

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### RESPONSIBLE OPIOID PRESCRIBING CONTINUING EDUCATION COURSE APPROVAL REQUEST FORM

PLEASE TYPE OR PRINT IN INK.

<b>The information provided in this table <u>WILL</u> be posted on the DSPPS website.</b>	
1. NAME OF COURSE PROVIDER	2. TELEPHONE NUMBER
3. LOCATION OF COURSE FOR CLASSROOM INSTRUCTION	4. COURSE DATE(S)
5. WEBSITE ADDRESS	6. EMAIL ADDRESS

<b>The information provided in this table is for internal use only and WILL NOT be posted on the DSPPS website.</b>		
7. CONTACT NAME	8. TELEPHONE NUMBER	9. EMAIL ADDRESS
10. ADDRESS (number, street, city, state, zip code)		

11. On separate page(s), provide the following information:
- a. Title of the course
  - b. A general description and a detailed outline of the content
  - c. The dates and locations
  - d. The name and qualifications of the instructor
  - e. The sponsor or provider of the course
  - f. Sample certificate of completion
12. Program Content – Attach course materials and a detailed course outline with specific allocations of minutes to each topic presented. A PowerPoint deck or other outline may be included to help verify that the course material meets state guidelines. The Medical Examining Board may request additional information if needed.
13. Instructors – Attach a list of instructors and a resume for each, which includes their qualifications to develop and teach the continuing education course.

A course must be a minimum of 2 hours in length (2 AMA Category 1 Credits) to qualify for approval.

**I hereby certify that all statements made in this application and attachments are true to the best of my knowledge and belief. I will notify DSPPS if any changes are made in course content or if there is an instructor change.**

\_\_\_\_\_  
 Print Name and Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature