



Tony Evers, Governor
Dawn Crim, Secretary

Unarmed Combat Sports Ringside Physician License

Your application will not be processed or will be delayed unless you:

- 1. Complete the application information section on the first page. You must complete all sections including your social security #.
- 2. Complete the certification of legal status section on this application.
- 3. Fill in your license number to practice medicine in the State of Wisconsin.
- 4. Read and sign the affidavit of applicant.
- 5. Credential fee (\$10 per year). - Attach check or fill in the credit/debit card section with the appropriate amount listed below.

Note: The Department may request additional information necessary to determine an applicant's eligibility for a license, such as additional medical reports, training, personal interviews and observation of training.

1. Applicant Information (Print in ink or type)

Unarmed Combat Sports Ringside Physician (271)			
Applicant's Social Security #:	Applicant's Date of Birth:	Applicant's Name (First, Middle and Last):	
Street Address or PO Box:			
City	State	Zip Code	Country, If Other Than United States:
Telephone Number (Including area code)		Fax Number (Including area code):	
E-mail Address:			

The department may not disclose the social security number collected above except to the Department of Children and Families for purposes of administering the child and spousal support program and to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes.

Send application and payment to: Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, P.O. Box 8935 Madison, WI 53708-8935.

Overnight mail delivery and Office location: Wisconsin Department of Safety and Professional Services, Attention Unarmed Combat Sports Program, 4822 Madison Yards Way, Madison, WI 53705

All other correspondence:

Phone: 608-261-8503, **TTY: Contact through Relay**, Fax: 608-251-3036, online: <http://dps.wi.gov> or by email: dpscombativesports@wisconsin.gov

#2900 (Rev. 2/17) (CH.440, Stats and Ch. 444, Stats)

For Receipting Use Only

\$10 \$20 \$30 \$40 \$50 - 271

2. 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 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.

3. Wisconsin Medical License Number: _____

4. Affidavit of Applicant

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've provided to the Department of Safety and Professional Services change.

_____ Date (mo/day/yr)
Applicant's Signature

5. Credential Fee (nonrefundable): Choose the length of your license (\$10 per year):

- 1 year - \$10
- 2 years - \$20
- 3 years - \$30
- 4 years - \$40
- 5 years - \$50

Pay by Check - Make checks payable to: State of WI – DSPS OR

Pay by Credit or Debit Card – Fill in the information below.

Please Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.

Cardholder's Name: _____ Daytime Phone Number: (____) _____ - _____

Cardholder's Address: _____

(Street) (City) (State) (Zip Code)

Credit Card Number: _____ Expiration Date: ____ / _____

Type (Circle One): Visa MC Disc AmEx

Security code from front/back of card: _____

I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

Cardholder's Signature: _____