

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION

IMPORTANT NOTE: Health care providers who held an Interstate Reciprocity Temporary License pursuant to Wisconsin Emergency Order #16, as modified by Emergency Order #20, or 2019 Wis. Act 185, and seek reinstatement of that temporary license, may complete the Interstate Reciprocity Temporary License Reinstatement Attestation Form (#EO2020-5) in lieu of this form if the information in the initial application, DSPS Form #EO2020-1, is still valid.

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, Advanced Practice Prescriber	Physician, DO	Social Worker Training Certificate
Nurse, Licensed Practical	Physician, MD	Speech-Language Pathologist
Nurse Midwife	Podiatrist	

Requirements – Interstate Reciprocity pursuant to Wisconsin Emergency Order #2

- 1) The health care provider must hold a current, valid license issued in another state.
- 2) The health care provider must practice within the scope of the license, including via telehealth or telemedicine technology, issued by the credentialing state.
- 3) The health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.
- 4) The practice is necessary for an identified health care facility or health care system to ensure the continued and safe delivery of health care services.
- 5) The identified health care facility or health care system needs reasonably prevented in-state credentialing in advance of practice.
- 6) The health care provider practicing under Wisconsin Emergency Order #2 must apply for interstate reciprocity temporary license, or other temporary or permanent license already provided for by Wisconsin law, **within 30 days** of first providing care to patients in Wisconsin in reliance on Wisconsin Emergency Order #2.
- 7) The identified health care facility or health care system must notify the Department of Safety and Professional Services (DSPS) at dsps@wisconsin.gov within ten (10) days of the health care provider first providing care to patients in Wisconsin. The facility or health care system should utilize the applicable form(s) to notify DSPS:

EO2020-2, Health Care Facility or System Notification of Temporary Provider Practice, and/or

EO2020-4, Health Care Facility or System 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 #2

- 1) DSPS may withdraw an individual’s authority to practice pursuant to this Wisconsin Emergency Order #2 for good cause as determined by DSPS.
- 2) Nothing in Wisconsin Emergency Order #2 should be construed to facilitate the practice by a credential-holder who has unmet disciplinary requirements, or whose credential has been suspended, revoked, or rescinded.
- 3) Nothing in Wisconsin Emergency Order #2 prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of Wisconsin Emergency Order #2.
- 4) A temporary interstate license provided under Wisconsin Emergency Order #2 shall remain valid for 30 days after the conclusion of the public health emergency, including any extensions.
- 5) Individuals practicing under Emergency Order #2 may provide care for the identified health care facility or health care system to individuals in any location in Wisconsin in-person or via telehealth as permitted by the individual’s license.
- 6) For those providers who possessed a temporary interstate license pursuant to Emergency Order #16, as modified by Emergency Order #20, or 2019 Wis. Act 185, and are seeking reinstatement of that earlier issued temporary license, such providers may attest to the information contained in the initial application via DSPS Form #EO2020-5 in lieu of having to submit a new application (DSPS Form #EO2020-1). (See “IMPORTANT NOTE” at top of page.)

#EO2020-1 (Rev. 2/16/2021)

Wis. Emergency Order #2

Committed to Equal Opportunity in Employment and Licensing

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IMPORTANT NOTE: Health care providers who held an Interstate Reciprocity Temporary License pursuant to Wisconsin Emergency Order #16, as modified by Emergency Order #20, or 2019 Wis. Act 185, and seek reinstatement of that temporary license, may complete the Interstate Reciprocity Temporary License Reinstatement Attestation Form (#EO2020-5) in lieu of this form if the information in the initial application, DSPS Form #EO2020-1, is still valid.

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
PROFESSION (select one):			
<div><input type="checkbox"/> Acupuncturist (55) <input type="checkbox"/> Athletic Trainer (39) <input type="checkbox"/> Audiologist (156) <input type="checkbox"/> Chiropractor (12) <input type="checkbox"/> Dentist (15) <input type="checkbox"/> Dietitian, Certified (29) <input type="checkbox"/> Marriage & Family Therapist (124) <input type="checkbox"/> Marriage & Family Therapist In-Training (228) <input type="checkbox"/> Massage Therapist or Bodywork Therapist (146) <input type="checkbox"/> Nurse Midwife (32) <input type="checkbox"/> Nurse, Advanced Practice Prescriber (33) <input type="checkbox"/> Nurse, Licensed Practical (31)</div> <div><input type="checkbox"/> Nurse, Registered (30) <input type="checkbox"/> Occupational Therapist (26) <input type="checkbox"/> Occupational Therapy Assistant (27) <input type="checkbox"/> Optometrist (35) <input type="checkbox"/> Perfusionist (18) <input type="checkbox"/> Pharmacist (40) <input type="checkbox"/> Physical Therapist (24) <input type="checkbox"/> Physical Therapist Assistant (19) <input type="checkbox"/> Physician Assistant (23) <input type="checkbox"/> Physician, DO (21)* <input type="checkbox"/> Physician, MD (20)* <input type="checkbox"/> Podiatrist (25)</div> <div><input type="checkbox"/> Professional Counselor (125) <input type="checkbox"/> Professional Counselor In-Training (226) <input type="checkbox"/> Psychologist (57) <input type="checkbox"/> Psychologist, Private Practice School (58) <input type="checkbox"/> Respiratory Care Practitioner (28) <input type="checkbox"/> Social Worker (120) <input type="checkbox"/> Social Worker Training Certificate (127) <input type="checkbox"/> Social Worker, Advanced Practice (121) <input type="checkbox"/> Social Worker, Independent (122) <input type="checkbox"/> Social Worker, Licensed Clinical (123) <input type="checkbox"/> Speech-Language Pathologist (154)</div>			
*Physicians – enter applicable specialty code(s) found in the APPLICATION APPENDIX: <input type="text"/>			
Last Name <input type="text"/>		First Name <input type="text"/>	MI <input type="text"/> Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>		Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>		Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
E-mail Address <input type="text"/>			
Social Security Number <input type="text"/> - <input type="text"/> - <input 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.	
Ethnicity/gender status information is optional.			
Ethnicity: <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			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number: <input type="text"/>			
NOTE: The following information is REQUIRED for ALL applicants. (Out-of-state telehealth providers delivering care to Wisconsin residents must list facility, system, or entity from which provider services are being delivered).			
Name of Health Care Facility or Health Care System <input type="text"/>		Start Date at Health Care Facility/System <input type="text"/> / <input type="text"/> / <input type="text"/>	
Address of Health Care Facility or Health Care System (Street, City, State, Zip Code) <input type="text"/>			

APPLICATION FEES: WAIVED

For Receipting Use Only (875)

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Do you currently hold a valid and current license issued by another state? If yes, provide the following. (Attach additional sheets if necessary.) State: <input type="text"/> License Number: <input type="text"/> Expiration Date: <input type="text"/> / <input type="text"/> / <input type="text"/> If no, you are not eligible for an Interstate Reciprocity Temporary License under Wisconsin Emergency Order #2. (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
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 an Interstate Reciprocity Temporary License under Wisconsin Emergency Order #2. (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 I must practice under an Interstate Reciprocity Temporary License within the scope of the license(s) listed in Question 1, including via telehealth or telemedicine technology.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I am aware DSPPS may withdraw my authority for temporary practice pursuant to the Wisconsin Emergency Order #2 for good cause as determined by DSPPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I am aware that nothing in Wisconsin Emergency Order #2 should be construed to facilitate the practice by a credential-holder who has unmet disciplinary requirements, or whose credential has been suspended, revoked, or rescinded.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I am aware that nothing in Wisconsin Emergency Order #2 prevents civil or criminal action against a person or entity who falsely reports required information to DSPPS or practices without following the requirements of Wisconsin Emergency Order #2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I am aware that an Interstate Reciprocity Temporary License provided under Wisconsin Emergency Order #2 shall remain valid for 30 days after the conclusion of the public health emergency, including any extensions.	<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.

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: / /

(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