

# Wisconsin Department of Safety and Professional Services

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**Office Location:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR TEMPORARY SPOUSAL RECIPROCAL LICENSE

This application only applies to individuals who have current unrestricted licenses in another state or governmental authority, and who have spouses that are service members in the U.S. armed forces, or in a reserve unit of the U.S. armed forces, or in the national guard of any state.

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

<b>PLEASE TYPE OR PRINT IN INK</b>		<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
<b>Address</b> (street, city, state, zip) <input type="text"/>		<b>Daytime Telephone Number</b> <input type="text"/>	
<b>Mailing Address</b> (if different) <input type="text"/>		<b>Date of Birth</b> <input type="text"/>	
<b>Social Security #</b> <input type="text"/>	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.			
<b>Ethnicity:</b> <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 <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F			
<b>List type of credential applying for and registration code. View Form #2983 for a complete listing of all professions types and registration codes.</b>			
<b>Type of Credential:</b> <input type="text"/>		<b>Registration Code:</b> <input type="text"/>	
<b>Email Address</b> <input type="text"/>			
<b>School Name</b> <input type="text"/>		<b>School Address</b> (street, city, state) <input type="text"/>	
<b>Date Degree Granted</b> <input type="text"/>		<b>Degree</b> <input type="text"/>	
<b>Beginning Date of Temporary Practice in Wisconsin</b> <input type="text"/>		<input type="text"/>	
<b>Location:</b> (city, state) <input type="text"/>			

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

**\$141.00** Reciprocal Initial Credential Fee

**No Fee Extension of Reciprocal Credential**

**For Receiving Use Only**

# Wisconsin Department of Safety and Professional Services

## LIST ALL ACTIVE AND INACTIVE CREDENTIALS:

List state(s), credential type and license number received by a written exam:

List state(s), credential type and license number received by Endorsement/Reciprocity:

## SPECIALTY BOARD CERTIFICATIONS:

What specialty do you practice at the present time?

Certificate #:

Dated Issued:

 /  / 

**This temporary license expires 180 days after the grant date. If you are requesting an additional extension of the 180 days, list the reason for the extension request below.**

## 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.

## DECLARATION OF TEMPORARY RESIDENCE:

- I declare under penalty of law that I am a spouse of a service member in the U.S. armed forces, a reserve unit of the U.S. armed forces or the national guard of any state of the U.S., and we are temporarily residing in the state of Wisconsin while my spouse is on active duty.

## 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.

Signature:  Date:  /  /

(Print and Sign Form)