DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION

Eligible Professions:

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

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

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

**Last Name** | **First Name** | **MI** | **Former / Maiden Name(s)**
--- | --- | --- | ---

**Address (street, city, state, zip)**

**Daytime Telephone Number**

**Mailing Address (if different)**

**Date of Birth**

**Email Address**

**Social Security Number**

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:**
- 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**

**Start Date at Health Care Facility**

**Address of Health Care Facility**

(Street, City, State, Zip Code)

**APPLICATION FEES: WAIVED**

For Receipting Use Only (875)
**Wisconsin Department of Safety and Professional Services**

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do you currently hold a valid and current license issued by another state? <strong>If yes, provide the following. (Attach additional sheet(s) if necessary):</strong></td>
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<td></td>
<td>State:</td>
<td>License Number:</td>
<td>Expiration Date:</td>
<td>□ Yes □ No</td>
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<td>2.</td>
<td><strong>If yes to Question 1</strong>, 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? <strong>If yes, you are not eligible for a Temporary License under these Orders.</strong> (Application information is available at dsps.wi.gov. Select “Professions” and click on the hyperlink for your profession.)</td>
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<td>3.</td>
<td><strong>If yes to Question 1</strong>, 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.</td>
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<td>□ Yes □ No</td>
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<td>4.</td>
<td>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.</td>
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<td>5.</td>
<td>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.</td>
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<td>□ Yes □ No</td>
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<td>6.</td>
<td>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.</td>
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<td></td>
<td>□ Yes □ No</td>
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**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](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: ______/_____/______

#EO2020-1 (Rev. 4/20/20)
Wis. Emergency Orders #16 & #20

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### CODES FOR PHYSICIAN SPECIALTIES:

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

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<thead>
<tr>
<th>Specialty</th>
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