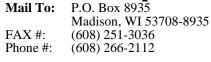
Wisconsin Department of Safety and Professional Services



Office Location: 4822 Madison Yards Way

Madison, WI 53705E-Mail:dsps@wisconsin.govWebsite:http://dsps.wi.gov

ADVANCED PRACTICE NURSE PRESCRIBER

Additional requirements for renewal:

You must complete the back of the renewal coupon and the following, malpractice insurance and national certification requirements, for Advanced Practice Nurse Prescriber renewal.

MALPRACTICE INSURANCE

- 1. I have personal liability coverage in the amounts specified in Wis. Stat. § <u>655.23(4)</u>. The expiration date for the policy is ______ (date must be later than 9/30/2022).
- 2. I have coverage under a group liability policy providing individual coverage in the amounts specified in Wis. Stat. §. <u>655.23(4)</u> and will only prescribe within the limits of the policy's coverage or obtain personal liability coverage for independent prescribing outside of the scope of the group coverage.
- 3. I practice as an employee of this state or a governmental subdivision as defined in Wis. Stat. § 180.0103 and will prescribe within the employment policies.

NATIONAL CERTIFICATION

Expiration date for national certification or Continuous CompetenceAssessment (CCA) Cycle is: (date must be later than 9/30/2022).

Credential Holder Name (please print)

Wisconsin APNP License/Credential Number

Credential Holder Signature (If unable to provide a digital signature, please print and sign form.)

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.