

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>

Email: dsps@wisconsin.gov

Website: <http://dsps.wi.gov>

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

INFORMATION FOR COMPLETING RECIPROCAL CREDENTIAL APPLICATION FOR SERVICE MEMBERS, FORMER SERVICE MEMBERS, AND THEIR SPOUSES

[Wis. Stat. § 440.09](#) contains provisions for the reciprocal credentialing of service members, former service members, and their spouses. Definitions include:

Service member means a member of the U.S. Armed Forces, a reserve unit of the U.S. Armed Forces, or the national guard of any state;

Former service member means a person who was discharged from the U.S. Armed Forces under conditions other than dishonorable within 4 years of the date on which the service member or the spouse of the service member applies for a reciprocal credential under this section; and

Spouse includes the spouse of a person who died while in service in the U.S. Armed Forces or in forces incorporated as part of the U.S. Armed Forces.

CREREDENTIALING REQUIREMENTS ([Wis. Stat. § 440.09\(2\)](#)):

- 1) Form 3982;
- 2) Required fee specified under [Wis. Stat. § 440.05\(2\)\(a\)](#) or veteran fee waiver for an applicant who seeks an initial reciprocal credential in Wisconsin and who is eligible for the veterans fee waiver program under [Wis. Stat. § 45.44](#) ([Wis. Stat. § 440.05\(2\)\(b\)](#));
- 3) Applicant is a service member, former service member, or the spouse of a service member or former service member, and resides in Wisconsin;
- 4) Applicant holds a license, certification, registration, or permit that was granted by a governmental authority in a jurisdiction outside this state that qualifies the applicant to perform the acts authorized under the appropriate credential granted by the department or credentialing board;
- 5) Applicant is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the applicant a license, certification, registration, or permit that qualifies the applicant to perform acts authorized under the appropriate credential granted by the department or credentialing board; and
- 6) Documentation that the applicant is a service member, former service member, or the spouse of a service member or former service member. (If unable to provide documentation, the applicant may submit an affidavit to the department or credentialing board, as appropriate, stating that the applicant is a service member, former service member, or the spouse of a service member or former service member.)

ADDITIONAL REQUIREMENTS FOR REAL ESTATE APPRAISER REQUIREMENTS (Wis. Admin. Code §§ [SPS 85.230 \(2m\)](#) and [85.230\(3\)](#))

- A. The applicant holds a license, certification, registration, or permit that was granted by a governmental authority in a jurisdiction outside this state that qualifies the applicant to perform appraisals conducted in connection with federally related transactions.
- B. The applicant is in good standing with the governmental authorities in every jurisdiction outside this state that have granted the applicant a license, certification, registration, or permit that qualifies the applicant to perform appraisals conducted in connection with federally related transactions. If an applicant, during the 5-year period immediately preceding the date of this application, has been convicted of, or plead guilty or nolo contendere to, a felony substantially related to the practice of real estate appraisal (ex., fraud, dishonesty, breach of trust, or money laundering), the applicant does not meet credentialing requirements under Wis. Stat. § 440.09, *Reciprocal credentials for service members, former service members, and their spouses*. (Applicant may submit a standard application. See Form [1749](#).)
- C. The department may request additional information to determine if an applicant is qualified for reciprocal licensure or certification. Failure by an applicant to comply with a request for additional information within 120 days from the date of the request shall void the application and require the applicant to reapply for reciprocal licensure or registration.

Additional licensure information about military benefits for eligible veterans, service members, and spouses is located on the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx>.

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DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

RECIPROCAL CREDENTIAL APPLICATION FOR SERVICE MEMBERS, FORMER SERVICE MEMBERS, AND THEIR SPOUSES

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			MI		Former / Maiden Name(s)		
Residential Address (number/street)			(city)		(state)	(zip code)		Daytime Telephone Number		
Mailing Address (if different) (#/street)			(city)		(state)	(zip code)		Date of Birth		

Check option A, B, or C below and complete additional fields, as needed. See [Wis. Stat. § 440.09\(1\)](#) for definitions.

<input type="checkbox"/>	I am a service member.
<input type="checkbox"/>	I am a former service member. (Specify discharge or separation and provide date below.) <input type="checkbox"/> I was discharged from service. (Provide date of discharge.) <input type="checkbox"/> I was separated from service. (Provide date of separation.) Date of discharge or separation: ___ / ___ / _____
<input type="checkbox"/>	I am the spouse of a military service member or a former military service member. <input type="checkbox"/> Military spouse is a service member. <input type="checkbox"/> Military spouse is a former service member. (Specify discharge, separation, or death and provide date below.) <input type="checkbox"/> Military spouse was discharged from service. (Provide date of discharge.) <input type="checkbox"/> Military spouse was separated from service. (Provide date of separation.) <input type="checkbox"/> Military spouse died while in service in the U.S. Armed Forces (USAF) or forces as part of USAF. (Provide date.) Date of military spouse's service discharge, service separation, or death: ___ / ___ / _____

Social Security Number ____ - ____ - _____	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form 1051. The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other
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Have you ever been licensed in Wisconsin? Yes No If yes, list your profession and credential number.

Profession	Credential Number
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Email Address

APPLICATION FEES:

REFER TO APPENDIX AND PROVIDE INFORMATION FOR PROFESSION FOR WHICH YOU ARE APPLYING:
 PROFESSION _____ REGISTRATION CODE _____

CHECK ONE BOX BELOW:

I have attached the required fee as listed on the APPENDIX.
 FEE: \$ _____

I am seeking a Wisconsin Veteran Fee Waiver.
 (For Initial Credential Fee only, see page 2 for further information.)

I am seeking a fee reduction (Attach [Form 3217](#).)

I have previously used a Wisconsin Veteran Fee Waiver and am requesting a fee reduction under [Wis. Stat. § 45.44 \(3m\)](#) for an additional initial credential.

For Receiving Use Only

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #3982**) and appropriate fee **or** WDVA voucher code number;
- Letters from all State Boards where licensed, active, and inactive;
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

Are you a veteran? If yes, please view the DSPS website at <https://dspd.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for benefit information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dspd.wi.gov> and select the "PROFESSIONS" tab, then the hyperlink for your profession.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING JURISDICTION(S). (Include all active and inactive states.)

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For each credential listed above, you are required to have each jurisdiction outside of Wisconsin submit a letter of verification to the Wisconsin Department of Safety and Professional Services (DSPA). The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action, an investigation, or complaint pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

REAL ESTATE APPRAISERS MUST ANSWER THIS ADDITIONAL QUESTION (Wis. Admin. Code § [SPS 85.230\(2m\)\(e\)](#))
 During the 5-year period immediately preceding the date of this application have you been convicted of, or plead guilty or nolo contendere to, a felony substantially related to the practice of real estate appraisal (ex., fraud, dishonesty, breach of trust, or money laundering)?
 Yes No **If yes, the applicant does not meet credentialing requirements under Wis. Stat. § 440.09, *Reciprocal credentials for service members, former service members, and their spouses.* (Applicant may submit a standard application. See Form [1749](#).)**

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.

Wisconsin Department of Safety and Professional Services

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I 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 and that my duty of disclosure during the application process exists until licensure is granted or denied.

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 or for renewal or reinstatement of 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, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____
(If unable to provide a digital signature print and sign form.)

Date: ___ / ___ / _____

Wisconsin Department of Safety and Professional Services

Profession (Registration Code)	Fee
Audiologist (156)	\$60
Designer of Engineering Systems (7)	\$55
Accountant, Certified Public (1)	\$43
Acupuncture (55)	\$55
Adv Practice Nurse Prescriber (33)	\$57
Aesthetician (86)	\$11
Anesthesiology Assistant (17)	\$60
Architect (5)	\$55
Art Therapist (36)	\$51
Athletic Agent (97)	\$38
Athletic Trainer (39)	\$60
Auctioneer (52)	\$47
Barber (182)	\$55
Behavior Analyst (140)	\$59
Cemetery Preneed Seller (101)	\$60
Cemetery Salesperson (96)	\$60
Chiropractic Radiological Tech (113)	\$53
Chiropractic Tech (114)	\$53
Chiropractor (12)	\$60
Clinical Substance Abuse Counselor (132)	\$60
Clinical Supervisor-In-Training (133)	\$60
Cosmetologist (82)	\$11
Dance Therapist (37)	\$51
Dental Hygienist (16)	\$60
Dentist (15)	\$60
Dentist-Faculty (875)	\$59
Dietician (29)	\$60
Electrologist (84)	\$11
Engineer, Prof (6)	\$55
Expanded Function Dental Auxiliary (116)	\$30
Funeral Director (77)	\$60
Genetic Counselor (61)	\$60
Geologist, Prof (13)	\$56
Hearing Instrument Specialist (60)	\$60
Home Inspector (106)	\$51
Hydrologist, Prof (111)	\$56
Independent Clinical Supervisor (135)	\$60
Interior Designer (109)	\$59
Intermediate Clinical Supervisor (134)	\$60
Juvenile Martial Arts Instructor (118)	\$59
Land Surveyor, Prof (8)	\$55
Landscape Architect (14)	\$55
Licensed Midwife (49)	\$59
Licensed Practical Nurse (31)	\$57
Limited X-Ray Machine Operator (144)	\$54
Manicurist (85)	\$11
Marriage and Family Therapist (124)	\$60
Marriage and Family Therapist Training Lic (228)	\$60
Massage Therapy and Bodywork Therapy (146)	\$60
Music Therapist (38)	\$51
Nurse Midwife (32)	\$57

Profession (Registration Code)	Fee
Nursing Home Administrator (65)	\$60
Occupational Therapist (26)	\$60
Occupational Therapist Assistant (27)	\$60
Optometrist (35)	\$60
Perfusionist (18)	\$60
Pharmacy Technician (41)	\$30
Pharmacist (40)	\$60
Physical Therapist (24)	\$56
Physical Therapist Assistant (19)	\$56
Physician (DO) (21)	\$60
Physician (DO) (Compact) (321)	\$60
Physician (MD) (20)	\$60
Physician (MD) (Compact) (320)	\$60
Physician Assistant (23)	\$60
Physician, Administrative (DO) (221)	\$60
Physician, Administrative (MD) (220)	\$60
Podiatrist (25)	\$60
Prevention Specialist (137)	\$60
Prevention Specialist-In-Training (136)	\$60
Private Detective (63)	\$ 8
Private Security Person (108)	\$27
Prof Counselor (125)	\$60
Prof Counselor Training License (226)	\$60
Psychologist (57)	\$60
Radiographer, Licensed (142)	\$54
Real Estate Appraiser, Certified General (10)	\$16
Real Estate Appraiser, Certified Residential (9)	\$16
Real Estate Appraiser, Licensed (4)	\$16
Real Estate Broker (90)	\$60
Real Estate Salesperson (94)	\$60
Registered Nurse (30)	\$57
Registered Sanitarian (197)	\$51
Respiratory Care Practitioner (28)	\$60
Sign Lang Interpreter-Adv Deaf (160)	\$60
Sign Lang Interpreter-Adv Hearing (158)	\$60
Sign Lang Interpreter-Intermediate Deaf (159)	\$60
Sign Lang Interpreter-Intermediate Hearing (157)	\$60
Social Work Training Certificate (127)	\$10
Social Worker (120)	\$60
Social Worker, Adv Practice (121)	\$60
Social Worker, Independent (122)	\$60
Social Worker, Licensed Clinical (123)	\$60
Soil Scientist, Prof (112)	\$56
Speech-Language Pathologist (154)	\$60
Substance Abuse Counselor (131)	\$60
Substance Abuse Counselor-In-Training (130)	\$60