

# 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

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

## BOARD OF NURSING

### 72 HOUR PRACTICE EXCEPTION

Pursuant to [Wis. Stat. § 441.115\(2\)](#), a person holding a valid nursing credential from another state may practice in this state for up to 72 consecutive hours each year without holding a Wisconsin license provided the Wisconsin Board of Nursing determines that requirements for licensure are substantially equivalent to those of the state in which the person is licensed.

A person, who is permitted to practice professional or practical nursing under this statute, may practice professional or practical nursing only for the following persons:

- A person who is being transported through or into Wisconsin for the purpose of receiving medical care.
- A person who is in Wisconsin temporarily, if the person is a resident of the state, territory, country, or province that granted the nursing credential to the person permitted to practice professional or practical nursing.

This requires that the information below be completed by the person providing the nursing service and filed with the DSPS, **seven (7) days prior to practicing in the State of Wisconsin**. In an emergency situation please complete and return this form as quickly as possible.

**LICENSE HOLDER:** Complete this section and forward to DSPS at the above address.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**E-mail Address:**

**Daytime Telephone Number:**  
   -    -

**State where the above person currently holds a license:**   **State License Number:**

**Date(s) of employment in the State of Wisconsin that is covered under this exception:**

**From:** (mm/dd/yyyy)   /   /     **To:** (mm/dd/yyyy)   /   /

/   /

**Signature (Print and Sign Form)** **Date**

**Forward completed form (#2193) to:**

DSPS  
WI Board of Nursing  
P.O. Box 8935  
Madison, WI 53708-8935

or you may fax or email to 608-251-3036 or [DSPSCredNursing@wisconsin.gov](mailto:DSPSCredNursing@wisconsin.gov).