

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION

Eligible Professions:

Acupuncturist	Occupational Therapist	Podiatrist
Athletic Trainer	Occupational Therapist Assistant	Professional Counselor
Chiropractor	Optometrist	Professional Counselor In-Training
Dentist	Perfusionist	Psychologist
Dietitian, Certified	Pharmacist	Psychologist, Private Practice School
Marriage & Family Therapist	Physical Therapist	Respiratory Care Practitioner
Marriage & Family Therapist In-Training	Physical Therapist Assistant	Social Worker
Nurse Midwife	Physician Assistant	Social Worker, Advanced Practice
Nurse, Advanced Practice Prescriber	Physician, DO	Social Worker, Independent
Nurse, Licensed Practical	Physician, MD	Social Worker, Licensed Clinical
Nurse, Registered	Physician, Telemedicine	Social Worker Training Certificate

Requirements – Interstate Reciprocity pursuant to [Wisconsin Emergency Order #16 Section I\(B\)](#):

- 1) Health care provider holds a current and valid license issued in another state (or Canada for a physician practicing telemedicine).
- 2) Health care provider license has no restrictions or limitations placed on license issued by the credentialing state or other jurisdiction.
- 3) Health care provider will practice within the scope of the license issued by the credentialing state.
- 4) Health care provider is not currently under investigation.
- 5) The health care provider's practice is necessary for an identified Wisconsin health care facility to ensure the continued and safe delivery of health care services. (Health care facility refers to any system, care clinic, care provider, long-term care facility or any other health care facility where health care services are or may be provided.)
- 6) The identified Wisconsin health care facility's needs reasonably prevented Wisconsin credentialing in advance of the health care provider's practice.
- 7) Health care provider practicing must apply for a temporary or permanent health care license within ten (10) days of first working at the Wisconsin health care facility.
- 8) The Wisconsin health care facility must notify the Department of Safety and Professional Services (DSPS) at dsps@wisconsin.gov within five (5) days of the health care provider starting practice at its facility. Facility should utilize Form EO2020-2 to notify DSPS.

Additional Information Regarding [Wisconsin Emergency Order #16 Section I\(B\)](#):

- 1) DSPS may withdraw an individual's authority for temporary practice pursuant to the Order for good cause as determined by DSPS.
- 2) Nothing in the Order prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of this Section.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

PROFESSION:

- | | | |
|---|--|---|
| <input type="checkbox"/> Acupuncturist (55) | <input type="checkbox"/> Occupational Therapist Assistant (27) | <input type="checkbox"/> Professional Counselor (125) |
| <input type="checkbox"/> Athletic Trainer (39) | <input type="checkbox"/> Optometrist (35) | <input type="checkbox"/> Professional Counselor In-Training (226) |
| <input type="checkbox"/> Chiropractor (12) | <input type="checkbox"/> Perfusionist (18) | <input type="checkbox"/> Psychologist (57) |
| <input type="checkbox"/> Dentist (15) | <input type="checkbox"/> Pharmacist (40) | <input type="checkbox"/> Psychologist, Private Practice School (58) |
| <input type="checkbox"/> Dietitian, Certified (29) | <input type="checkbox"/> Physical Therapist (24) | <input type="checkbox"/> Respiratory Care Practitioner (28) |
| <input type="checkbox"/> Marriage & Family Therapist (124) | <input type="checkbox"/> Physical Therapist Assistant (19) | <input type="checkbox"/> Social Worker (120) |
| <input type="checkbox"/> Marriage & Family Therapist In-Training (228) | <input type="checkbox"/> Physician Assistant (23) | <input type="checkbox"/> Social Worker Training Certificate (127) |
| <input type="checkbox"/> Nurse Midwife (32) | <input type="checkbox"/> Physician, DO (21)* | <input type="checkbox"/> Social Worker, Advanced Practice (121) |
| <input type="checkbox"/> Nurse, Advanced Practice Nurse Prescriber (33) | <input type="checkbox"/> Physician, MD (20)* | <input type="checkbox"/> Social Worker, Independent (122) |
| <input type="checkbox"/> Nurse, Licensed Practical (31) | <input type="checkbox"/> Physician, Telemedicine* | <input type="checkbox"/> Social Worker, Licensed Clinical (123) |
| <input type="checkbox"/> Nurse, Registered (30) | <input type="checkbox"/> Podiatrist (25) | |
| <input type="checkbox"/> Occupational Therapist (26) | | |

*Physicians – enter applicable specialty code(s) found on the APPLICATION APPENDIX:

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
--	---	-----------------------------------	--

Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/>
---	---

Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/>
---	--

Email Address

Social Security Number <input type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.
---	--

Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin? Yes No **If yes, list your credential number:**

Name of Wisconsin Health Care Facility (not required for a physician practicing telemedicine) <input type="text"/>	Start Date at Wisconsin Health Care Facility <input type="text"/>
--	---

Address of Wisconsin Health Care Facility (Street, City, State, Zip Code)

APPLICATION FEES: WAIVED <input type="checkbox"/> Temporary License <input type="checkbox"/> Out-of-State License Holder	Please check applicable box. <input type="checkbox"/> Temporary License <input type="checkbox"/> Physician Telemedicine	For Receiving Use Only (875)
---	--	-------------------------------------

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheet(s) if necessary.):

1.	Do you currently hold a valid and current license issued by another state (or Canada if you are a physician practicing telemedicine)? If yes, provide the following. (Attach additional sheet(s) if necessary.): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State/Country: License Number: Expiration Date: </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 200px; height: 20px;" type="text"/> <input style="width: 60px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> / <input style="width: 60px; height: 20px;" type="text"/> </div> <p style="font-size: small; margin-top: 5px;">If no, you are not eligible for a Temporary License. (Application information is available at dps.wi.gov. Select "Professions" and click on the hyperlink for your profession.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If yes to Question 1 , are you currently under investigation or do you currently have any restrictions or limitations placed on your license by your credentialing state or other jurisdiction? If yes, you are not eligible for a Temporary License. (Application information is available at dps.wi.gov . Select "Professions" and select your profession.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If yes to Question 1 , I am aware the practice I engage in under a Wisconsin Temporary License must be within the scope of the license(s) listed in Question 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I am aware my practice is necessary for the health care facility listed on page 1 to ensure the continued and safe delivery of health care services and the identified need reasonably prevented the acquisition of a temporary or permanent Wisconsin credential in advance of practice (not required for physicians practicing telemedicine).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I am aware DSPS may withdraw my authority for temporary practice pursuant to the Wisconsin Emergency Order #16 for good cause as determined by DSPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I am aware that nothing in Wisconsin Emergency Order #16 prevents civil or criminal action against a person who falsely reports required information to DSPS or practices without following the requirements of Wisconsin Emergency Order #16 Section I(B).	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

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>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

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 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 failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

Wisconsin Department of Safety and Professional Services

PHYSICIAN APPENDIX

CODES FOR PHYSICIAN SPECIALTIES:

Enter specialty code(s) on page 1 of the "Interstate Reciprocity Temporary License Application."

Academic Medicine	37	Otolaryngology	67
Administrative Medicine	71	Otorhinolaryngology - ENT	15
Aerospace Medicine	33	Pain	66
Alcoholism - Chemical Dependency	49	Pathology	16
Allergy - Immunology	01	Pathology - Clinical	17
Anesthesiology	02	Pathology - Surgical Anatomic	72
Aviation Medicine	32	Pediatrics	18
Dermatology	03	Pediatrics - Other	60
Emergency Medicine	31	Perinatology	62
Endocrinology	56	Pharmacology - Clinical	48
Family Medicine	925	Physical Medicine and Rehabilitation	19
Gastroenterology	06	Preventive Medicine	09
General Practice	08	Proctology	36
Genetics	61	Psychiatry	20
Geriatrics	29	Psychiatry - Child	21
Hand Surgery	64	Public Health	22
Hebiatrics	46	Radiation - Oncology	70
Hematology	07	Radiology	53
Hyperbaric Medicine	65	Radiology - Diagnostic	43
Immunology - Infectious Diseases	47	Radiology - Nuclear Medicine	68
Institutional Medicine	39	Radiology - Ultrasound	69
Internal Medicine	04	Radiology - Interventional	946
Internal Medicine - Cardiology	05	Research	34
Internal Medicine - Pulmonary Medicine	45	Retired	24
Neonatology	63	Rheumatology	57
Nephrology	40	School Physician	52
Neurology	10	Surgery - Cardiovascular	44
Neuromuscular Medicine	926	Surgery - Colon and Rectal	54
Neurophysiology	51	Surgery - General	25
Nuclear Medicine	23	Surgery - Maxillofacial	58
Obstetrics and Gynecology	12	Surgery - Neurological	11
Occupational Medicine	30	Surgery - Peripheral Vascular	59
Oncology	38	Surgery - Plastic	26
Ophthalmology	13	Surgery - Thoracic	27
Orthopedic Surgery	14	Urology	28