

# Wisconsin Department of Safety and Professional Services

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E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### INFORMATION FOR TEMPORARY 2021 WIS ACT 10 CREDENTIAL APPLICATION FOR HEALTH CARE PROVIDERS LICENSED IN ANOTHER STATE

Pursuant to [2021 Wis. Act 10](#),

- Eligible health care providers credentialed outside of Wisconsin may apply for a temporary credential to provide services in Wisconsin, including telehealth, within the scope of their credential. Eligible professions are listed on the following page.
- **A Health Care Provider Must Apply for a Temporary Credential within 30 days of Beginning to Provide Services in Wisconsin for a Health Care Employer. To submit an application, email the completed form(s) to [dspscredhealthcred@wisconsin.gov](mailto:dspscredhealthcred@wisconsin.gov).**

There are two forms related to a temporary credential granted pursuant to 2021 Wis. Act 10:

- **Form 2021-A101: Application for 2021 Wis. Act 10 Temporary Credential, and**
- **Form 2021-A102: Health Care Employer Notification For 2021 Wis. Act 10 Temporary Credential.**

For efficient processing, both forms may be submitted simultaneously assuming they are both submitted within 10 days of the date on which the health care provider begins providing health care services in Wisconsin. *Otherwise*, each form must be submitted independently within the time frames set forth in 2021 Wis. Act 10. (Please see the note below regarding telehealth.)

Submit completed form(s) to [dspscredhealthcred@wisconsin.gov](mailto:dspscredhealthcred@wisconsin.gov).

### **IMPORTANT NOTE REGARDING PROVIDERS WORKING IN WISCONSIN WHO PRACTICE IN WISCONSIN SOLELY DURING THE NATIONAL COVID PUBLIC HEALTH EMERGENCY:**

The expiration date of an active Wisconsin interstate reciprocity temporary credential issued pursuant to [2019 Wis. Act 185](#), Wisconsin Emergency Orders [#2](#), [#16](#), and [#20](#), and/or Wisconsin Executive Order [#90](#) will automatically be extended until 30 days after the national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus ends. ***Providers holding an active temporary credential issued under any of the above provisions do not need to reapply for a temporary credential pursuant to 2021 Wis. Act 10.***

### **Additional Information Regarding Temporary Credentials Granted Pursuant to [2021 Wis. Act 10](#):**

- 1) **Recognition as a Wisconsin credential/license.** A temporary credential granted under 2021 Wis. Act 10 is treated by Wisconsin law as a full Wisconsin license, credential, permit, etc. issued by the professional's applicable State of Wisconsin professional board or DSPS. The temporary credential is subject to all responsibilities, malpractice insurance requirements, limitations on scope of practice, and other provisions that apply under Wis. Stat. chs. 440 to 480 to the practice of the health care provider.
- 2) **Requirement for health care employer notification to DSPS.** Except as noted in Item 7 regarding telehealth practice, a temporary credential under 2021 Wis. Act 10 may only be provided if the health care employer of the health care provider submits DSPS Form 2021-A102 within 10 days of the date on which the provider begins providing services in Wisconsin. For purposes of 2021 Wis. Act 10 and the form, "health care employer" means a system, care clinic, care provider, long-term care facility, or any entity whose employed, contracted, or affiliated staff provide health care service to individuals in Wisconsin.
- 3) **Effective date of 2021 Wis. Act 10 credential/license.** A temporary credential granted under 2021 Wis. Act 10 becomes effective on the date identified in the health care provider's Form 2021-A101 application and attestation as to when that health care provider first provided health care services in this state under this section. An applicant may specify a date in the future on Form 2021-A101 in which the health care provider will first provide health care services in Wisconsin.

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- 4) **Confirmation of the status of a 2021 Wis. Act 10 credential/license.** Following submission of Form 2021-A101 and Form 2021-A102 (if necessary) to [dpscredhealthcred@wisconsin.gov](mailto:dpscredhealthcred@wisconsin.gov), the temporary credential number, effective date (listed as “granted date”), expiration date, and an indication that the credential is active (unless revoked as provided in 2021 Wis. Act 10) will be posted on the DSPS credential/licensing search webpage - <https://licensesearch.wi.gov>.
- 5) **General expiration date of 2021 Wis. Act 10 credential/license.** Except as indicated in item 6 below, a temporary credential granted under 2021 Wis. Act 10 expires on the date that DSPS, or a board attached to DSPS, grants or denies an application for a permanent credential submitted by the health care provider.
- 6) **Special COVID response expiration date of 2021 Wis. Act 10 credential/license.** If a health care provider provides health care services in Wisconsin only during the period covered by a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus, a temporary credential granted under 2021 Wis. Act 10 expires 30 days after the national emergency ends.
- 7) **Telehealth.** The **Health Care Employer Notification For 2021 Wis. Act 10 Temporary Credential** form (#2021-A102) is not required to receive a temporary credential under 2021 Wis. Act 10 if the health care provider will only provide services in Wisconsin via telehealth.

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### FORM 2021-A101: APPLICATION FOR 2021 WIS ACT 10 TEMPORARY CREDENTIAL

**IMPORTANT NOTE:** The expiration date of an active Wisconsin interstate reciprocity temporary credential issued pursuant to [2019 Wis. Act 185](#), Wisconsin Emergency Orders [#2](#), [#16](#), and [#20](#), and/or Wisconsin Executive Order [#90](#) will automatically be extended until 30 days after the national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus ends. **Providers holding an active temporary credential issued under any of the above provisions do not need to reapply.**

Submit completed form(s) to [dspscredhealthcred@wisconsin.gov](mailto:dspscredhealthcred@wisconsin.gov).

**PLEASE TYPE OR PRINT IN INK**  Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

**PROFESSION (select one):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Acupuncturist (55)                            | <input type="checkbox"/> Nurse, Licensed Practical (31)      | <input type="checkbox"/> Podiatrist (25)                          |
| <input type="checkbox"/> Athletic Trainer (39)                         | <input type="checkbox"/> Nurse, Registered (30)              | <input type="checkbox"/> Professional Counselor (125)             |
| <input type="checkbox"/> Audiologist (156)                             | <input type="checkbox"/> Occupational Therapist (26)         | <input type="checkbox"/> Professional Counselor In-Training (226) |
| <input type="checkbox"/> Chiropractor (12)                             | <input type="checkbox"/> Occupational Therapy Assistant (27) | <input type="checkbox"/> Psychologist (57)                        |
| <input type="checkbox"/> Clinical Substance Abuse Counselor (132)      | <input type="checkbox"/> Optometrist (35)                    | <input type="checkbox"/> Respiratory Care Practitioner (28)       |
| <input type="checkbox"/> Dentist (15)                                  | <input type="checkbox"/> Perfusionist (18)                   | <input type="checkbox"/> Social Worker (120)                      |
| <input type="checkbox"/> Dietitian, Certified (29)                     | <input type="checkbox"/> Pharmacist (40)                     | <input type="checkbox"/> Social Worker Training Certificate (127) |
| <input type="checkbox"/> Marriage & Family Therapist (124)             | <input type="checkbox"/> Physical Therapist (24)             | <input type="checkbox"/> Social Worker, Advanced Practice (121)   |
| <input type="checkbox"/> Marriage & Family Therapist In-Training (228) | <input type="checkbox"/> Physical Therapist Assistant (19)   | <input type="checkbox"/> Social Worker, Independent (122)         |
| <input type="checkbox"/> Massage Therapist or Bodywork Therapist (146) | <input type="checkbox"/> Physician Assistant (23)            | <input type="checkbox"/> Social Worker, Licensed Clinical (123)   |
| <input type="checkbox"/> Nurse Midwife (32)                            | <input type="checkbox"/> Physician, DO (21)*                 | <input type="checkbox"/> Speech-Language Pathologist (154)        |
| <input type="checkbox"/> Nurse, Advanced Practice Prescriber (33)      | <input type="checkbox"/> Physician, MD (20)*                 |   |

\*Physicians – enter applicable specialty code(s) found in the APPLICATION APPENDIX:

<b>Last Name</b> <input style="width:95%;" type="text"/>	<b>First Name</b> <input style="width:95%;" type="text"/>	<b>MI</b> <input style="width:95%;" type="text"/>	<b>Former / Maiden Name(s)</b> <input style="width:95%;" type="text"/>
<b>Address (street)</b> (city) (state) (zip code) <input style="width:95%;" type="text"/>			<b>Daytime Telephone Number</b> <input style="width:95%;" type="text"/>
<b>Mailing Address (if different)</b> <input style="width:95%;" type="text"/>			<b>Date of Birth</b> <input style="width:95%;" type="text"/>
<b>E-mail Address</b> <input style="width:95%;" type="text"/>			

<b>Social Security Number</b> <input style="width:95%;" type="text"/>	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete <a href="#">Form #1051</a> . The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

<b>GENDER</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ETHNICITY:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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**NOTE: The following information is REQUIRED for ALL applicants.** (Out-of-state telehealth providers providing services only through telehealth to patients located in this state must list health care employer from which provider services are being delivered.)

<b>Name of Health Care Employer</b> <input style="width:95%;" type="text"/>	<b>Date Services First Provided in WI under 2021 Wis. Act 10</b> <input style="width:95%;" type="text"/>
<b>Address of Health Care Employer (street, city, state, zip code)</b> <input style="width:95%;" type="text"/>	

APPLICATION FEES: WAIVED

For Receiving Use Only (875)

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Answer the following questions. (Attach additional sheets if necessary.)		
1.	Will the provision of your health care services be limited <i>only</i> to the period covered by a national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus or during the 30 days immediately after the national emergency ends. <b>If yes, applicant may skip question 2 and applicant does <u>not</u> need to apply for permanent licensure.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	If no to Question 1, have you applied for a permanent credential in Wisconsin? <b>If yes, list your Application ID# or application submission date for your permanent credential:</b> _____. <b>If no, permanent credential application information is available at <a href="https://dps.wi.gov">dps.wi.gov</a>. Select "Professions" then click on the hyperlink for your profession.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been credentialed in Wisconsin? <b>If yes, list your credential number</b> _____.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Will you only be providing services to patients located in Wisconsin via telehealth? <b>If yes, the <i>Health Care Employer Notification for 2021 Wis. Act 10 Temporary Credential form (#2021-A102)</i> is <u>not</u> required.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Do you hold a valid, unexpired license issued by another state? <b>If yes, provide the following.</b> <b>State:</b> _____ <b>License Number:</b> _____ <b>Expiration Date:</b> _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> /                      <div style="border: 1px solid black; width: 40px; height: 20px;"></div> /                      <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <b>If no, you are not eligible for a 2021 Wis. Act 10 Temporary Credential</b> (Application information is available at <a href="https://dps.wi.gov">dps.wi.gov</a> . Select "Professions" then click on the hyperlink for your profession.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	<b>If yes to Question 5, are you currently under investigation or do you have any restrictions or limitations currently placed on your credential by the credentialing state or any other jurisdiction? <b>If yes, you are not eligible for a 2021 Wis. Act 10 Temporary Credential.</b></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I am aware that my 2021 Wis. Act 10 Temporary Credential will expire as follows: a) If I checked yes for Question 1, my 2021 Wis. Act 10 Temporary Credential will expire 30 days after the national emergency declared by the U.S. president under 50 USC 1621 in response to the 2019 novel coronavirus ends. b) If I checked no for Question 1, my 2021 Wis. Act 10 Temporary Credential will expire on the date that DSPS or a board attached to DSPS has either granted or denied my application for a permanent credential.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CERTIFICATION OF LEGAL STATUS**

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

**CONTINUING DUTY OF DISCLOSURE**

I understand that I have a continuing duty of disclosure. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty.

**AFFIDAVIT OF APPLICANT**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action to include possible revocation of a temporary credential.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential holder should information I have provided to the Department of Safety and Professional Services change.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**(Print and Sign Form)**

# Wisconsin Department of Safety and Professional Services

## PHYSICIAN APPENDIX

### CODES FOR PHYSICIAN SPECIALTIES:

Enter specialty code(s) on page 1 of the "Interstate Reciprocity Temporary License Application."

Academic Medicine	37	Otolaryngology	67
Administrative Medicine	71	Otorhinolaryngology - ENT	15
Aerospace Medicine	33	Pain	66
Alcoholism - Chemical Dependency	49	Pathology	16
Allergy - Immunology	01	Pathology - Clinical	17
Anesthesiology	02	Pathology - Surgical Anatomic	72
Aviation Medicine	32	Pediatrics	18
Dermatology	03	Pediatrics - Other	60
Emergency Medicine	31	Perinatology	62
Endocrinology	56	Pharmacology - Clinical	48
Family Medicine	925	Physical Medicine and Rehabilitation	19
Gastroenterology	06	Preventive Medicine	09
General Practice	08	Proctology	36
Genetics	61	Psychiatry	20
Geriatrics	29	Psychiatry - Child	21
Hand Surgery	64	Public Health	22
Hebiatrics	46	Radiation - Oncology	70
Hematology	07	Radiology	53
Hyperbaric Medicine	65	Radiology - Diagnostic	43
Immunology - Infectious Diseases	47	Radiology - Nuclear Medicine	68
Institutional Medicine	39	Radiology - Ultrasound	69
Internal Medicine	04	Radiology – Interventional	946
Internal Medicine - Cardiology	05	Research	34
Internal Medicine - Pulmonary Medicine	45	Retired	24
Neonatology	63	Rheumatology	57
Nephrology	40	School Physician	52
Neurology	10	Surgery - Cardiovascular	44
Neuromuscular Medicine	926	Surgery - Colon and Rectal	54
Neurophysiology	51	Surgery - General	25
Nuclear Medicine	23	Surgery - Maxillofacial	58
Obstetrics and Gynecology	12	Surgery - Neurological	11
Occupational Medicine	30	Surgery - Peripheral Vascular	59
Oncology	38	Surgery - Plastic	26
Ophthalmology	13	Surgery - Thoracic	27
Orthopedic Surgery	14	Urology	28