

Wisconsin Department of Safety and Professional Services

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HEALTH CARE FACILITY NOTIFICATION OF TEMPORARY TELEHEALTH PROVIDER PRACTICE

Interstate Reciprocity - Before submitting this form, please read [State of Wisconsin Emergency Orders #16 and #20](#) and related information on the [DSPS website \(dsps.wi.gov\)](#) (linked on this form with blue hyperlinks). Pursuant to Orders #16 and #20, in response to the COVID-19 pandemic, a health care facility may utilize the practice of a health care provider as defined in [Wis. Stat. § 146.81\(1\)\(a\) through \(hp\)](#) with a valid and current unencumbered license issued in another state without the health care provider first obtaining a temporary or permanent license from DSPS. Nothing in Order #16 prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of Section I of Order #16. The provisions in Orders #16 and #20 will remain in effect for the duration of the public health emergency as declared in [Wisconsin Executive Order #72](#), including any extensions. **Email completed form to dsps@wisconsin.gov.**

Name of Health Care Facility:				
Address of Health Care Facility (Street, City, State, Zip Code):				
HEALTH CARE PROVIDER INFORMATION (Attach additional sheets in the same format if necessary.)				
Name (Last, First, MI)	Profession <i>(List specialty, if applicable.)</i>	Other State Where Currently Licensed	Other State License Number	Start Date at Facility (mm/dd/yyyy)
ATTESTATIONS – By signing below I attest to the following:				
1) The practice of each health care provider listed is necessary to ensure the continued and safe delivery of health care services at this health care facility. 2) This health care facility is hereby notifying DSPS within five (5) days of each listed out-of-state health care provider practicing at this facility. 3) The health care facility’s needs reasonably prevented in-state credentialing in advance of practice. 4) Each health care provider listed holds a valid and current license in another state and will be practicing within the scope of that license. 5) To the best of my knowledge and with a reasonable degree of certainty, each listed health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on his or her license by the credentialing state or any other jurisdiction. 6) I acknowledge that each health care provider practicing under the above Orders must apply for a temporary or permanent health care license within ten (10) days of first working at this health care facility.				
Printed Name	Title	Signature	Date	
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