

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INTERSTATE RECIPROCITY TEMPORARY LICENSE REINSTATEMENT ATTESTATION FORM

Pursuant to Wisconsin Emergency Order #2, health care providers who **held** an interstate reciprocity temporary license pursuant to Wisconsin Emergency Order #16, as modified by Emergency Order #20, or 2019 Wis. Act 185, and seek **reinstatement** of that temporary license, may complete this form (#EO2020-5) in lieu of the initial application form (#EO2020-1) **if information in your initial application, (#EO2020-1), is still valid.**

Note: The health care provider's health care facility or system must notify the Department of Safety and Professional Services (DSPS) at dsps@wisconsin.gov within ten (10) days of the health care provider commencing or resuming care to patients in Wisconsin. **Forms and information are available under the "COVID-19 UPDATES & INFORMATION" section at dsps.wi.gov.**

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name	First Name	MI	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Profession			WI Interstate Reciprocity Temporary License #	
<input type="text"/>			<input type="text"/> - <input type="text"/> 875	
Visit the "Self-Service" tab at dsps.wi.gov to update phone number, physical/mailling address or email address or e-mail dsps@wisconsin.gov .				
Name of Health Care Facility or System			Start/Resume Date at Health Care Facility/System	
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Address of Health Care Facility or System (Street, City, State, Zip Code)				
<input type="text"/>				

ANSWER THE FOLLOWING:

1.	Do you hold a valid and current license issued by another state? If yes, complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<table> <tr> <td>State</td> <td>License Number</td> <td>Expiration Date</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/>/ <input type="text"/>/ <input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> </table> <p>If no, you are not eligible to reinstate your Interstate Reciprocity Temporary License under Wisconsin Emergency Order #2.</p>		State	License Number	Expiration Date	<input type="text"/>
State	License Number	Expiration Date				
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
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 any other jurisdiction? If yes, you are not eligible to reinstate your Interstate Reciprocity Temporary License under Wisconsin Emergency Order #2.	<input type="checkbox"/> Yes <input type="checkbox"/> No				
3.	I am aware that an Interstate Reciprocity Temporary License reinstated under Wisconsin Emergency Order #2 shall remain valid for 30 days after the conclusion of the public health emergency, including any extensions.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

ATTESTATION and CONTINUING DUTY OF DISCLOSURE

I attest that the information provided in my **initial** Wisconsin Interstate Reciprocity Temporary License Application (#EO2020-1) remains valid, correct, and current. If information I have provided in this application or in my **initial** Wisconsin Interstate Reciprocity Temporary License Application (#EO2020-1) becomes invalid, incorrect, or outdated, I understand that I have a continuing duty of disclosure and 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.

Wisconsin Department of Safety and Professional Services

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, Attestation, 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: / /