

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>

CHIROPRACTIC EXAMINING BOARD

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR 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 (3)** 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 TEMPORARY LICENSURE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width:90%;" type="text"/>	First Name <input style="width:90%;" type="text"/>	MI <input style="width:90%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street) (city) (state) (zip code)			Daytime Telephone Number <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Mailing Address (if different) (street) (city) (state) (zip code)			Date of Birth <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>
Social Security Number <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> - <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		Your Social Security 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.			
GENDER <input type="checkbox"/> M <input type="checkbox"/> F		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	
Have you ever been licensed in Wisconsin as a Chiropractor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width:300px;" type="text"/>			
E-mail Address <input style="width:95%;" type="text"/>			
School Name <input style="width:95%;" type="text"/>		School Address (street, city, state) <input style="width:95%;" type="text"/>	
Date Degree Granted <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/>		Degree <input style="width:95%;" type="text"/>	

APPLICATION FEES: Make check payable to DSPS and attach to this application.
 To pay by credit card see Form #3071.

\$10.00 Temporary Permit fee

For Receiving 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
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		<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets 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): <input style="width: 95%; height: 25px; margin-top: 5px;" type="text"/>	<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, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and required documentation.	<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).

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Wisconsin Department of Safety and Professional Services

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 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 of 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 have provided to the Department of Safety and Professional Services change.

Applicant Signature: **Date:** / /

(Print and Sign Form)