

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: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION**

Eligible Professions:

Acupuncturist	Nurse, Registered	Professional Counselor
Athletic Trainer	Occupational Therapist	Professional Counselor In-Training
Audiologist	Occupational Therapy Assistant	Psychologist
Chiropractor	Optometrist	Psychologist, Private Practice School
Dentist	Perfusionist	Respiratory Care Practitioner
Dietitian, Certified	Pharmacist	Social Worker
Marriage & Family Therapist	Physical Therapist	Social Worker, Advanced Practice
Marriage & Family Therapist In-Training	Physical Therapist Assistant	Social Worker, Independent
Massage or Bodywork Therapist	Physician Assistant	Social Worker, Licensed Clinical
Nurse Midwife	Physician, DO	Social Worker Training Certificate
Nurse, Advanced Practice Prescriber	Physician, MD	Speech-Language Pathologist
Nurse, Licensed Practical	Podiatrist	

Requirements – Interstate Reciprocity pursuant to Wisconsin Emergency Orders #16 and #20:

- 1) Health care provider holds a current and valid license issued in another state.
- 2) Health care provider license has no restrictions or limitations placed on license issued by the credentialing state or any other jurisdiction.
- 3) Health care provider will practice within the scope of the license issued by the credentialing state.
- 4) Health care provider is not currently under investigation.
- 5) The health care provider's practice is necessary for an identified health care facility to ensure the continued and safe delivery of health care services. (Health care facility refers to any system, care clinic, care provider, long-term care facility or any other health care facility where health care services are or may be provided.)
- 6) The identified health care facility's needs reasonably prevented Wisconsin credentialing in advance of the health care provider's practice.
- 7) Health care provider practicing must apply for a temporary or permanent health care license within ten (10) days of first working at the health care facility.
- 8) The health care facility must notify the Department of Safety and Professional Services (DSPS) at dsps@wisconsin.gov within five (5) days of the health care provider starting practice at its facility. Facility should utilize the applicable form(s) to notify DSPS:
EO2020-2, Health Care Facility Notification of Temporary Provider Practice, and/or
EO2020-4, Health Care Facility Notification of Temporary Telehealth Provider Practice.

Forms are available under the “COVID-19 UPDATES & INFORMATION” section at dsps.wi.gov.

Additional Information Regarding Wisconsin Emergency Order #16 and #20:

- 1) DSPS may withdraw an individual's authority for temporary practice pursuant to the Orders for good cause as determined by DSPS.
- 2) Nothing in the Orders prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of the Orders.
- 3) 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.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING INTERSTATE RECIPROcity TEMPORARY LICENSE APPLICATION

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).

PROFESSION (select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Acupuncturist (55) | <input type="checkbox"/> Nurse, Registered (30) | <input type="checkbox"/> Professional Counselor (125) |
| <input type="checkbox"/> Athletic Trainer (39) | <input type="checkbox"/> Occupational Therapist (26) | <input type="checkbox"/> Professional Counselor In-Training (226) |
| <input type="checkbox"/> Audiologist (156) | <input type="checkbox"/> Occupational Therapy Assistant (27) | <input type="checkbox"/> Psychologist (57) |
| <input type="checkbox"/> Chiropractor (12) | <input type="checkbox"/> Optometrist (35) | <input type="checkbox"/> Psychologist, Private Practice School (58) |
| <input type="checkbox"/> Dentist (15) | <input type="checkbox"/> Perfusionist (18) | <input type="checkbox"/> Respiratory Care Practitioner (28) |
| <input type="checkbox"/> Dietitian, Certified (29) | <input type="checkbox"/> Pharmacist (40) | <input type="checkbox"/> Social Worker (120) |
| <input type="checkbox"/> Marriage & Family Therapist (124) | <input type="checkbox"/> Physical Therapist (24) | <input type="checkbox"/> Social Worker Training Certificate (127) |
| <input type="checkbox"/> Marriage & Family Therapist In-Training (228) | <input type="checkbox"/> Physical Therapist Assistant (19) | <input type="checkbox"/> Social Worker, Advanced Practice (121) |
| <input type="checkbox"/> Massage Therapist or Bodywork Therapist (146) | <input type="checkbox"/> Physician Assistant (23) | <input type="checkbox"/> Social Worker, Independent (122) |
| <input type="checkbox"/> Nurse Midwife (32) | <input type="checkbox"/> Physician, DO (21)* | <input type="checkbox"/> Social Worker, Licensed Clinical (123) |
| <input type="checkbox"/> Nurse, Advanced Practice Prescriber (33) | <input type="checkbox"/> Physician, MD (20)* | <input type="checkbox"/> Speech-Language Pathologist (154) |
| <input type="checkbox"/> Nurse, Licensed Practical (31) | <input type="checkbox"/> Podiatrist (25) | |

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

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

Social Security Number <input style="width: 95%;" type="text"/>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. 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.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

Have you ever been licensed in Wisconsin? Yes No If yes, list your credential number:

Name of Health Care Facility <input style="width: 95%;" type="text"/>	Start Date at Health Care Facility <input style="width: 95%;" type="text"/>
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Address of Health Care Facility (Street, City, State, Zip Code)

APPLICATION FEES: WAIVED

For Receiving Use Only (875)

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheet(s) if necessary.):

1.	Do you currently hold a valid and current license issued by another state? If yes, provide the following. (Attach additional sheet(s) if necessary.): State: <input style="width: 150px; height: 20px;" type="text"/> License Number: <input style="width: 250px; height: 20px;" type="text"/> Expiration Date: <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, you are not eligible for a Temporary License under these Orders. (Application information is available at dps.wi.gov . Select "Professions" and click on the hyperlink for your profession.)		
2.	If yes to Question 1, are you currently under investigation or do you currently have any restrictions or limitations placed on your license by your credentialing state or any other jurisdiction? If yes, you are not eligible for a Temporary License under these Orders. (Application information is available at dps.wi.gov . Select "Professions" and click on the hyperlink for your profession.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If yes to Question 1, I am aware the practice I engage in under a Wisconsin Temporary License must be within the scope of the license(s) listed in Question 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I am aware my practice is necessary for the health care facility listed on page 1 to ensure the continued and safe delivery of health care services and the identified need reasonably prevented the acquisition of a temporary or permanent Wisconsin credential in advance of practice.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I am aware DSPS may withdraw my authority for temporary practice pursuant to the Wisconsin Emergency Orders #16 and #20 for good cause as determined by DSPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I am aware that nothing in Wisconsin Emergency Orders #16 and #20 prevents civil or criminal action against a person who falsely reports required information to DSPS or practices without following the requirements of the Orders.	<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 during the application process. 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 and that my duty of disclosure during the application process exists until licensure is granted or denied.

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.

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've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

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