

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

ShipTo: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CHIROPRACTIC EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR A CHIROPRACTIC TEMPORARY LICENSE

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- **Application (Form #2068):** Complete and attach the appropriate fee. Make check payable to “Department of Safety and Professional Services”. Your cancelled check will be your receipt. Mail to the Department of Safety and Professional Services, Chiropractic Examining Board, PO Box 8935, Madison WI 53708
- **Verification of Licensure:** You are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Chiropractic Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions

Purpose Of A Temporary License

The temporary license will be issued **ONLY** for athletic/artistic events or as an instructor for a specific chiropractic education seminar approved for continuing education by the Board.

The temporary license **MAY NOT** be used to provide relief services or practice coverage for the practice of any chiropractor licensed in this state.

The temporary license will be issued for 10 calendar days during the 12 month period immediately following its effective date unless otherwise approved by the Board. **No single period** of practice under the temporary license may exceed **three** calendar days. Additional temporary licenses may be issued at the discretion of the Board.

Denial Of A Temporary License

A temporary license may be revoked by the Board for the following reasons:

- Any violations of the Wisconsin administrative code or statutes relating to the practice of chiropractic;
- Failure to pay the required fee;
- Pending disciplinary action in another state;
- Fraudulent or misrepresented information on the application.

Additional Information

Please allow ample time for processing the temporary license application.

All documentation must be received in this office prior to issuance of the temporary license.

NO applicant may begin providing services in Wisconsin until the temporary license is received.

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CHIROPRACTIC EXAMINING BOARD

APPLICATION FOR CHIROPRACTIC LICENSURE

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name	First Name	MI	Former / Maiden Name(s)
Address (street, city, state, zip)		Daytime Telephone Number	
Mailing Address (if different)		Date of Birth	
Social Security #	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: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Chiropractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:			
Email Address			
School Name		School Address (street, city, state)	
Date Degree Granted		Degree	

APPLICATION FEES: Make one check payable to DSPS for the total DSPS fee and attach to this application.

\$ 10.00 Temporary Permit Fee

For receipting use only (875)

Wisconsin Department of Safety and Professional Services

List the state(s) in which you are licensed as a chiropractor:

State	License Number	Date Issued
		□□ / □□ / □□□□
		□□ / □□ / □□□□
		□□ / □□ / □□□□
		□□ / □□ / □□□□
		□□ / □□ / □□□□
		□□ / □□ / □□□□

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you been engaged in the active practice of chiropractic in one or more jurisdictions in which you have a current license? If yes, please list city/state and date(s): <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose of the temporary license: athletic event artistic event instructor for a specific education seminar

Identify the organization(s) you will be accompanying or the educational seminar sponsor(s) and course names:

List the location(s) and date(s) of the event(s)/seminar(s)

	□□	/	□□	/	□□□□
	□□	/	□□	/	□□□□
	□□	/	□□	/	□□□□

Applicant Signature:

Date: / /