### Wisconsin Department of Safety and Professional Services 4822 Madison Yards Way Office Location:

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Madison, WI 53708-8935

Madison, WI 53705 FAX #: E-Mail: (608) 251-3036 dsps@wisconsin.gov Phone #: (608) 266-2112 Website: http://dsps.wi.gov

# NOTICES

# TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received. An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

# PROCEDURES ON APPLICATION DENIAL

An applicant who receives a Notice of Denial may request a hearing to challenge the denial by filing a request with the appropriate Board or the Department within 45 days after the mailing of the Notice of Denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law.

Hearing procedures are specified in ch. SPS 1 of the Wisconsin Administrative ode. A py of ch. SPS 1 is available at most public libraries or on the Internet through the index at http://docs.leg ode/admin code/sps/professional services/1/1/01.

### MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing add for I partment mail. A change of address must be reported to the Department within 30 days.

#### PERSONALLY IDENTIFIABLE INFORMATION: US VAILABILITY

Information collected on an application form is required d will be used to determine eligibility for a credential or examination. It is not likely that the Departme formation collected by these forms for other purposes. wnl use

Credentialing is a public process with a goal of g those competent to protect the public. The name, city, and dentify status of credential holders are access ment's website at http://dsps.wi.gov under "Online Services." ind e Information collected on application mination forms is available for inspection to the public under Wisconsin laws governing public records.

### CONTINUING DUTY OF DI

You have a continuing duty of disclosure during the application process. If information provided in the application becomes invalid, incorrect or outdated, you are obliged to provide any necessary information to ensure the information on the application remains current, valid, and truthful. Credentialing authorities may view acts of omission as dishonesty and your duty of disclosure during the application process exists until licensure is granted or denied.

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# Wisconsin Department of Safety and Professional Services

### SOCIAL SECURITY NUMBER

Your Social Security Number **or** Employer Identification Number (if you are applying as a business entity) must be submitted with your DSPS application.

If you do not have a Social Security Number, you must submit a statement under oath or affirmation. If your Social Security Number or a statement is not provided, your application will be denied.<sup>2</sup> A form for submitting a statement that you do not have a Social Security Number is available from the Department: <a href="http://dsps.wi.gov">http://dsps.wi.gov</a>.

The Department may not disclose the Social Security Number collected above except to the Department of Workforce Development (DWD) for purposes of administering the Child and Spousal Support Program,<sup>3</sup> to the Department of Revenue (DOR) for the purpose of determining whether you are liable for delinquent taxes,<sup>4</sup> and to the federal Healthcare Integrity and Protection Data Bank (HIPDB) for the purpose of reporting adverse actions against health care

## **CERTIFICATION OF LEGAL STATUS**

When submitting your DSPS application, you must declare under penalty of lay that you've either:

- 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 Lasp asibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 at. St. (PP VORA).

Should your legal status change during the application process or after a crede, all is granted, you must report this change to the Wisconsin Department of Safety and Professional Services Immediately.

For questions concerning PRWORA status, please contact the S. Citizs ship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or only ear ttp://www.uscis.gov.

# AMERICANS WITH DISABILITIES ACT (ADA)

The Department complies with the Americans with Disable ies Act of 1990. The Department will make reasonable modifications to policies, practices and proced res whe modifications are necessary to avoid discrimination on the basis of disability and will make reasonable a completion necessary to provide a qualified individual with a disability with equal access to Department programs

### COMMUNICATIONS AND EXAMINATIONS

Individuals who need auxiliary lids in Sective communication in programs and services or who wish to request special accommodations for examination please call (608) 266-2112 or TTY at (608) 267-2416.

### **COMPLAINTS**

Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-2112 or TTY at (608) 267-2416.

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<sup>&</sup>lt;sup>2</sup> Section 440.03 (11m), Wis. Stats. <sup>4</sup> Section 440.12, Wis. Stats.

<sup>&</sup>lt;sup>3</sup> Sections 49.22, and 440.13, Wis. Stats.