APRN Implementation Frequently Asked Questions

On September 1, the Wisconsin Board of Nursing and the Department of Safety and Professional Services will begin issuing Advanced Practice Registered Nurse (APRN) licenses. All existing Advanced Practice Nurse Prescriber (APNP) licenses will be converted to APRN licenses on this date as well.

The Board completed the emergency rules to guide the transition from APNP certification to APRN licensure. These rules can be found here: dsps.wi.gov/Documents/RulesStatutes/N1to8EmR.pdf

The new APRN license will require a designated "Recognized Role." There are four Recognized Roles: Nurse Practitioner, Certified Registered Nurse Anesthetist, Clinical Nurse Specialist, and Certified Nurse Midwife.

Current APNP license holders have received an email noting their current recognized role attached to their APNPP credential. In the event recognized role information is missing or incorrect, instructions on how to submit Recognized Role documentation were provided in the email. If it is necessary for you to add or correct Recognized Role information, you should submit documentation as soon as possible to avoid any confusion or needed corrections when licenses convert on September 1.

The following are some frequently asked questions about the APNP-to-APRN conversion and APRN Act Implementation:

FAQs

Q – I am currently an APNP or Certified Nurse - Midwife (CNM). Do I need to apply to be licensed as an APRN on September 1?

A – No, you don't need to apply. Under Act 17, your current credential will be converted to an APRN credential on September 1. Some APNPs may need to have documentation provided to the Department to ensure their APRN license reflects the correct Recognize Role.

Q – I am a RN. Why am I receiving information about APRN?

A - Act 17 contains title protection provisions which will require RNs who work in a recognized role (NP, CRNA, CNS, CNM) to obtain an APRN credential. Therefore, some individuals who do not currently hold an APNP credential will need to obtain an APRN license.

Q – I am not currently an APNP or CNM and will need to apply for an APRN credential. When can I do that?

A – The application process for APRN will open the week of August 3. People can apply on the LicensE portal (license.wi.gov). Applicants should log in and then begin the application. The application will require documentation, including verification of Recognized Role certification. APRN licenses will be issued starting on September 1.

Q – What are “specialty” or “subspecialty” related to this credential?

A – Our licensing software uses the words “specialty” and “subspecialty” to refer to your Recognized Role and area of practice. For decades, APNP and CNM licensure has included a specialty (NP, CNS, CRNA, CNM) and a subspecialty related to a specific area of practice, such as Family, Geriatric, Psychiatric, etc.

When you applied for an APNP or CNM credential, the specific specialty and subspecialty were added to the license documentation after you requested a letter from a national certifying organization be sent to DSPS. The specialty and subspecialty information that is currently on file with DSPS related to your APNP or CNM license will automatically carry over to your new APRN credential on September 1.

Q – Why are some credential holders being asked to confirm or provide their specialty and subspecialty information?

A – Some current APNPs and CNMs earned their credentials prior to DSPS modernizing its licensing system. Under Act 17, the specialty (Recognized Role) and subspeciality (area of practice) will need to appear on the credential and be viewable on our website’s public License Look-Up tool. DSPS has shared with all APNPs and CNMs the Recognized Role and area of practice currently reflected on their license. Some license holders may need to take steps to verify that their specialty and subspecialty information is updated and accurate before they receive their APRN on September 1.

Q – I contacted DSPS or opened a ticket and shared the specialty and subspecialty information that should appear on my credential. When will I hear back?

A – We will update your information so that it appears when your APRN credential is issued on September 1. You will not see any update until then.

Q – What happens if I am currently an APNP, but DSPS has not received specialty information from me by September 1?

A – Act 17 requires that the ARPN credential display the corresponding recognized role (specialty). As a result, DSPS is seeking to verify the correct specialty (recognized role) and subspecialty (area of practice) to be displayed on the APRN credential. DSPS has notified all APNPs of this requirement and has emailed instructions on updating Recognized Roles. The instruction email included current Recognized Roles and practice areas for APRPs if they are on file. *APRN licenses may be delayed for individuals who do not respond to DSPS requests for specialty and subspecialty and did not have any specialty (recognized role) on file*.

Q – What happens if DSPS has the wrong Recognized Role (specialty) or practice area (subspecialty) on file?

A – If your listed Recognized Role (specialty) or practice area (subspecialty) is not accurate, visit license.wi.gov. Login and then click “request support.” This creates a ticket.

Q – When will I be issued an APRN credential?

A – The APRN bill takes effect September 1, 2026. The title of your current credential will be changed to APRN on that date.

Q – Will my APNP license number change when it converts to an APRN license?

A – If you are a current APNP, your license number will not change.

Q – I am a CNM, will my license number change?

A - If you are currently a CNM, then you will be issued an APRN credential with a new license number.

Q – I am currently an APNP who would normally renew this year. How will renewal work?

A – You won't renew your APNP this year. You will be issued an APRN credential, and renewal of that credential will then coincide with the next RN renewal in February 2028.

Q – I currently work in a documented collaborative relationship and will continue to work in that collaborative relationship when I convert to an APRN. Do I need to provide DSPS with any documentation of this relationship?

A – No. However, evidence of this relationship may be requested by the Board in relation to a disciplinary complaint.

Q – I intend to practice independently. What steps do I need to take?

A – Act 17 contains the requirements that must be met and verified by the Board for an APRN to practice in a recognized role "without collaborating with, and independent of, a physician or dentist".

The week of August 3, we will launch an application process for independent practice. This will include a form reporting professional nursing hours in a clinical setting, hours working as an APRN in a recognized role in a clinical setting, and practice timeframes. The application also includes a fee. People who apply and meet the requirements in Act 17 will then be able to practice without collaborating with, and independent of, a physician or dentist when issued an APRN credential on or after September 1, 2026.

Q – Will all APRNs be able to practice independently on September 1?

A – No. Only APRNs who meet the additional requirements for independent practice and submit a complete application with payment will be able to practice independently. They can begin independent practice when they receive approval from the Board. This will also be displayed on licenses.

Q – I currently pay into the Injured Patients and Families Compensation Fund. Will I remain eligible for Fund coverage under the new law?

A – The Injured Patients and Families Compensation Fund is administered by the Office of the Commissioner of Insurance (OCI). Act 17 did modify eligibility for the Fund, and your eligibility status may change under the new law. Please contact OCI directly with Fund questions at ociipfcf@wisconsin.gov

This document will be updated as more information is available.