





















**Name:** Sonia Meyers    
 **DOB:** [REDACTED]     
 **Gender:** female     
 **Ethnic:** Unknown     
 **SSN:**      
 **SSN Exempt:**  

[Add Name](#)

**Current**

<u>Default</u>	<u>Title</u>	<u>First Name</u>	<u>Middle</u>	<u>Last Name</u>	<u>Following</u>	<u>Type</u>	<u>Actions</u>
		Sonia	K	Meyers		PRIMARY	 
		Sonia	K	Meyers		PRIMARY	  
		Sonia	K	Meyers		PRIMARY	  
		Sonia	K	Meyers		PRIMARY	  

**Old**

<u>Title</u>	<u>First Name</u>	<u>Middle</u>	<u>Last Name</u>	<u>Following</u>	<u>Type</u>	<u>End Date</u>	<u>Actions</u>
Sonia		K	Luthra		PRIMARY	5/16/2007	 
Sonia		K	Luthra		PRIMARY	2/3/2006	 
Sonia		K	Luthra		PRIMARY	2/3/2006	 
Sonia		K	Luthra		PRIMARY	1/12/2006	 

Name: Sonia Meyers    DOB: [REDACTED]    Gender: female    Ethnic: Unknown    SSN: [REDACTED]    SSN Exempt:

**Current Address**

ADDRESS DIVISION: CREDENTIALING  
ADDRESS TYPE: MAILING  
SONIA MEYERS  
[REDACTED]  
WAUNAKEE WI 53597  
UNITED STATES

**Applications**

[Add New Application](#)

Profession	Application ID	Method	Specialty	Sub Profession	Kind	Action
<a href="#">20 (Medicine and Surgery)</a>	243227	EXAM				✘
<a href="#">850 (Temporary Education Training Permit)</a>	244848	TEP				✘

**Total Applications : 2**

**Credentials**

Credential Number	Granted	Renewal By	Status
<a href="#">50373-20</a>	05/16/2007	10/31/2021	ACTIVE
<a href="#">1564-850</a>	07/01/2006	06/30/2007	EXPIRED

**Total Credentials : 2**

**Orders (ICE)**

No orders found.

**Intake Cases (ICE)**

No cases found.

**Respondent Report**

[View Consolidated Case Notes Summary](#)

**Credential Holder**

Enter renewal information and click Save.

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

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

Credential: 1564-850 (Temporary Education Training Permit)	Renewal: 0
Name: <a href="#">Mevers, Sonia</a>	Status: REGULAR - NOT CURRENT (EXPIRED)
Granted: 07/01/2006 Renew By: <a href="#">06/30/2007</a> <input type="checkbox"/> OtherDate	First Fee: <input type="text"/>

**Detail Payments/Refunds**  
There are no query results.

**Requirements**  
[Add Requirement](#) | [Confirm Requirements](#)  
There are no query results.

<b>License Type:</b> REGULAR <input type="text"/>	<b>Specialty Code:</b> <input type="text"/>	<b>Working State:</b> --Select-- <input type="text"/>
<b>Status:</b> EXPIRED <input type="text"/>	<input type="text"/>	<b>Residency:</b> --Select-- <input type="text"/>
<a href="#">Show SSN</a>	<input type="text"/>	Renew Disabled: <input type="checkbox"/>
<a href="#">View/Edit Continuing Education</a>	--Select One-- <input type="text"/>	Notify DOE: <input type="checkbox"/>
		Multi State: <input type="checkbox"/>
		Exempt Fee: <input type="checkbox"/>
		Opt. Out: <input checked="" type="checkbox"/>
		Expert: <input type="checkbox"/>
		Military: <input type="checkbox"/>
		Firearm Rnwl Disabled: <input type="checkbox"/>

**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: 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: [Meyers, Sonia](#)

Renewal Due: 06/30/2007

Profession: Temporary Education Training Permit

Credential #: 1564-850

#### Supervisor

First Name:

Middle Name:

Last Name:

Location:

UW HOSPITAL & CLINICS-MADISON WI

License Number:

[Edit](#) | [Delete](#)

#### [Manage Credential Xrefs](#)

#### Credential Holder to Credential Holder Relations

There are no query results.

#### [Manage Non-Credential Xrefs](#)

#### Credential Holder to Non-Credential Holder Relations

##### Current

Relation	Details	Related To	Details	Eff Date
----------	---------	------------	---------	----------

##### Prior

Relation	Details	Related To	Details	Eff Date
----------	---------	------------	---------	----------

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

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

Name: [Meyers, Sonia](#) Renewal Due: 06/30/2007

Profession: Temporary Education Training Permit

Credential #: 1564-850

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



**History**

Date	History Type	History	Actions
07/01/2006	FromApplicationMethodInformation	From application: 244848 by method: TEP Temporary Education Permit	
05/16/2004	GraduatedFrom	graduated from UW-MADISON WI	

**Exam History**

Date	History Type	History
12/12/2006	Exam	USMLE 78 Passed

[Print History](#) [Print History \(DLSC\)](#)


**Applicant:** [Sonia Meyers](#)  
**Permit:** 850 (Temporary Education Training Permit)  
**Sub Profession:** Not Assigned  
**Permit Kind:** Not Assigned  
**Method:** [TEP](#)  
**Method From:**   
**Credential Initial:** 

**Application ID:** 244848  
**Received:** 2/3/2006  
[Add Transaction](#)  
**Entered:** 2/3/2006  
**Dept Received:**  
**Status:** [Permanent license issued](#)  
**Permit #:** [1564-850](#)

[Check Fee Reduction Eligibility](#)

Save

All Tabs Completed:



[Print Folder Label](#) | [Print Mailing Label](#) | [Print Checklist](#) | [Email Applicant](#) | [Email Letter of Notice](#) |  | | | |

Enter Checklist

Requirement	Status	Met Date	Comments	Exam
PAGE 1 Applicable blanks completed	Met	02/03/2006		
Application Fee	Met	02/03/2006	PAID 1/30/06	
All activities and practice accounted for from the date of graduation to the present. Provide hospital name, location (city&state) and beginning and ending dates (month&year)	Met	02/03/2006		
Residencies or fellowship. Provide hospital/clinic/practice name, location (city&state) and beginning and ending dates (month&year)	Met	02/03/2006		
Is name on all credentials the same? If not, submit copy of marriage certificate, divorce decree, etc.	Not Applies			
PAGES 2 & 3 All questions answered and relevant copies attached	Met	02/03/2006		
PAGE 4 Affidavit of applicant, signed and notarized	Met	02/03/2006		
PAGE 5 Affidavit of hospital authority	Met	02/03/2006		
DOCUMENTS REQUIRED Addendum to Application (Form #2380)	Met	02/03/2006		

DOCUMENTS REQUIRED Addendum to Application (Form #2380)	Met	02/03/2006		
Professional Diploma (photocopy)	Met	02/03/2006	Graduated 5/04	
Copies of court or insurance documents of all malpractice suit(s)	Not Applies			
OTHER	Not Applies			<b>EXAM</b>

PLEASE NOTE: THIS IS THE ONLY MAILED CHECKLIST THAT YOU WILL RECEIVE. Please go online for future updates at <http://dps.wi.gov> and look for the 'Application Status' link.

**Applicant:** [Sonia Meyers](#)  
**Profession:** 020 (Medicine and Surgery)  
**Method:** [EXAM](#)  
**Method From:**   
**Credential Initial:** 












**Application ID:** 243227  
**Received:** 1/12/2006  
[Add Transaction](#)  
**Entered:** 1/12/2006  
**Dept Received:**  
**Status:** [Permanent license issued](#)  
**License #:** [50373-20](#)

[Check Fee Reduction Eligibility](#)

All Tabs Completed:



[Print Folder Label](#) | [Print Mailing Label](#) | [Print Checklist](#) | [Email Applicant](#) | [Email Letter of Notice](#)  | | | |

Enter Checklist

Requirement	Status	Met Date	Comments	Exam
WI Statute & Rules Examination	Met	03/17/2006	Passed	
Is name on all credentials the same? If not, submit copy of marriage certificate, divorce decree, etc.	Met	02/16/2007	Luthra	
Social Security Number	Met	01/24/2006		
Application Fee	Met	01/24/2006	Pd. \$ 125.00 1/11/06	
Pages One and Two - Applicable blanks completed	Met	01/24/2006		
Pre-Professional and Professional Education	Met	01/24/2006		
All activities and practice accounted for	Met	05/16/2007		
Pages Three, Four and Five - Applicable blanks completed	Met	01/24/2006		
All questions answered and relevant copies attached	Not Apply	01/24/2006		
Affidavit of applicant, signed	Met	01/24/2006		
USMLE Step 1, Step 2 scores	Met	01/24/2006		

USMLE Step 1, Step 2 scores	Met	01/24/2008		
USMLE Step 3 score (after exam)	Met	02/16/2007	PASSED	EXAM
USMLE application received	Met	01/24/2008		
USMLE application mailed to FSMB	Met	03/17/2008		
Authorization and Waiver, signed (Form #571)	Met	01/24/2008		
Copy of Medical diploma	Met	01/24/2008		
ECRMG certification	No tApplie s	01/24/2008		
Copies of court allegations/dismissal and/or insurance documents of all malpractice suit(s)	No tApplie s			
Physicians Profile Data Report from AMA or AOA	Met	02/07/2008	Report date 1/20/08	
Physician Data Center Practitioner Profile Report (Form #1445)	Met	01/24/2008	Report date 1/17/08	
Work History (Form #1934)	Met	01/24/2008		
Medical Education Verification Form (Form #2164)	Met	01/24/2008	Graduated 5/04	
Certificate of Post-Graduate Training (Form #2165) Need after passing Step 3.	Met	03/27/2007		
Received Hospital, Facility and Employer Verification Forms	No tApplie s			
Hospital, Facility, and Employer Verification (Form #2167)	No tApplie s			
National Practitioner Data Bank Report/Self-query	Met	04/23/2007	Report date 3/5/07	
Oral exam to be determined after passing Step 3	No tApplie s	05/16/2007		EXAM
Please initial each line to affirm you have met the requirement and would have proof of it barring Katrina. Sign and date this form and return it to the Department. See enclosure for next steps.	No tApplie s			






Applicant: [Sonia Meyers](#)  
Profession: 020 (Medicine and Surgery)  
Method: [EXAM](#)  
Method From:   
Credential Initial: 

Application ID: 243227  
Received: 1/12/2006  
[Add Transaction](#)  
Entered: 1/12/2006  
Dept Received:  
Status: [Permanent license issued](#)  
License #: [50373-20](#)

[Check Fee Reduction Eligibility](#)

#### Applicant Information

Mailing Address:   
WALNAAKEE, WI 53597  
United States

Date of Birth:   
Phone:   
PHONE



SSN: [Show SSN](#)  
Opt Out (Info Restrict):

#### Application Specialties

##### Specialty Code:

(12) OBSTETRICS AND GYNECOLOGY 

--Select One--  

Applicant: [Sonia Meyers](#)  
Profession: 020 (Medicine and Surgery)  
Method: [EXAM](#)  
Method From:   
Credential Initial: 

Application ID: 243227  
Received: 1/12/2006  
[Add Transaction](#)  
Entered: 1/12/2006  
Dept Received:  
Status: [Permanent license issued](#)  
License #: [50373-20](#)


[Check Fee Reduction Eligibility](#)

Legacy School: UW-MADISON WI

[Add a School](#)

School

There are no query results.

Credential: 50373-20 (Medicine and Surgery)   
Name: [Meyers, Sonia MD](#)  
Granted: 05/16/2007 Renew By: 10/31/2021  OtherDate




Renewal: 2019  
Status: REGULAR - CURRENT(ACTIVE)  
First Fee: 09/20/2019

Detail Payments/Refunds

Batch Date	Code	Batch Type	Batch#	Batch Location	Amt. Paid
09/20/2019	P	E	0	25	75

Requirements

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

Code	Complied	Complied Date	Printed	Comments	Actions
SIG	Met <input type="checkbox"/>	09/20/2019 		status set to Met 09/20/2019 06:50 via online	
FEE	Met <input type="checkbox"/>	09/20/2019 		added byCRP SR 09/05/2019 09:02	

License Type:

REGULAR

Status:

ACTIVE

[Show SSN](#)

[View/Edit Continuing Education](#)

Specialty Code:

(12) OBSTETRICS AND GYNECOLOGY 

--Select One-- 

Working State:

--Select--

Residency:

--Select--

- Renew Disabled:   
Notify DOE:  Opt. Out:   
Multi State:  Expert:   
Exempt Fees:  Military:   
Firearm Rnw/ 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: MD 

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

PDMP Status:

Name: [Meyers, Sonia MD](#)  
Profession: Medicine and Surgery  
Credential #: 50373-20

Renewal Due: 10/31/2021


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>
2019	09/20/2019	P	E	0	25	75	
2017	09/20/2017	P	E	0	569	141	
2015	10/14/2015	P	E	0	209	141	
2013	10/04/2013	P	E	0	257	141	
2011	09/22/2011	P	E	0	167	141	
2009	09/07/2009	P	E	0	253	141	
2007	09/26/2008	P	E	0	50	131	

**Name:** [Meyers, Sonia MD](#) **Renewal Due:** 10/31/2021  
**Profession:** Medicine and Surgery  
**Credential #:** 50373-20

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

**History**

Date	History Type	History	Actions
09/24/2019	RenewedAuto	Ged Holder Renewed - Auto Event	
09/22/2017	RenewedAuto	Ged Holder Renewed - Auto Event	
10/16/2015	RenewedAuto	Ged Holder Renewed - Auto Event	
10/08/2013	RenewedAuto	Ged Holder Renewed - Auto Event	
10/05/2011	RenewedAuto	Ged Holder Renewed - Auto Event	
09/07/2009	RenewedAuto	From fee rec. year=2009 date printed=09/07/2009	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	
09/30/2008	BlueLicensePrinted		
09/29/2008	RenewedAuto	From fee rec. year=2007 date printed=09/29/2008	
09/29/2008	GedHolderStatusChange	Status Change: E to A by DRL-WORLD,Rnl142	
05/16/2007	FromApplicationMethodInformation	From application: 243227 by method: EXAM By Exam	
12/12/2006	Exam	EXAM - USMLE 3 USMLE 78	
05/16/2004	GraduatedFrom	graduated from UW-MADISON WI	

**Exam History**

Date	History Type	History
12/12/2006	Exam	USMLE 78 Passed

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Credential](#)

Renewal Year: 2011

Log

Time	Step #	Step Title	Message
9/22/2011 10:24:08 AM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
9/22/2011 10:24:15 AM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
9/22/2011 10:24:21 AM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
9/22/2011 10:24:32 AM	4	DWD Survey	Step completed, advancing to next step in renewal process...
9/22/2011 10:24:42 AM	5	Verify Professional Specialties	Step completed, advancing to next step in renewal process...
9/22/2011 10:24:48 AM	6	Expert Witness Participation	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
9/22/2011 10:26:59 AM	7	Continuing Education Requirement	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>
9/22/2011 10:27:16 AM	8	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey Answers</a>

Continuing Education Log

No Continuing Education log information recorded for this renewal year

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

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.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: [Meyers, Sonia MD](#)

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

[Online Renewal Log](#)

[< Back To Credential](#)

Renewal Year:

Log

Time	Step #	Step Title	Message
10/4/2013 2:01:45 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process..
10/4/2013 2:01:52 PM	2	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:01:59 PM	3	Certification Of Legal Status	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:02:24 PM	4	PDMP Question Introduction	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:03:06 PM	5	Have you submitted an application for an exemption	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:03:14 PM	8	Would you like to Apply	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:03:22 PM	11	Verify Professional Specialties	Step completed, advancing to next step in renewal process..
10/4/2013 2:03:54 PM	12	Continuing Education Audit	Step completed, advancing to next step in renewal process..
10/4/2013 2:04:08 PM	13	Continuing Education Requirement	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:04:13 PM	14	Expert Witness Participation	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:04:22 PM	15	List Opt-Out	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/4/2013 2:06:32 PM	16	Pay Renewal Fee	Step completed, advancing to next step in renewal process..
10/5/2013 3:24:04 PM	1	Update Contact Info	Step completed, advancing to next step in renewal process..
10/5/2013 3:24:11 PM	4	PDMP Question Introduction	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/5/2013 3:24:16 PM	5	Have you submitted an application for an exemption	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/5/2013 3:24:20 PM	8	Would you like to Apply	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
10/5/2013 3:24:25 PM	11	Verify Professional Specialties	Step completed, advancing to next step in renewal process..

[Continuing Education Log](#)

No Continuing Education log information recorded for this renewal year

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: [Meyers, Sonia MD](#)

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

[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.

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

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

First Fee: **09/20/2019**

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>.

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

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

First Fee: **09/20/2019**

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 your 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 labeling 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 filed elsewhere.

"Monitored prescription drugs" are:

- State Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed
- Federal 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



Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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 .

Licensees who are authorized to dispense monitored perception 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 perception drug 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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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 .

Would you like to apply for an exemption from the data collection and submission requirements of the PDMP?

- Yes  
 No  
 Skip PDMP Questions

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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.

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

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 labeling 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 filed 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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

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

First Fee: **09/20/2019**

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.

Licensees who are authorized to dispense monitored perception drugs but NEVER dispense them DO NOT have to file anything with the PDMP. However, you may have submitted or want to submit a form to give to the Department notice that you do not dispense monitored perception drug 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

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

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

First Fee: **09/20/2019**

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.

Would you like to apply for an exemption from the data collection and submission requirements of the PDMP?

- Yes
- No
- Skip PDMP Questions

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: [Meyers, Sonia MD](#)

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#)

Renew By: [10/31/2021](#)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Credential](#)

Renewal Year:

Log

Time	Step #	Step Title	Message	
10/14/2015 1:03:05 PM	2	Name/Address Change Information	Step completed, advancing to next step in renewal process..	
10/14/2015 1:03:29 PM	3	Update Contact Info	Step completed, advancing to next step in renewal process..	
10/14/2015 1:04:31 PM	4	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
10/14/2015 1:04:41 PM	5	Legal Status	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
10/14/2015 1:04:48 PM	9	Verify Professional Specialties	Step completed, advancing to next step in renewal process..	
10/14/2015 1:05:17 PM	10	Continuing Education Audit	Step completed, advancing to next step in renewal process..	
10/14/2015 1:05:34 PM	11	Continuing Education Requirement	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
10/14/2015 1:05:39 PM	12	Expert Witness Participation	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
10/14/2015 1:05:56 PM	13	List Opt-Out	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>

Continuing Education Log

No Continuing Education log information recorded for this renewal year

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

[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 license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

I have read and I understand the above affidavit of credential holder statement.

#### **CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

I have read and I understand the above continuing duty of disclosure statement.

#### **LICENSE/HOLDER CHARGES OR CONVICTIONS**

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2.252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

I have read and understand the above statement regarding the responsibility to report any convictions or misdemeanors, since the issuance or last renewal of my license.

Credential: 50373-20 (Medicine and Surgery)

Name: **Meyers, Sonia MD**

Granted: **05/16/2007** Renew By: **10/31/2021**

Renewal: 2019

Status: REGULAR - CURRENT(ACTIVE)

First Fee: 09/20/2019

[Online Renewal Log](#)

[< Back To Log](#)

#### Answers

If your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since the issuance of your credential or your last renewal, please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov). I have read and acknowledge this information.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers



I have completed 30 hours\* of AMA or AOA Category I Continuing Education, including two (2) hours of a Board-approved course related to the Board's Opioid Prescribing Guidelines, pursuant to [Wis. Admin. Code ch. Med 13](#)\*\* . I will furnish evidence of completion to the Medical Examining Board upon request.

\*Three (3) months of approved post-graduate training is equivalent to 30 hours of Category I credits. [Wis. Admin. Code ch. Med 13.04](#).

\*\*Pursuant to [Wis. Admin. Code ch. Med 13.02\(1g\)\(b\)](#), physicians that do NOT hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are NOT required to complete two (2) hours of a Board-approved course relating to the Board's Opioid Prescribing Guidelines.

Online Activity

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: [Meyers, Sonia MD](#)

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#)

Renew By: [10/31/2021](#)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Credential](#)

Renewal Year:

Log

Time	Step #	Step Title	Message	
9/20/2017 1:11:02 PM	2	Name/Address Change Information	Step completed, advancing to next step in renewal process..	
9/20/2017 6:23:56 PM	3	Update Contact Info	Step completed, advancing to next step in renewal process..	
9/20/2017 6:24:39 PM	4	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
9/20/2017 6:24:54 PM	5	Legal Status	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
9/20/2017 6:25:03 PM	9	Verify Professional Specialties	Step completed, advancing to next step in renewal process..	
9/20/2017 6:25:25 PM	10	Continuing Education Audit	Step completed, advancing to next step in renewal process..	
9/20/2017 6:25:40 PM	11	Continuing Education Requirement	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
9/20/2017 6:25:46 PM	12	Expert Witness Participation	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
9/20/2017 6:25:58 PM	13	List Opt-Out	Step completed, advancing to next step in renewal process..	<a href="#">Survey Answers</a>
9/20/2017 6:28:59 PM	14	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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

[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 license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

I have read and I understand the above affidavit of credential holder statement.

#### **CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

I have read and I understand the above continuing duty of disclosure statement.

#### **LICENSE/HOLDER CHARGES OR CONVICTIONS**

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

I have read and understand the above statement regarding the responsibility to report any convictions or misdemeanors, since the issuance or last renewal of my license.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

[Online Renewal Log](#)

[< Back To Log](#)

#### Answers

If your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since the issuance of your credential or your last renewal, please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov). I have read and acknowledge this information.



Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: 05/16/2007 Renew By: 10/31/2021

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers



I have completed 30 hours\* of AMA or AOA Category I Continuing Education, including two (2) hours of a Board-approved course related to the Board's Opioid Prescribing Guidelines, pursuant to [Wis. Admin. Code ch. Med 13.02](#)\*\* . I will furnish evidence of completion to the Medical Examining Board upon request.

\*Three (3) months of approved post-graduate training is equivalent to 30 hours of Category I credits. [Wis. Admin. Code ch. Med 13.04](#).

\*\*Pursuant to [Wis. Admin. Code ch. Med 13.02\(1g\)\(b\)](#), physicians that do NOT hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are NOT required to complete two (2) hours of a Board-approved course relating to the Board's Opioid Prescribing Guidelines.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: 05/16/2007 Renew By: 10/31/2021

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: 05/16/2007 Renew By: 10/31/2021

First Fee: 09/20/2019

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: [Meyers, Sonia MD](#)

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

#### Online Renewal Log

[< Back To Credential](#)

Renewal Year:

#### Log

Time	Step #	Step Title	Message
9/20/2019 6:47:42 AM	1	Fee Change	Step completed, advancing to next step in renewal process..
9/20/2019 6:47:46 AM	2	Name/Address Change Information	Step completed, advancing to next step in renewal process..
9/20/2019 6:48:07 AM	3	Update Contact Info	Step completed, advancing to next step in renewal process..
9/20/2019 6:48:29 AM	4	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
9/20/2019 6:48:38 AM	5	Legal Status	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
9/20/2019 6:48:50 AM	6	Delinquent State Taxes or Delinquent Support	Step completed, advancing to next step in renewal process..
9/20/2019 6:48:55 AM	7	Conviction Declaration Statement	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
9/20/2019 6:49:03 AM	9	Verify Professional Specialties	Step completed, advancing to next step in renewal process..
9/20/2019 6:50:03 AM	10	Continuing Education Audit	Step completed, advancing to next step in renewal process..
9/20/2019 6:50:26 AM	11	Continuing Education Requirement	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
9/20/2019 6:50:31 AM	12	Expert Witness Participation	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>
9/20/2019 6:50:40 AM	13	List Opt-Out	Step completed, advancing to next step in renewal process.. <a href="#">Survey Answers</a>

#### Continuing Education Log

No Continuing Education log information recorded for this renewal year

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

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 license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

I have read and I understand the above affidavit of credential holder statement.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

I have read and I understand the above continuing duty of disclosure statement.

**LICENSE/HOLDER CHARGES OR CONVICTIONS**

A holder of any of the credentials/licenses set forth in [Wis. Stat. s. 440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the license/credential holder was convicted are substantially related to the practice of the license/credential holder. [Form 2252](#) should be completed and submitted to the department along with the associated fees and all requested documents.

I have read and understand the above statement regarding the responsibility to report any convictions or misdemeanors, since the issuance or last renewal of my license.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: **05/16/2007** Renew By: **10/31/2021**

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

If your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since the issuance of your credential or your last renewal, please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov). I have read and acknowledge this information.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

Since your last renewal or initial licensure (if this is your first renewal), do you have any pending charges, and/or have you violated any federal or state laws, or any local ordinances (does not include minor traffic violations that do not involve alcohol or drugs, such as speeding, running stoplights, and seat belt violations)?

- Yes, I have pending charges and/or convictions.
- No, I do not have pending charges and/or convictions.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers



I have completed 30 hours\* of AMA or AOA Category I Continuing Education, including two (2) hours of a Board-approved course related to the Board's Opioid Prescribing Guidelines, pursuant to [Wis. Admin. Code ch. Med 13\\*\\*](#). I will furnish evidence of completion to the Medical Examining Board upon request.

\*Three (3) months of approved post-graduate training is equivalent to 30 hours of Category I credits. [Wis. Admin. Code ch. Med 13.04](#).

\*\*Pursuant to [Wis. Admin. Code ch. Med 13.02\(1q\)\(b\)](#), physicians that do NOT hold a U.S. Drug Enforcement Administration number to prescribe controlled substances are NOT required to complete two (2) hours of a Board-approved course relating to the Board's Opioid Prescribing Guidelines.

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: [05/16/2007](#) Renew By: [10/31/2021](#)

First Fee: 09/20/2019

Online Renewal Log

[< Back To Log](#)

Answers

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

Credential: 50373-20 (Medicine and Surgery)

Renewal: 2019

Name: **Meyers, Sonia MD**

Status: REGULAR - CURRENT(ACTIVE)

Granted: 05/16/2007 Renew By: 10/31/2021

First Fee: 09/20/2019

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

Cred. Holder: [Meyers, Sonia](#)

Profession: 50373-20 (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>
9/24/2019	HEALTHCHK	Yes	9/24/2019	0
9/5/2019	RENEWALEML	Yes	9/5/2019	2019
9/5/2019	RENEWASEL	Yes	9/5/2019	2019
9/22/2017	HEALTHCHK	Yes	9/22/2017	0
9/7/2017	RENEWALEML	Yes	9/7/2017	2017

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
9/7/2017	RENEWASEL	Yes	9/7/2017	2017
10/16/2015	HEALTHCHK	Yes	10/16/2015	0
9/9/2015	RENEWALDOM	Yes	9/9/2015	2015
9/9/2015	RENEWASEL	Yes	9/9/2015	2015
10/4/2013	HEALTHCHK	Yes	10/16/2013	0

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
9/6/2013	RENEWALDOM	Yes	9/6/2013	2013
9/6/2013	RENEWASEL	Yes	9/6/2013	2013
10/5/2011	HEALTHCHK	Yes	10/18/2011	0
9/22/2011	HEALTHCHK	Yes	10/4/2011	0
9/29/2011	NOI	Yes	9/29/2011	2011

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#)

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
9/13/2011	HEALTHCHK	Yes	9/20/2011	0
9/13/2011	POCHANGE	Yes	9/13/2011	0
3/6/2009	HEALTHCHK	Yes	4/2/2010	0
9/29/2008	HEALTHCHK	Yes	4/2/2010	0
2/4/2008	HEALTHCHK	Yes	4/2/2010	0
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a>				

**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
3/26/2008	HEALTHCHK	Yes	4/2/2010	0
9/6/2007	HEALTHCHK	Yes	4/2/2010	0
11/8/2007	HEALTHCHK	Yes	4/2/2010	0
9/10/2009	HEALTHCHK	Yes	9/23/2009	0
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a>				

**Print Activity List**

<u>Requested Date</u>	<u>Print Activity</u>	<u>Printed</u>	<u>Printed Date</u>	<u>Renewal Year</u>
9/26/2008	NEWLICENSE	Yes	9/30/2008	2007
9/20/2019	RNNOIEMAIL	No		2019
9/20/2017	RNNOIEMAIL	No		2017
<a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a>				

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	2019	Met	09/20/2019	No		09/05/2019	added by CRP SR 09/05/2019 09:02
SIG	2019	Met	09/20/2019	No		09/05/2019	status set to Met 09/20/2019 06:50 via online renewal
FEE	2017	Met	09/20/2017	No		09/07/2017	added by CRP SR 09/07/2017 08:15
SIG	2017	Met	09/20/2017	No		09/07/2017	status set to Met 09/20/2017 18:25 via online renewal
SIG	2015	Met	10/14/2015	No		09/09/2015	status set to Met 10/14/2015 13:05 via online renewal
FEE	2015	Met	10/14/2015	No		09/09/2015	added by CRP SR 09/09/2015 07:07
FEE	2013	Met	10/04/2013	No		09/06/2013	added by CRP SR 09/06/2013 08:22
SIG	2013	Met	10/04/2013	No		09/06/2013	status set to Met 10/04/2013 14:04 via online renewal
CLS	2013	Met	10/04/2013	No		09/06/2013	status set to Met 10/04/2013 14:01 via online renewal
SSN	2011	Met	10/05/2011	Yes	<b>09/29/2011</b>	09/22/2011	SSN verified through SIG card. EG Rnl336
CLS	2011	Met	09/22/2011	Yes	<b>09/29/2011</b>	09/01/2011	status set to Met 09/22/2011 10:24 via online renewal
FEE	2011	Met	09/22/2011	No		09/01/2011	added by CRP SR 09/01/011 10:46
SIG	2011	Met	09/22/2011	Yes	<b>09/29/2011</b>	09/01/2011	status set to Met 09/22/2011 10:26 via online renewal
CLS	2009	Met	09/07/2009	No		09/02/2009	Met thru online renewal
FEE	2009	Met	09/07/2009	No		09/02/2009	Met thru online renewal
SIG	2009	Met	09/07/2009	No		09/02/2009	Met thru online renewal
FEE	2007	Met	09/29/2008	Yes		09/29/2008	Added thru Web
SIG	2007	Met	09/26/2008	No		09/29/2008	Met thru online renewal
STA	2007	Met	09/29/2008	No		09/29/2008	Added thru Web
LFN	2007	Met	09/26/2008	Yes		09/29/2008	Added thru Web