AffiliationHistory	Affiliated with 24928-20 from 1/1/2002 12:00:00 AM to 1/1/0001 12:00:00 AM	 
09/06/2007	StandardRequirementAdded	Standard Requirement Added: SIG	 
09/06/2007	StandardRequirementAdded	Standard Requirement Added: FEE	 
10/11/2005	RenewedAuto	From fee rec. year=2005 date printed=10/11/2005	 
11/07/2003	RenewedAuto	From fee rec. year=2003 date printed=11/07/2003	 
09/27/2001	RenewedAuto	From fee rec. year=2001 date printed=09/27/2001	 
12/14/1999	RenewedAuto	From fee rec. year=1999 date printed=12/14/1999	

12/13/1999	CredHolderStatusChange	STATUS CODE CHANGED FROM E TO A BY CAP	 
04/15/1999	RenewedAuto	From fee rec. year=1997 date printed=04/15/1999	 
12/31/1983	DateRenewed	DATE RENEWED 122983 032586	 
08/08/1979	Exam	EXAM OR P	 
07/28/1979	GraduatedFrom	GRADUATED FROM MARSHFIELD FOUNDATION MARSHFIELD WI	 

**Exam History**  
There are no query results.

 [Print History](#)

**Online Activity**

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

**Credential:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** [Laan, Mary PA](#)

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

**Granted:** [08/17/1979](#) **Renew By:** [02/29/2016](#)

**First Fee:**

**Online Renewal Log**

[< Back To Credential](#)

Renewal Year:

**Log**

Time	Step #	Step Title	Message
2/22/2012 2:36:27 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
2/22/2012 2:37:08 PM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/22/2012 2:38:29 PM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/22/2012 2:38:43 PM	4	Workforce Development Survey	Step completed, advancing to next step in renewal process...
2/22/2012 2:40:04 PM	4	Primary Supervising Physician	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/22/2012 2:40:31 PM	5	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/22/2012 2:44:39 PM	7	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:** 229-23 (Physician Assistant)**Renewal:** 2016**Name:** Laan, Mary PA**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/17/1979 **Renew By:** 02/29/2016**First Fee:****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
- 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:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** Laan, Mary PA

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

**Granted:** 08/17/1979 **Renew By:** 02/29/2016

**First Fee:**

**Online Renewal Log**

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**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:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** Laan, Mary PA

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

**Granted:** 08/17/1979 **Renew By:** 02/29/2016

**First Fee:**

**Online Renewal Log**

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**Answers**

**Please provide the name and license number of the primary supervising physician. This is required in order to renew your license. If you are currently not working, please type: Not Working in the name and license number fields.**

**If your supervising physician has changed you must complete and return form 2594.**

**2594      Change in Supervising Physician Form**

**The form is also available on the the DSPS website at <http://drl.wi.gov>. Select your profession and use the link under "Licensing: Applications / Forms".**

Name:

License Number:

**Online Activity**

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

**Credential:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** [Laan, Mary PA](#)

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

**Granted:** [08/17/1979](#) **Renew By:** [02/29/2016](#)

**First Fee:**

**Online Renewal Log**

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**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:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** [Laan, Mary PA](#)


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

**Granted:** [08/17/1979](#) **Renew By:** [02/29/2016](#)

**First Fee:**

**Online Renewal Log**

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Renewal Year:  

**Log**

Time	Step #	Step Title	Message
2/26/2014 1:37:19 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
2/26/2014 1:37:51 PM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/26/2014 1:38:26 PM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/26/2014 2:00:48 PM	4	Primary Supervising Physician	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/26/2014 2:01:03 PM	5	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
2/26/2014 2:01:11 PM	6	US Bank Payment Site Information	Step completed, advancing to next step in renewal process...
2/26/2014 2:05:19 PM	7	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:** 229-23 (Physician Assistant)**Renewal:** 2016**Name:** [Laan, Mary PA](#)**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** [08/17/1979](#) **Renew By:** [02/29/2016](#)**First Fee:****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
- 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:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** Laan, Mary PA

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

**Granted:** 08/17/1979 **Renew By:** 02/29/2016

**First Fee:**

**Online Renewal Log**

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**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**

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**Credential:** 229-23 (Physician Assistant)

**Renewal:** 2016

**Name:** Laan, Mary PA

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

**Granted:** 08/17/1979 **Renew By:** 02/29/2016

**First Fee:**

**Online Renewal Log**

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**Answers**

**Please provide the name and license number of the primary supervising physician. This is required in order to renew your license. If you are currently not working, please type: Not Working in the name and license number fields.**

**If your supervising physician has changed you must complete and return form 2594.**

**2594                    Change in Supervising Physician Form**

**The form is also available on the the DSPS website at <http://drl.wi.gov>. Select your profession and use the link under "Licensing: Applications / Forms".**

Name:

License Number:

**Online Activity**

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

**Credential:** 229-23 (Physician Assistant)**Renewal:** 2016**Name:** Laan, Mary PA**Status:** REGULAR - CURRENT(ACTIVE)**Granted:** 08/17/1979 **Renew By:** 02/29/2016**First Fee:****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**