

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705

E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

ADVANCED PRACTICE NURSE PRESCRIBER

Additional requirements for renewal:

You must complete the back of the renewal coupon and the following, malpractice insurance and national certification requirements, for Advanced Practice Nurse Prescriber renewal.

MALPRACTICE INSURANCE

- I have personal liability coverage in the amounts specified in Wis. Stat. § [655.23\(4\)](#). The expiration date for the policy is _____ (date must be later than 9/30/2022).
- I have coverage under a group liability policy providing individual coverage in the amounts specified in Wis. Stat. §. [655.23\(4\)](#) and will only prescribe within the limits of the policy's coverage or obtain personal liability coverage for independent prescribing outside of the scope of the group coverage.
- I practice as an employee of this state or a governmental subdivision as defined in Wis. Stat. § [180.0103](#) and will prescribe within the employment policies.

NATIONAL CERTIFICATION

Expiration date for national certification or Continuous Competence Assessment (CCA) Cycle is:
_____ (date must be later than 9/30/2022).

Credential Holder Name (please print)

Wisconsin APNP License/Credential Number

Credential Holder Signature (If unable to provide a digital signature, please print and sign form.)

MAKING A FALSE STATEMENT IN CONNECTION WITH ANY APPLICATION FOR CREDENTIAL IS GROUNDS FOR REVOCATION OR DENIAL.