

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

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LicensE Portal: <https://license.wi.gov/>

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)

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

## DENTISTRY EXAMINING BOARD

### INFORMATION FOR MOBILE DENTISTRY PROGRAM REGISTRATION APPLICANTS

#### APPLICATION INSTRUCTIONS

Complete steps below:

1. Complete the Mobile Dentistry Program Registration Application in the DSPS online LicensE system, <https://license.wi.gov/>. The online application requires input of all employees, contractors, and/or volunteers. All persons providing dental or dental hygiene care must be listed with their Wisconsin dentist or dental hygiene license numbers\*.
2. Pay required \$60.00 initial credential fee in LicensE.
3. License verification is required **if** the owner/operator is or has ever been licensed in another state or territory of the United States. Verification is required for each state or United States territory regardless of license status (i.e., active, inactive).
4. Convictions and Pending Charges (Form [2252](#)) is required **if** the applicant has ever been convicted of a misdemeanor, felony, or other violation of federal or state law or **if** the applicant has any felony, misdemeanor, or other violation of federal or state law charges pending against him or her in this state or any other. This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If required, upload Form 2252 and required documentation into LicensE. Pay the associated additional \$8.00 fee in LicensE.
5. Malpractice Suites or Claims (Form [2829](#)) and documentation is required **if** any suits or claims have been filed against the applicant as a result of professional services.

\*Report staffing changes (additions or deletions) with Form [3190](#), Notice of Employee, Contractor, or Volunteer Change.