Eligible Professions:

Acupuncturist
Athletic Trainer
Chiropractor
Dentist
Dietitian, Certified
Marriage & Family Therapist
Marriage & Family Therapist In-Training
Nurse Midwife
Nurse, Advanced Practice Prescriber
Nurse, Licensed Practical
Nurse, Registered
Occupational Therapist
Optometrist
Perfusionist
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

Requirements – Interstate Reciprocity pursuant to Wisconsin Emergency Order #16 Section I(B):

1) Health care provider holds a current and valid license issued in another state (or Canada for a physician practicing telemedicine).
2) Health care provider license has no restrictions or limitations placed on license issued by the credentialing state or 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 Wisconsin 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 Wisconsin 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 Wisconsin health care facility.
8) The Wisconsin 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 Form EO2020-2 to notify DSPS.

Additional Information Regarding Wisconsin Emergency Order #16 Section I(B):

1) DSPS may withdraw an individual’s authority for temporary practice pursuant to the Order for good cause as determined by DSPS.
2) Nothing in the Order prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of this Section.
# INTERSTATE RECIPROCITY TEMPORARY LICENSE APPLICATION

**PROFESSION (select one):**

- Acupuncturist (55)
- Athletic Trainer (39)
- Chiropractor (12)
- Dentist (15)
- Dietitian, Certified (29)
- Marriage & Family Therapist (124)
- Marriage & Family Therapist In-Training (228)
- Nurse Midwife (32)
- Nurse, Advanced Practice Prescriber (33)
- Nurse, Licensed Practical (31)
- Nurse, Registered (30)
- Occupational Therapist (26)
- Occupational Therapist Assistant (27)
- Optometrist (35)
- Perfusionist (18)
- Pharmacist (40)
- Physical Therapist (24)
- Physical Therapist Assistant (19)
- Physician Assistant (23)
- Physician, DO (21)*
- Physician, MD (20)*
- Physician, Teledicine*
- 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, Advanced Practice Certificate (127)
- Social Worker, Independent (121)
- Social Worker, Licensed Clinical (123)
- Social Worker, Licensed Clinical (123)

*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 Wisconsin Health Care Facility (not required for a physician practicing telemedicine)**

**Start Date at Wisconsin Health Care Facility**

**Address of Wisconsin Health Care Facility (Street, City, State, Zip Code)**

**APPLICATION FEES: WAIVED**

Please check applicable box.

- Temporary License
- Out-of-State License Holder
- Temporary License
- Physician Telemedicine

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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 (or Canada if you are a physician practicing telemedicine)? If yes, provide the following. (Attach additional sheet(s) if necessary.):

<table>
<thead>
<tr>
<th>State/Country:</th>
<th>License Number:</th>
<th>Expiration Date:</th>
</tr>
</thead>
</table>

If no, **you are not eligible for a Temporary License**. (Application information is available at dsps.wi.gov. Select “Professions” and click on the hyperlink for your profession.)

☐ Yes  ☐ 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 other jurisdiction? If yes, you are not eligible for a Temporary License. (Application information is available at dsps.wi.gov. Select “Professions” and select your profession.)

☐ Yes  ☐ 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.

☐ Yes  ☐ 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 (not required for physicians practicing telemedicine).

☐ Yes  ☐ No

5. I am aware DSPS may withdraw my authority for temporary practice pursuant to the Wisconsin Emergency Order #16 for good cause as determined by DSPS.

☐ Yes  ☐ No

6. I am aware that nothing in Wisconsin Emergency Order #16 prevents civil or criminal action against a person who falsely reports required information to DSPS or practices without following the requirements of Wisconsin Emergency Order #16 Section I(B).

☐ Yes  ☐ 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: __________/________/________

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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."

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<thead>
<tr>
<th>Specialty</th>
<th>Code</th>
<th>Specialty</th>
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<tbody>
<tr>
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<td>Otolaryngology</td>
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<td>Administrative Medicine</td>
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<td>Otorhinolaryngology - ENT</td>
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<td>Aerospace Medicine</td>
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<td>Pain</td>
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<td>Alcoholism - Chemical Dependency</td>
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<td>Pathology</td>
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<td>Radiology - Nuclear Medicine</td>
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