

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

MALPRACTICE SUITS OR CLAIMS FORM

This form must be completed in its entirety by the licensure applicant.

APPLICANT INFORMATION: (required)

Name of Applicant:			
Application ID# Number: (if applicable)		Profession Applying For:	

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 for disciplinary action.

	<input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant Signature (If unable to provide a digital signature print and sign form.)	Date

List all malpractice suits, claims, or settlements in which you were involved. Provide a brief description of the allegations and final disposition. For any malpractice suits resolved within the past ten (10) years, provide copies of claims/suits, final settlements, dispositions, or dismissed information. **(Continue on page two and/or attach additional sheets if necessary.)**

Parties:			
Date Filed: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date Resolved: <input type="text"/> / <input type="text"/> / <input type="text"/>		
Court and Case Number:	Disposition:		
Description of Legal Action or Claim:			

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Parties:			
Date Filed:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Resolved:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>
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