

# Wisconsin Department of Safety and Professional Services

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## HEALTH CARE FACILITY OR SYSTEM NOTIFICATION OF TEMPORARY PROVIDER PRACTICE

**Interstate Reciprocity** - Before submitting this form, please read **State of Wisconsin Emergency Order #2** and related information on the **Department of Safety and Professional Services (DSPS) website ([dsps.wi.gov](http://dsps.wi.gov))**. Pursuant to Wisconsin Emergency Order #2, in response to the COVID-19 pandemic, a Wisconsin health care facility or health care system may utilize the practice of a health care provider as defined in [Wis. Stat. § 146.81\(1\)\(a\) through \(hp\)](#) with a valid and current unencumbered license issued in another state without the provider first obtaining a temporary or permanent license from DSPS. The provisions in Wisconsin Emergency Order #2 will remain in effect for the duration of the public health emergency, including any extensions. **Email completed form to [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov).**

| <b>Name of Wisconsin Health Care Facility/System</b> (MUST be a Wisconsin facility/system):<br><input style="width: 100%; height: 20px;" type="text"/>  |   |   |   |  |
|---|---|---|---|--|
| <b>Address of Wisconsin Health Care Facility/System</b> (Street, City, WI, Zip Code):<br><input style="width: 100%; height: 20px;" type="text"/>  |   |   |   |  |
| <b>HEALTH CARE PROVIDER INFORMATION</b> (Attach additional sheets in the same format if necessary.)   |   |   |   |  |
| Name (Last, First, MI)  | Profession <i>(List specialty, if applicable.)</i>      | Other State Where Currently Licensed                    | Other State License Number  | Start/Resume Date at Facility (Must be on/after 10/1/2020) |
| ARCHIVED  |   |   |   |  |
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| <b>ATTESTATIONS – By signing below I attest to the following:</b>   |   |   |   |  |
| 1) The practice of each provider listed is necessary to ensure the continued and safe delivery of health care services to Wisconsin patients at this Wisconsin health care facility or health care system and the facility or system needs reasonably prevented the provider from receiving a Wisconsin credentialing in advance of practice.<br>2) This Wisconsin health care facility or system is hereby notifying DSPS within ten (10) days of each listed out-of-state health care provider commencing or resuming practice in Wisconsin.<br>3) Each provider listed holds a valid and current unencumbered license in another state. Providers must practice within the scope of that license, including via telehealth or telemedicine technology.<br>4) To the best of my knowledge and with a reasonable degree of certainty, each listed health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on his or her license by the credentialing state or any other jurisdiction.<br>5) I acknowledge that each health care provider practicing under Wisconsin Emergency Order #2 must apply for a temporary or permanent health care license within 30 days of first providing care to patients in Wisconsin. If a provider previously held a Wisconsin Interstate Reciprocity Temporary License (pursuant to Wisconsin Emergency Order #16, as modified by Emergency Order #20, or 2019 Wis. Act 185), <b>and the information in the initial application</b> (DSPS Form #EO2020-1) <b>is still valid</b> , the provider may reinstate the temporary license by submitting an attestation form (DSPS Form #EO2020-5) in lieu of DSPS Form #EO2020-1 within 30 days of commencing or resuming work for this facility or system in Wisconsin. Forms are available at <a href="http://dsps.wi.gov">dsps.wi.gov</a> under the “COVID-19 UPDATES & INFORMATION” section. |   |   |   |  |
| <b>Printed Name</b>   | <b>Title</b>  | <b>Signature (Print and Sign Form)</b>                  | <b>Date</b>   |  |
| <input style="width: 100%; height: 20px;" type="text"/>   | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |  |