

# 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:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wis.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING EMERGENCY ORDER #16 RENEWAL FORM

Pursuant to [State of Wisconsin Emergency Order #16](#), in response to the COVID-19 pandemic, some Wisconsin administrative rule renewal requirements for specific professions have been temporarily suspended for recently expired licenses. Candidates renewing *within five (5) years of license expiration* should utilize this form as it includes only the requirements remaining in effect at this time. Please see the Order and the DSPS website ([dspd.wi.gov](http://dspd.wi.gov)) for further information. **IMPORTANT NOTE:** If your license has been *expired for five (5) or more years*, contact credentialing staff at [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov) or (608) 266-2112.

**PROFESSION:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chiropractor (12) [\$75]   | <input type="checkbox"/> Physical Therapist (24) [\$68]                     | <input type="checkbox"/> Psychologist, Private Pract Sch (58) [\$66] |
| <input type="checkbox"/> Dentist (15) [\$74]  | <input type="checkbox"/> Physical Therapist Assistant (19) [\$68]           | <input type="checkbox"/> Radiographer (142) [\$65]                   |
| <input type="checkbox"/> Limited X-ray Machine Operator (144) [\$65]                          | <input type="checkbox"/> <b>Physician Assistant<sup>1</sup></b> (23) [\$75] | <input type="checkbox"/> Social Worker (120) [\$62]                  |
| <input type="checkbox"/> <b>Nurse, Lic Pract<sup>2</sup></b> (Single-State Only) (31) [\$73]  | <input type="checkbox"/> Physician, DO (21) [\$75]                          | <input type="checkbox"/> Social Worker, Adv Pract (121) [\$62]       |
| <input type="checkbox"/> <b>Nurse, Registered<sup>2</sup></b> (Single-State Only) (30) [\$73] | <input type="checkbox"/> Physician, MD (20) [\$75]                          | <input type="checkbox"/> Social Worker, Independent (122) [\$62]     |
| <input type="checkbox"/> Pharmacist (40) [\$74]   | <input type="checkbox"/> Psychologist (57) [\$66]                           | <input type="checkbox"/> Social Worker, Lic Clinical (123) [\$62]    |

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

**PLEASE TYPE OR PRINT IN INK**       Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Address</b> (street, city, state, zip)		<b>Daytime Telephone Number</b>	
<input style="width: 95%;" type="text"/>		<input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <span style="font-size: 2em;">-</span> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <span style="font-size: 2em;">-</span> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/>	
<b>Mailing Address</b> (if different)		<b>License Number</b>	
<input style="width: 95%;" type="text"/>		<input style="width: 60%;" type="text"/> <span style="font-size: 2em;">-</span> <input style="width: 40%;" type="text"/>	
<b>Email Address</b>			
<input style="width: 95%;" type="text"/>			

**SEE FEE INFORMATION BELOW**

<p><b>RENEWAL FEES:</b> Make check payable to DSPS and attach to renewal form, or include Fax Payment <a href="#">Form #3071</a>.</p> <ul style="list-style-type: none"> <li>• REMIT THE FEE INDICATED [in brackets] BY THE PROFESSION SELECTED ABOVE.</li> </ul>	<p><b>For Receiving Use Only</b> (Reg Code Above)</p>
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# Wisconsin Department of Safety and Professional Services

**IMPORTANT NOTICE:**

- By completing and returning my renewal paperwork to the DSPS, I understand that if information previously provided to the DSPS becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I am obliged to provide this updated information to ensure the information on file for my license/credential remains current, valid, and truthful. I also understand this includes and is not limited to the requirement that a license/credential holder of any of the credentials/licenses set forth in Wis. Stat. s. 440.03(13)(b) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere, shall notify the DSPS in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction.
- The DSPS no longer sends a physical copy of a new or renewed license/credential. You should receive an email or a letter from the DSPS telling you to go online to print the license/credential from our website. There is also an option for you to order a printed wall certificate or a Governor signed wall certificate from the DSPS for an additional \$10. (Note: The DSPS prints the same document as is available to print at home.)
- If you fail to renew within five years after license/credential expiration, you may be required to complete additional requirements to restore your license/credential.
- Making a false statement in connection with any application for license/credential is grounds for revocation or denial.
- **<sup>1</sup>FOR PHYSICIAN ASSISTANTS ONLY:** [Form 2594](#), Change in Supervising Physician or Podiatrist form, should be used to notify the Board of a change in supervising physician. The required notification period under this Order has been temporarily increased from 20 to 40 days of any change of supervising physician or podiatrist.

**PLEASE COMPLETE THE FOLLOWING INFORMATION WHICH IS REQUIRED IN ORDER TO RENEW YOUR LICENSE:**

1.	If you do not have a Social Security Number on file with us or are exempt from having a Social Security Number, and/or your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since your last renewal (or the issuance of your license if you have not renewed before), please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or <a href="mailto:dsps@wisconsin.gov">dsps@wisconsin.gov</a> . I have read and acknowledge this information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Since your last renewal or initial licensure (if this is your first renewal) do you have any pending charges and/or have you been convicted of a felony or misdemeanor in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have any unmet disciplinary requirements or is your credential currently suspended or revoked? <b>If yes, you are not eligible to renew your credential under Wisconsin Emergency Order #16.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IF YOU ARE NOT A NURSE PROCEED TO SIGNATURE SECTION AT THE BOTTOM OF THIS PAGE**

**<sup>2</sup>FOR NURSES ONLY**

**Workforce Survey** completion requirement and survey fee are waived under Wisconsin Emergency Order #16.

**SINGLE-STATE LICENSURE**

Only Wisconsin single-state licensure is available for renewal under the provisions of this Order (**Nursing Compact renewal is excluded**).

Do you want your license renewed as a Wisconsin single-state license?  YES  NO

Signature:  Date:  /  /