

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

EMERGENCY ORDERS #16 & #20 RENEWAL FORM

Pursuant to **State of Wisconsin Emergency Orders #16 and #20**, in response to the COVID-19 pandemic, some late renewal fees and some Wisconsin administrative rule renewal requirements for specific 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. Please see the Orders and the DSPS website (dspd.wi.gov) for further information. **IMPORTANT NOTE:** If your license/certification has been **expired for five (5) or more years**, or if you have an expired training license/certificate, contact credentialing staff at dspd@wisconsin.gov or (608) 266-2112.

PROFESSION (select one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Acupuncturist (55) [\$75] | <input type="checkbox"/> <u>Nurse Midwife</u> (32) [\$73] | <input type="checkbox"/> <u>Podiatrist</u> (25) [\$75] |
| <input type="checkbox"/> <u>Audiologist</u> (156) [\$75] | <input type="checkbox"/> <u>Optometrist</u> (35) [\$75] | <input type="checkbox"/> <u>Professional Counselor, Lic</u> (125) [\$62] |
| <input type="checkbox"/> <u>Athletic Trainer</u> (39) [\$75] | <input type="checkbox"/> <u>Occupational Therapist</u> (26) [\$75] | <input type="checkbox"/> Psychologist (57) [\$66] |
| <input type="checkbox"/> Chiropractor (12) [\$75] | <input type="checkbox"/> <u>Occupational Therapist Asst</u> (27) [\$75] | <input type="checkbox"/> Psychologist, Private Pract Sch (58) [\$66] |
| <input type="checkbox"/> Dentist (15) [\$74] | <input type="checkbox"/> Perfusionist (18) [\$75] | <input type="checkbox"/> Radiographer (142) [\$65] |
| <input type="checkbox"/> Dietician, Certified (29) [\$75] | <input type="checkbox"/> Pharmacist (40) [\$74] | <input type="checkbox"/> Respiratory Care Practitioner (28) [\$75] |
| <input type="checkbox"/> Limited X-ray Machine Operator (144) [\$65] | <input type="checkbox"/> Physical Therapist (24) [\$68] | <input type="checkbox"/> Social Worker (120) [\$62] |
| <input type="checkbox"/> Marriage and Family Therapist (124) [\$62] | <input type="checkbox"/> Physical Therapist Assistant (19) [\$68] | <input type="checkbox"/> Social Worker, Adv Pract (121) [\$62] |
| <input type="checkbox"/> <u>Massage or Bodywork Therapist</u> (146) [\$75] | <input type="checkbox"/> <u>Physician Assistant</u> (23) [\$75] | <input type="checkbox"/> Social Worker, Independent (122) [\$62] |
| <input type="checkbox"/> <u>Nurse, Adv Practice Prescriber</u> (33) [\$73] | <input type="checkbox"/> Physician, DO (21) [\$75] | <input type="checkbox"/> Social Worker, Lic Clinical (123) [\$62] |
| <input type="checkbox"/> <u>Nurse, Lic Pract</u> (Single-State Only) (31) [\$73] | <input type="checkbox"/> Physician, MD (20) [\$75] | <input type="checkbox"/> <u>Speech-Language Path</u> (154) [\$75] |
| <input type="checkbox"/> <u>Nurse, Registered</u> (Single-State Only) (30) [\$73] | | |

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 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).

Last Name		First Name	MI	Former / Maiden Name(s)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address (street, city, state, zip)				Daytime Telephone Number	
<input type="text"/>				<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different)				License Number	
<input type="text"/>				<input type="text"/> - <input type="text"/>	
Email Address					
<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.**

For Receipting Use Only
(Reg Code Above)

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

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.

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 have completed 30 hours of BOC-approved continuing education (CE) within the two-year period (not earlier than July 1, 2018) immediately preceding this application for renewal. I have or will have evidence of this certification by the providing institution, which I will furnish to the Athletic Trainers Affiliated Credentialing Board upon request. (No license will be issued until CE is completed.)
- I attest that I hold current certification from an approved CPR/AED program. Current certification is required to renew.

CONTINUE TO SECTION A.

AUDIOLOGIST

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

- I have completed the 20 hours of Board-approved continuing education (CE) programs or courses of study appropriate to my specific area of practice, including at least 2 hours relating to ethics, during the biennium immediately preceding this renewal (Wis. Admin. Code ch. [HAS 8](#)). I have evidence of this which I will furnish to the Board upon request. (No license will be issued until CE is completed.)

CONTINUE TO SECTION A.

MASSAGE THERAPIST OR BODYWORK THERAPIST

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

- I have completed at least 24 hours of required continuing education (CE) in programs consisting of relevant subject matter, including 2 hours pertaining to ethics, within the 2 years immediately preceding the renewal year as stated in Wis. Admin. Code ch. [MTBT 7](#). I have evidence of this coursework which I will retain and furnish to the Department upon request. (No license will be issued until all CE is completed.)
- 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: _____ (must be greater than 4/6/2020)

- 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.

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 9/30/2018.

List your primary state of residency: _____

Check one: Nurse Practitioner - Specialty: _____ Certified Registered Nurse Anesthetist

Clinical Nurse Specialist - Specialty: _____ Certified Nurse-Midwife

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

- I attest that I have completed at least 8 contact hours per year, total of at least 16, in a clinical pharmacology/therapeutics relevant to my area of practice, including at least 2 contact hours in responsible prescribing of controlled substances as required under Wis. Admin. Code § [N 8.05](#). (No license will be issued until continuing education (CE) is completed.)

CONTINUE TO SECTION A.

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.

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.

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.

OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPIST ASSISTANT

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

I have completed at least 24 points of acceptable continuing education (CE) pursuant to Wis. Admin. Code § [OT 3.06](#), during the 2 years immediately preceding this application for renewal. I have evidence of the CE points, which I will retain and furnish to the Occupational Therapists Affiliated Credentialing Board upon request. (No license will be issued until continuing education is completed.)

CONTINUE TO SECTION A.

OPTOMETRIST

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

I have completed 30 credit hours of continuing education (CE), including at least 7 hours in approved glaucoma education, as provided in Wis. Admin. Code § [OPT 8.02](#), during the biennium immediately preceding this application for renewal. I have evidence of this which I will furnish to the Board upon request. (No license will be issued until CE is completed.)

CONTINUE TO SECTION A.

PHYSICIAN ASSISTANT

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

I am aware that [Form 2594, Change in Supervising Physician or Podiatrist](#), should be used to notify the Board of a change in supervising physician or podiatrist. The required notification period under these Orders has been temporarily increased from 20 to 40 days of any change of supervising physician or podiatrist.

CONTINUE TO SECTION A.

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.

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

I attest that I have completed at least 50 hours of approved continuing education (CE) OR this is my first renewal and my residency or fellowship were in effect within the two-year period that immediately precedes this application from 11/1/2016 through 10/31/2018. I have evidence/documentation of this coursework from the providing institution, organization or the council on Podiatric Medical Education of the American Podiatric Medical Association, which I will retain and furnish to the Board upon request.

CONTINUE TO SECTION A.

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.

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.

SPEECH-LANGUAGE PATHOLOGIST

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

I have completed at least 20 hours of Board-approved continuing education (CE) programs or courses of study appropriate to my specific area of practice, including at least 2 hours relating to ethics, during the biennium immediately preceding this renewal (Wis. Admin. Code ch. [HAS 8](#)). I have evidence of this which I will furnish to the Board upon request. (No license will be issued until CE is completed.)

CONTINUE TO SECTION A.

SECTION A

IMPORTANT NOTICE:

- By completing and returning my renewal paperwork to the DSPS, I understand that if information previously provided to the 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 the 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.
- The DSPS no longer sends a physical copy of a new or renewed license/credential. You should receive an email or a letter from the DSPS telling you to go online 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 the DSPS for an additional \$10. (Note: The DSPS prints the same document as is available 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 dsps@wisconsin.gov . 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 is your credential currently suspended or revoked? If yes, you are not eligible to renew your credential under Wisconsin Emergency Orders #16 & 20.	<input type="checkbox"/> Yes <input type="checkbox"/> No

YOU MUST SIGN AND DATE BELOW:

Signature: Date: / /