

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: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

INFORMATION FOR THE SPORTS PHYSICIAN LICENSURE EXEMPTION EXTENSION

PLEASE READ:

This form only needs to be completed and submitted if you are requesting an extension of the ten (10) day exemption to practice without a Wisconsin license as a sports physician for a sports team or national sports governing body while in Wisconsin pursuant to Wis. Admin. Code § Med 25.03(1). This form **must** be submitted to the Board **at least ten (10) days** prior to the expiration of the ten (10) day exemption. An exemption may be granted for up to twenty (20) days but may not exceed thirty (30) days in a given calendar year.

You will receive confirmation via email when the extension has been granted.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #3220**)
- Copy of the written agreement between the applicant and the sports team. This must include the dates of service to be provided to the team while in Wisconsin. **This letter must be submitted with this application.**
- Verification of unrestricted licensure to practice medicine and surgery from another state. This **must** be sent directly to us from the other state board. License verifications may be sent via email to dspscredmedbd@wisconsin.gov, by fax to 608-251-3036 or by mail to DSPS Medical Examining Board, P.O. Box 8935, Madison, WI 53708-8935.

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APPLICATION FOR EXTENSION OF SPORTS PHYSICIAN LICENSURE EXEMPTION

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former Name(s) <input type="text"/>
Email Address <input type="text"/>			
Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>			
Do you hold an active, unrestricted license to practice medicine/surgery in another state?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the state and your credential number: <input type="text"/>
Dates Requested for Exemption <input type="text"/> / <input type="text"/> / <input type="text"/> TO <input type="text"/> / <input type="text"/> / <input type="text"/>			