

# Wisconsin Department of Safety and Professional Services

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

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### TELEMEDICINE PHYSICIAN NOTIFICATION OF HEALTHCARE PROVISION

An out-of-state physician who provides telemedicine in the diagnosis and treatment of a patient in Wisconsin pursuant to Wisconsin Emergency Order #2 who does not hold a valid Wisconsin license, must provide notice that they have provided healthcare to a Wisconsin resident within ten (10) days of the provision of healthcare to the Department of Safety and Professional Services (DSPS). The notice must be e-mailed to [DSPS@wisconsin.gov](mailto:DSPS@wisconsin.gov) and include verification of the physician's credentials. Notice need only be provided once. A physician solely providing care to patients in Wisconsin by telemedicine is not required to have his or her health care facility or system submit Form EO2020-2 or EO2020-4 regarding Notification of Practice. **Physicians who submit Form EO2020-6 will not be issued a Wisconsin credential number.** Notification forms and credential verification will be reviewed and kept on file. Forms and information are available under the "COVID-19 UPDATES & INFORMATION" section at [dsps.wi.gov](https://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).	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<b>Address</b> (street, city, state, zip)		<b>Daytime Telephone Number</b>	
<b>Mailing Address</b> (if different)		<b>Date of Birth</b>	
<b>E-mail Address</b>			
<b>State/Canadian Province Where Licensed</b>	<b>License Number</b>	<b>Expiration Date</b>	
<b>License Type:</b> <input type="checkbox"/> Regular (unlimited) <input type="checkbox"/> Telemedicine <input type="checkbox"/> Other, please specify:			
<b>Start date of provision of telemedicine healthcare to a Wisconsin patient under Wisconsin Emergency Order #2</b>			

#### ANSWER THE FOLLOWING:

1.	Do you currently hold a valid and current license issued by another state or Canada? <b>If no, you are not eligible to practice telemedicine in Wisconsin under Wisconsin Emergency Order #2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<b>If yes to Question 1,</b> 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? <b>If yes, you are not eligible to practice telemedicine in Wisconsin under Wisconsin Emergency Order #2.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I am aware that DSPS may withdraw an individual's authority to practice pursuant to Wisconsin Emergency Order #2 for good cause as determined by DSPS.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	I am aware that nothing in Wisconsin Emergency Order #2 should be construed to facilitate the practice by a credential-holder who has unmet disciplinary requirements, or whose credential has been suspended, revoked, or rescinded.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	I am aware that nothing in Wisconsin Emergency Order #2 prevents civil or criminal action against a person or entity who falsely reports required information to DSPS or practices without following the requirements of Wisconsin Emergency Order #2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	I understand that where a requirement of <a href="#">Wis. Admin. Code ch. Med 24</a> applies to physicians licensed by the Wisconsin Medical Examining Board, such requirements also extend to my telemedicine practice in Wisconsin.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	I am aware that physician telemedicine practice under Wisconsin Emergency Order #2 is permissible until 30 days after the conclusion of the public health emergency, including any extensions.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure while practicing under Wisconsin Emergency Order #2. If information I have provided in this notification form (#EO2020-6) becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information in my notification form (#EO2020-6) remains current, valid, and truthful.

# Wisconsin Department of Safety and Professional Services

## AFFIDAVIT OF PHYSICIAN PROVIDING TELEMEDICINE

I declare that I am the person referred to on this notification form (#EO2020-6) 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 notification form (#EO2020-6) may result in penalties as provided by law. I further understand that I must comply with all applicable provisions of Wisconsin Emergency Order #2.

By signing below, I am signifying that I have read the above statements (Continuing Duty of Disclosure and Affidavit of Physician Providing Telemedicine) and understand the obligation I have while providing telemedicine to Wisconsin residents under Wisconsin Emergency Order #2 should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /

**(Print and Sign Form)**

ARCHIVED