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.
#3220 (Rev. 4/19)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

**MEDICAL EXAMINING BOARD**

**APPLICATION FOR EXTENSION OF SPORTS PHYSICIAN LICENSURE EXEMPTION**

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**Email Address**


**Daytime Telephone Number**


**Do you hold an active, unrestricted license to practice medicine/surgery in another state?**

- [ ] Yes
- [ ] No

If yes, list the state and your credential number:


**Dates Requested for Exemption**


Ch. 448, Stats.

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