

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## PHYSICIAN ASSISTANT AFFILIATED CREDENTIALING BOARD CREDENTIALING INFORMATION PHYSICIAN ASSISTANT APPLICANTS

### **An application is not considered complete until all of the following are received at the Department:**

#### **Initial Credential**

1. Application - Complete application and pay applicable fee(s) online via LicensE.
2. Physician Assistant Certificate of Professional Education, Form [#1504](#).
3. National Examination Evidence of passage of the National Commission on Certification of Physician Assistants (NCCPA) Certification Examination (or equivalent examination approved by the Board). (An applicant who fails to receive a passing score may reapply twice at not less than 4-month intervals. Should an applicant have 3 unsuccessful attempts the applicant may not be admitted to an examination unless the applicant submits proof of having completed further professional training or education as the Board may prescribe.)
4. Any of the following, if applicable:
  - Verification of licensure, active or inactive, in any other U.S. state, territory, or jurisdiction, if applicable
  - Convictions and Pending Charges, Form [#2252](#), if applicable
  - Malpractice Suits or Claims Form, Form [#2829](#), if applicable
  - Name verification (i.e., certified copy of marriage license/divorce decree) if name on all credentials is not the same.

**Reciprocal Credential** (Applicant is licensed as a physician assistant or physician associate in another U.S. state or territory with education requirements substantially equivalent to Wis. Admin. Code § [PA 2.02](#).) (Credential must remain current until reciprocity review is complete.)

1. Application - Complete application and pay applicable fee(s) online via LicensE.
2. National Examination Evidence of passage of the National Commission on Certification of Physician Assistants ([NCCPA](#)) Certification Examination (or equivalent examination approved by the Board).
3. Verification of licensure, active or inactive, in any other U.S. state, territory, or jurisdiction
4. Any of the following, if applicable:
  - Convictions and Pending Charges, Form [#2252](#), if applicable
  - Malpractice Suits or Claims Form, Form [#2829](#), if applicable
  - Name verification (i.e., certified copy of marriage license/divorce decree) if name on all credentials is not the same.

**Late Renewal** (Wisconsin credential expired more than 5 years)

1. Application - Complete application and pay applicable fee(s) online via LicensE.
2. Any of the following, if applicable:
  - Verification of licensure, active or inactive, in any other U.S. state, territory, or jurisdiction, if applicable
  - Convictions and Pending Charges, Form [#2252](#), if applicable
  - Malpractice Suits or Claims Form, Form [#2829](#), if applicable
  - Name verification (i.e., certified copy of marriage license/divorce decree) if name on all credentials is not the same.

#### **ALL APPLICANTS Oral Interviews and Personal Appearances**

Applicants incurring any of the circumstances listed in Wis. Admin. Code § [PA 2.03\(1\)](#) may be required to complete an oral examination. If you are asked to appear for an oral examination, an additional examination fee of \$266.00 will be required prior to being scheduled.

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

- Complete application and pay applicable fee(s) online via LicensE
- Letters from all State Boards where licensed, active and inactive
- Certificate of Professional Education (**Form #1504**) (not required for late renewal or reciprocal applicants)
- National Examination scores ([NCCPA](#) or equivalent approved by the Board) (not applicable to late renewal applicants)
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Convictions and Pending Charges (**Form #2252**), if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.