

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935  
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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING EMERGENCY ORDER #2 RENEWAL FORM

Pursuant to **State of Wisconsin Emergency Order #2**, in response to the COVID-19 pandemic, some late renewal fees and some renewal requirements for specific healthcare professions have been temporarily suspended for recently expired licenses/certifications. Candidates renewing **within five (5) years of license/certification expiration** should utilize this form as it includes only the requirements remaining in effect at this time. The provisions in Wisconsin Emergency Order #2 will remain in effect for the duration of the public health emergency, including any extensions. Please see the Department of Safety and Professional Services (DSPS) website ([dsps.wi.gov](http://dsps.wi.gov)) for further information. **IMPORTANT NOTE:** **Nurses only:** Nurses with licenses expired more than 5 years should submit this form. **All others:** If your license/certification has been expired more than 5 years, or if you have an expired training license/certificate, contact credentialing staff at [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov) or (608) 266-2112.

### PROFESSION (select one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acupuncturist (55) [\$75]                         | <input type="checkbox"/> Nurse Midwife (32) [\$57]                | <input type="checkbox"/> Podiatrist (25) [\$60]                    |
| <input type="checkbox"/> Athletic Trainer (39) [\$60]                      | <input type="checkbox"/> Optometrist (35) [\$60]                  | <input type="checkbox"/> Professional Counselor, Lic (125) [\$62]  |
| <input type="checkbox"/> Audiologist (156) [\$75]                          | <input type="checkbox"/> Occupational Therapist (26) [\$75]       | <input type="checkbox"/> Psychologist (57) [\$60]                  |
| <input type="checkbox"/> Chiropractor (12) [\$60]                          | <input type="checkbox"/> Occupational Therapist Asst (27) [\$75]  | <input type="checkbox"/> Respiratory Care Practitioner (28) [\$60] |
| <input type="checkbox"/> Dentist (15) [\$60]                               | <input type="checkbox"/> Perfusionist (18) [\$60]                 | <input type="checkbox"/> Social Worker (120) [\$62]                |
| <input type="checkbox"/> Dietitian, Certified (29) [\$60]                  | <input type="checkbox"/> Pharmacist (40) [\$60]                   | <input type="checkbox"/> Social Worker, Adv Pract (121) [\$62]     |
| <input type="checkbox"/> Marriage and Family Therapist (124) [\$62]        | <input type="checkbox"/> Physical Therapist (24) [\$68]           | <input type="checkbox"/> Social Worker, Independent (122) [\$62]   |
| <input type="checkbox"/> Massage or Bodywork Therapist (146) [\$75]        | <input type="checkbox"/> Physical Therapist Assistant (19) [\$68] | <input type="checkbox"/> Social Worker, Lic Clinical (123) [\$62]  |
| <input type="checkbox"/> Nurse, Adv Practice Prescriber (33) [\$57]        | <input type="checkbox"/> Physician Assistant (23) [\$60]          | <input type="checkbox"/> Speech-Language Path (154) [\$75]         |
| <input type="checkbox"/> Lic Pract (Single-State Only) (31) [\$73]         | <input type="checkbox"/> Physician, DO (21) [\$60]                |  |
| <input type="checkbox"/> Nurse, Registered (Single-State Only) (30) [\$57] | <input type="checkbox"/> Physician, MD (20) [\$60]                |  |

**IMPORTANT NOTE:** If the selected profession is in **BOLD and UNDERLINED**, complete page 1, the section specific to your profession, and Section A. Sign and date application and submit with renewal fee. If the selected profession is **not** in bold and underlined, complete page 1 and Section A. Sign and date application and submit with renewal fee.

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name	First Name	Middle Initial	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street)	(city)	(state)	(zip code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different) (street)	(city)	(state)	(zip code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address			License Number
<input type="text"/>			<input type="text"/>

**RENEWAL FEES:** Make check payable to DSPS and attach to renewal form or include Fax Payment **Form #3071**. **NOTE:** Only late renewal fees have been waived. The standard renewal fee [in brackets] above is still due DSPS.

- REMIT THE FEE INDICATED [in brackets] BY THE PROFESSION SELECTED ABOVE.

For Receipting Use Only  
(Reg Code Above)

**FORM NO LONGER IN USE.**

# Wisconsin Department of Safety and Professional Services

IF THE PROFESSION SELECTED ON PAGE 1 WAS LISTED IN BOLD AND UNDERLINED,  
COMPLETE THE SECTION FOR YOUR PROFESSION BEFORE PROCEEDING TO SECTION A ON PAGE 3.

## ATHLETIC TRAINER

- Complete and return [Form 2543, Additional Requirements for Renewal](#).
- Complete [Form 2517, Evaluation and Treatment Protocol](#), and retain it for your own records.

By checking the boxes below, you attest to the following:

☐ I attest that I hold current certification from an approved CPR/AED program. Current certification is required to renew.

CONTINUE TO SECTION A ON PAGE 3.

## DENTIST

By checking the boxes below, you attest to the following:

☐ I attest that I hold current certification from an approved CPR/AED program. Current certification is required to renew.

CONTINUE TO SECTION A ON PAGE 3.

## MASSAGE THERAPIST OR BODYWORK THERAPIST

By checking the boxes below, you attest to the following:

☐ I hereby attest that I hold current certification from an approved CPR/AED program. Current certification is required to renew, and I understand that I should keep this certification to submit to the Board if proof of this is requested.

**CPR/AED Expiration date:** \_\_\_\_\_

☐ I hereby attest that I have in effect personal malpractice liability insurance coverage in an amount that is not less than \$1,000,000 per occurrence and \$1,000,000 for all occurrences in one year. The details of malpractice liability insurance are:

**Expiration date** for malpractice liability insurance (mm/dd/yyyy): \_\_\_\_\_

**Policy number** for malpractice liability insurance: \_\_\_\_\_

**Name of Insurance Company:** \_\_\_\_\_

CONTINUE TO SECTION A ON PAGE 3.

## NURSE, ADVANCED PRACTICE PRESCRIBER

- Complete and return [Form 2915, Additional Requirements for Renewal](#).
- Any disciplinary actions/limitations placed on your RN license must be disclosed to the Department.
- In order to renew the APNP license, you must have a current RN license from Wisconsin or one of the compact states, if that is your primary state of residence. If your RN license is from a compact state, you must include a copy of that license along with this application. The expiration date must show a date beyond 9/30/2020.

List your primary state of residency: \_\_\_\_\_

Check one: ☐ Nurse Practitioner - Specialty: \_\_\_\_\_ ☐ Certified Registered Nurse Anesthetist

☐ Clinical Nurse Specialist - Specialty: \_\_\_\_\_ ☐ Certified Nurse-Midwife

CONTINUE TO SECTION A ON PAGE 3.

## NURSE MIDWIFE

- If your RN license is from a compact state, you must furnish a photocopy of that license with this renewal.

List your primary state of residency: \_\_\_\_\_ OR if you are active military and you work only in federal facilities check here ☐.

Please complete the following:

☐ I hereby certify that I have malpractice liability insurance coverage in the amount specified in Wis. Stat. § [655.23\(4\)](#) OR ☐ I am not required to have malpractice insurance coverage because (check one of the following):

☐ I am a federal, state, county, city, village, or town employee who practices nurse midwifery within the scope of my employment.

☐ I am an employee of the federal public health service under [42 U.S.C. s. 233\(g\)](#).

☐ My employer has in effect malpractice liability insurance that provides coverage for me in the amount that is at least the minimum amount specified in Wis. Stat. § [655.23\(4\)](#).

☐ I do not provide care for patients.

CONTINUE TO SECTION A ON PAGE 3.

## NURSE, LICENSED PRACTICAL OR NURSE, REGISTERED

List your primary state of residency: \_\_\_\_\_

### SINGLE-STATE LICENSURE

Only Wisconsin single-state licensure is available for renewal under the provisions of these Orders (Nursing Compact renewal is excluded).

Do you want your license renewed as a Wisconsin single-state license? ☐ YES ☐ NO

CONTINUE TO SECTION A ON PAGE 3.

**FORM NO LONGER IN USE.**

# Wisconsin Department of Safety and Professional Services

IF THE PROFESSION SELECTED ON PAGE 1 WAS LISTED IN BOLD AND UNDERLINED,  
COMPLETE THE SECTION FOR YOUR PROFESSION BEFORE PROCEEDING TO SECTION A BELOW.

## **PODIATRIST**

• If you have not submitted or do not have on file with the Department current evidence satisfactory to the credentialing Board that you have malpractice liability insurance coverage in effect according to Wis. Stat. § [448.655 1\(a\)\(b\)](#), your license cannot be renewed until current evidence of this is received.

**CONTINUE TO SECTION A BELOW.**

## **PROFESSIONAL COUNSELOR, LICENSED**

**If applicable, check the following box to attest to the following:**

☐ I attest that I continue to be employed by a federal, state, or local governmental agency.

**CONTINUE TO SECTION A BELOW.**

## SECTION A

### IMPORTANT NOTICE:

- By completing and returning my renewal paperwork to DSPS, I understand that if information previously provided to DSPS becomes invalid, incorrect, or outdated, since the last renewal or issuance of my license/credential, I am obliged to provide this updated information to ensure the information on file for my license/credential remains current, valid, and truthful. I also understand this includes and is not limited to the requirement that a license/credential holder of any of the credentials/licenses set forth in Wis. Stat. § [440.03\(13\)\(b\)](#) who is convicted of a felony or misdemeanor, since the issuance of the license/credential or since the last renewal, in the state or elsewhere, shall notify DSPS in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction.
- DSPS no longer mails a physical copy of a new or renewed license/credential. You should receive an email or a letter from DSPS telling you how to print the license/credential from our website. There is also an option for you to order a printed wall certificate or a Governor signed wall certificate from DSPS for an additional \$10. (Note: DSPS prints the same document as is available for you to print at home.)
- If you fail to renew within five (5) years after license/credential expiration, you may be required to complete additional requirements to restore your license/credential.
- Making a false statement in connection with any application for a license/credential is grounds for revocation or denial.

1.	If you do not have a Social Security Number on file with us or are exempt from having a Social Security Number, and/or your legal status as a qualified alien or nonimmigrant lawfully present in the United States has changed since your last renewal (or the issuance of your license if you have not renewed before), please contact the Wisconsin Department of Safety and Professional Services at 608-266-2112 or <a href="mailto:dsps@wisconsin.gov">dsps@wisconsin.gov</a> . I have read and acknowledge this information.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Since your last renewal or initial licensure (if this is your first renewal) do you have any pending charges and/or have you been convicted of a felony or misdemeanor in any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Do you have any unmet disciplinary requirements or has your credential been suspended, revoked, or rescinded? <b>If yes, you are not eligible to renew your credential under Wisconsin Emergency Order #2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**YOU MUST SIGN AND DATE BELOW:**

Signature:

(Print and Sign Form)

Date:  /  /

**FORM NO LONGER IN USE.**