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

4822 Madison Yards Way
Madison, WI 53705

E-Mail: web@dsps.wi.gov
Website: http://dsps.wi.gov

PODIATRY AFFILIATED CREDENTIALING BOARD

MALPRACTICE LIABILITY INSURANCE COVERAGE FOR PODIATRISTS

Per Section 448.655 of the Wisconsin Statutes a licensed podiatrist shall annually submit to the board evidence that the podiatrist has in effect malpractice liability insurance coverage in the amount of at least $1,000,000 per occurrence and $1,000,000 for all occurrences in one year <u>or</u> file an exemption under conditions stated below. A copy of certificate of insurance showing limits of liability coverage and dates of coverage must be submitted to the Podiatry Affiliated Credentialing Board at the address listed above.

If you qualify for an exemption, complete the lower portion of this notice and submit to the Podiatry Affiliated Credentialing Board. *An exemption form must be submitted annually to the Podiatry Affiliated Credentialing Board.*

The board may suspend, revoke or refuse to issue or renew the license of a podiatrist who fails to procure or to submit proof of the malpractice liability insurance coverage required under Section 448.655(3) of the Wisconsin statutes.

EXEMPTION

Check One:

☐ My principal place of practice is not in Wisconsin during the following 12 months because:

   a) more than 50% of my practice will be performed outside of Wisconsin;
   b) more than 50% of my practice income will be derived from outside of Wisconsin; <u>or</u>
   c) more than 50% of my patients will be treated outside of Wisconsin.

   Attach a copy of the malpractice insurance policy required under laws of the state in which principal place of practice is located.

☐ I will not practice podiatry in Wisconsin for more than 240 hours during the following 12 months.

Name: _____

WI License #: _____   Expiration Date: __ __ / __ __ / __ __ __ __

Signature: _____   Date: __ __ / __ __ / __ __ __ __
   (Print and Sign Form)

Committed to Equal Opportunity in Employment and Licensing