

Phone: 608-266-2112 Web: http://dsps.wi.gov Email: dsps@wisconsin.gov

Tony Evers, Governor Dawn B. Crim, Secretary

VIRTUAL/TELECONFERENCE SIGN LANGUAGE INTERPRETERS ADVISORY COMMITTEE

Virtual, 4822 Madison Yards Way, Madison Contact: Adam Barr (608) 266-2112 May 7, 2021

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee.

AGENDA

9:00 A.M.

OPEN SESSION - CALL TO ORDER - ROLL CALL

- A. Adoption of Agenda (1-2)
- B. Approval of Minutes of February 5, 2021 (3-6)
- C. Introductions, Announcements & Recognition
 - 1) Andrew Altmann, Deaf/Hard of Hearing Member 5/1/2023
 - 2) Recognition of Zoua Cha DSPS Secretary Designee
- **D.** Reminders: Conflicts of Interest, Scheduling Concerns
- E. Administrative Matters Discussion and Consideration
 - 1) Department, Staff and Committee Updates
 - 2) Committee Members Term Expiration Dates
- F. Administrative Rule Matters Discussion and Consideration (7)
 - 1) Consultation on Draft Rule Revisions to the Sign Language Interpreters Rule Chapters Necessitated by 2019 Wisconsin Act 17 (8-15)
 - 2) General Overview of Rulemaking Process (16)
 - 3) Pending and Possible Rulemaking Projects
- G. Education and Examination Matters Discussion and Consideration
 - 1) Testing Availability Update
- H. Role of the Committee Discussion and Consideration
 - 1) Complaint Process
 - 2) Credentialing Process *Additional Materials* (19)
- I. Credentialing Matters Discussion and Consideration
 - 1) Credentialing Statistics (17-18)
 - 2) Interpreter Identification Card Mock-Ups *Added by Addendum* (20-24)

3) 2021-2023 Licensure Fee and Credential Schedule *Added by Addendum* (25-30)

J. COVID-19 – Discussion and Consideration

- K. Discussion and Consideration of Items Added After Preparation of Agenda
 - 1) Introductions, Announcements and Recognition
 - 2) Administrative Matters
 - 3) Election of Officers
 - 4) Education and Examination Matters
 - 5) Credentialing Matters
 - 6) Practice Matters
 - 7) Administrative Rule Matters
 - 8) Informational Items
 - 9) Division of Legal Services and Compliance (DLSC) Matters
 - 10) Appearances from Requests Received or Renewed
 - 11) Speaking Engagements, Travel, or Public Relation Requests and Reports

L. Public Comments

ADJOURNMENT

NEXT MEETING: AUGUST 6, 2021

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

VIRTUAL/TELECONFERENCE SIGN LANGUAGE INTERPRETERS ADVISORY COMMITTEE MEETING MINUTES FEBRUARY 5, 2021

PRESENT: Zoua Cha, Pamela Sue Conine, Leslie DeMeyer, Katy Schmidt, Cailin Yorot

EXCUSED: Lindalu Fox-Wheeler

STAFF: Carl Hampton, Administrator-Division of Policy Development; Adam Barr, Executive

Director; Jameson Whitney, Legal Counsel; Jon Derenne, Legal Counsel; Kassandra Walbrun, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other

Department staff

CALL TO ORDER

Katy Schmidt, Chairperson, called the meeting to order at 9:02 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF AGENDA

MOTION: Cailin Yorot moved, seconded by Leslie DeMeyer, to adopt the Agenda as

published. Motion carried unanimously.

APPROVAL OF MINUTES OF DECEMBER 18, 2020

Amendments to the Minutes:

- Under SLIAC Role in Complaint and Exemption Process, amend the first motion to read as follows:
 - MOTION: Leslie DeMeyer moved, seconded by Cailin Yorot, to propose to the Division of Legal Services and Compliance that they utilize one Deaf case Advisor and one hearing Case Advisor per disciplinary matter, and that the Department consult with one deaf committee member and one hearing committee member per credentialing matter or exemption matter. Motion carried unanimously.

MOTION: Pamela Sue Conine moved, seconded by Cailin Yorot, to approve the Minutes of December 18, 2020 as amended. Motion carried unanimously.

ADMINISTRATIVE UPDATES

Election of Officers

Chairperson

NOMINATION: Pamela Sue Conine nominated Katy Schmidt for the Office of Chairperson. Katy Schmidt accepted the nomination.

Carl Hampton, Administrator, called for nominations three (3) times.

Katy Schmidt was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Katy Schmidt nominated Pamela Sue Conine for the Office of Vice Chairperson. Pamela Sue Conine accepted the nomination.

Carl Hampton, Administrator, called for nominations three (3) times.

Pamela Sue Conine was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Leslie DeMeyer nominated Cailin Yorot for the Office of Secretary. Cailin Yorot

declined the nomination.

NOMINATION: Katy Schmidt nominated Leslie DeMeyer for the Office of Secretary. Leslie

DeMeyer accepted the nomination.

Carl Hampton, Administrator, called for nominations three (3) times.

Leslie DeMeyer was elected as Secretary by unanimous voice vote.

| ELECTIO | N RESULTS |
|------------------|-------------------|
| Chairperson | Katy Schmidt |
| Vice Chairperson | Pamela Sue Conine |
| Secretary | Leslie DeMeyer |

Appointment of Liaisons

| LIAISON APPO | INTMENTS |
|---|---|
| Administrative Rules Liaison | Leslie DeMeyer Alternate: Cailin Yorot |
| Education, Continuing Education and/or Examinations Liaison | Pamela Sue Conine Alternate: Lindalu Fox-Wheeler |
| Credentialing Liaison | Cailin Yorot Alternate: Pamela Sue Conine |

Delegation of Authorities

Administrative Rules Delegation

MOTION: Pamela Sue Conine moved, seconded by Leslie DeMeyer, to delegate the

Committee's advisory authority to the Rules Liaison to advise the Department on all rulemaking as related to drafting and making recommendations to the full

Committee. Motion carried unanimously.

Education, Continuing Education and Examinations Liaison Delegation

MOTION: Leslie DeMeyer moved, seconded by Pamela Sue Conine, to delegate the

Committee's advisory authority to the Education, Continuing Education and/or

Examination Liaison to advise the Department on all questions related to

education, continuing education, and examinations. Motion carried unanimously.

Credentialing Delegation

MOTION: Cailin Yorot moved, seconded by Pamela Sue Conine, to delegate the

Committee's advisory authority to the Credentialing Liaison to serve as a liaison between DSPS and the Committee and to advise the Department in regard to credentialing applications or questions presented to them. Motion carried

unanimously.

Committee Members – Term Expiration Dates

MOTION: Cailin Yorot moved, seconded by Zoua Cha, to acknowledge Committee Member

term expiration dates. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

Consultation on Amendments to the Sign Language Interpreters Rule Chapters Necessitated by 2019 Wisconsin Act 17

SPS 201 – Unprofessional Conduct

MOTION: Pamela Sue Conine moved, seconded by Leslie DeMeyer, to recommend that the

Department revise the text for ch. SPS 201 as discussed at this meeting. Motion

carried.

Roll Call Vote: Zoua Cha-yes; Pamela Sue Conine-yes; Leslie DeMeyer-yes; Katy Schmidt- abstained; and Cailin Yorot-no.

SPS 203 – Licensure Applications

MOTION: Cailin Yorot moved, seconded by Pamela Sue Conine, to recommend that the

Department revise ch. SPS 203 as discussed at this meeting. Motion carried

unanimously.

SPS 204 – Identification Cards

MOTION: Cailin Yorot moved, seconded by Zoua Cha, to recommend that the department

revise ch. SPS 204 as discussed at this meeting. The committee also recommends that the identification card include all of the statutorily required components, and recommend that the department revise ch. SPS 204 and the committee will review

changes to legal settings as necessary. Motion carried unanimously.

SPS 205 – Scope of Practice

MOTION: Cailin Yorot moved, seconded by Leslie DeMeyer, to accept RID definition of

Legal Setting. Motion carried unanimously.

ADJOURNMENT

MOTION: Leslie DeMeyer moved, seconded by Cailin Yorot, to adjourn the meeting.

Motion carried unanimously.

The meeting adjourned at 3:53 p.m.

AGENDA REQUEST FORM

| 1) Name and title of person submitting the request: 2) Date when request submitted: | | | | | | | | | | | | |
|--|--|------------------|-------------------------------|---|--|--|--|--|--|--|--|--|
| Kassandra Walbrun | | | | 04/14/2021 | | | | | | | | |
| Administrative Rules C | | | | Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting | | | | | | | | |
| 3) Name of Board, Com | mittee, Coun | ncil, Sections: | | | | | | | | | | |
| Sign Language Interp | | | | | | | | | | | | |
| 4) Meeting Date: | 5) Attachm | nents: | 6) How : | should the item be titled on the agenda page? | | | | | | | | |
| 05/07/2021 | Yes No | | Admin | istrative Rule Matters – Discussion and Consideration | | | | | | | | |
| | | | Interpre Wiscon 2) Gene | sultation on draft Rule Revisions to the Sign Language eters Rule Chapters SPS 201-205 Necessitated by 2019 asin Act 17 eral Overview of Rule making Process | | | | | | | | |
| | | | 3) Pend | ding or Possible Rule Projects | | | | | | | | |
| 7) Place Item in: 8) Is an appearance before the Board being scheduled? (If yes, please complete Appearance Request for Non-DSPS Staff) Yes No | | | | | | | | | | | | |
| 10) Describe the issue and action that should be addressed: | | | | | | | | | | | | |
| 1) Discussion/consulta | tion on secti | ions of SPS code | es 201-20 | D5(draft rule pdfs.) | | | | | | | | |
| 2) Overview of the rule | emaking pro | cess, per Counc | il's reque | est. (flowchart pdf) | | | | | | | | |
| 11) Authorization Kassandra Walbr | un | | | 4/14/2021 | | | | | | | | |
| Signature of person ma | | quest | | Date | | | | | | | | |
| Supervisor (if required) | Supervisor (if required) Date | | | | | | | | | | | |
| Executive Director signs | Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date | | | | | | | | | | | |
| This form should be at Post Agenda Deadline | Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. | | | | | | | | | | | |

DRAFT Chapter SPS 201 Unprofessional Conduct

SPS 201.01 Unprofessional conduct is prohibited. Unprofessional conduct includes any of the following:

- (1) Conduct in the practice of sign language interpretation which evidences a lack of knowledge or ability to apply professional principles or skills.
- (2) Failing to notify the department in writing within 30 days of any certification, verification, or membership required for licensure being revoked, suspended, expired, or invalidated. This may include certification, verification, or membership by or in National Association of the Deaf, Registry of Interpreters for the Deaf, Inc., Wisconsin Interpreting and Transliterating Assessment, Board for Evaluation of Interpreters, or any other certification determined to be substantially similar to certification by the National Association of the Deaf or Registry of Interpreters for the Deaf, Inc. by the department.
- (3) <u>Subject to reasonable accommodations for those with disabilities</u>, <u>Failing failing to notify the department in writing by mail within 48 hours if convicted of a crime as required under SPS 4.09 (2) within 30 days of being convicted of any crime.</u>

Note: Required notice under this section should be mailed to the Department of Safety and Professional Services, P.O. Box 8935, Madison, WI 53708.

- (4) Violating the terms of any disciplinary order of the department.
- (5) Disclosing any aspect of a confidential communication facilitated by the DSPS-licensed interpreter unless one of the following conditions apply:
- (a) All parties to the confidential communication consent to the disclosure.
- (b) A court determines that the disclosure is necessary for the proper administration of justice.
- (c) Disclosure is necessary to comply with state or federal mandatory reporting requirements.
- (6) Failing to convey the content of communications accurately, using language most readily understood by consumers, accounting for their requests or needs regarding language preferences, and correcting errors discreetly and expeditiously.
- (7) Failing to facilitate communication in a way that allows for meaningful and equitable access to communication that will support the full interaction and independence of consumers.
- (8) Discriminating in the provision of services on the basis of the race, color, national origin, gender, religion, age, disability, or sexual orientation of any party to an interpreting situation.
- (9) Providing services when not competent to do so due to physical, mental, or emotional incapacity.
- (10) Providing services while the DSPS-licensed interpreter's ability to provide such services is impaired by alcohol or other drugs.
- (11) Providing services which are inconsistent with the DSPS-licensed interpreter's skill levels or for which the DSPS-licensed interpreter is not qualified to perform services given the language used, communication mode and setting, or consumer needs.
- (12) Failing to monitor the accuracy of the message, and correct such message as necessary, while functioning as a team member.

- (13) Failing to request deaf interpreters, when necessary to fully convey the message or to address exceptional communication challenges such as may arise from cognitive disabilities, emerging or limited language proficiency, lack of formal instruction or language, or the use of foreign sign language.
- (14) Failing to obtain the consent of all parties to an interpreting situation before allowing an intern to observe or participate in an assignment.
- (15) Performing services in situations that involve an actual or perceived conflict of interest unless there is disclosure to all participants and agreement to proceed regardless of the conflict of interest or perceived conflict of interest. DSPS-licensed interpreters may not proceed to perform services if the party for whom the services are being provided may not have the mental capacity to appreciate the actual or perceived conflict of interest.
- (16) Performing services in a medical, mental health treatment, or legal setting for a minor family member or person under the interpreter's legal guardianship, if there is an existing conflict of interest or if it would create a conflict of interest under sub. (15).
- (17) Performing services for an individual when the DSPS-licensed interpreter is the legal guardian for the individual.
- (1817) Assuming dual or conflicting roles in interdisciplinary settings.
- (1918) Using confidential interpreted information for personal, monetary, or professional gain or for the benefit of professional affiliations or entities.
- (2019) Acting as an advocate while functioning as a DSPS-licensed interpreter or as an interpreting team member.
- (2120) Being convicted of any state or federal crime which substantially relates to the practice of sign language interpreting, subject to ss. 111.321, 111.322, and 111.335, Stats.
- (2221) Failing to maintain ethical business practices whether in private practice or as an employee of an agency or other entity.
- (2322) Failing to accurately represent the DSPS-licensed interpreter's qualifications, such as certification, education, and experience, failing to provide documentation of the DSPS-licensed interpreter's qualifications when requested, or failing to ensure that the DSPS-licensed interpreter's qualifications are accurately represented by any agencies or entities that contract for or schedule the DSPS-licensed interpreter's services.
- (2423) Engaging in any harassing, intimidating, or coercive business tactics.
- (2524) Failing to comply with continuing education requirements as mandated for its members by the Registry of Interpreters for the Deaf, Inc., the National Association of the Deaf, or their successors, or any other certifying organization that the department determines to be substantially equivalent to the Registry of Interpreters for the Deaf, Inc., the National Association of the Deaf, or their successors.
- (25) Failing to maintain a professional demeanor when working with consumers, colleagues, interns, or students.

- (26) Failing to honor professional commitments or terminating assignments, unless fair and justifiable grounds exist.
- (27) Failing to inform appropriate parties in a timely manner when delayed or unable to fulfill assignments.



Chapter SPS 205 Scope of Practice Restrictions

SPS 205.01 **Definitions.** In this chapter:

- (1) "Acute mental health crisis" means any situation in which a person's behavior puts them at risk of hurting themselves or others or prevents them from being able to care for themselves or to function effectively in the community.
- (2) "Medical setting" means any interpretation situation involving the diagnosis, treatment, or prevention of illness or injury, not including treatments that are considered mental health treatments under sub. (3).
- (3) "Mental health treatment setting" means an interpretation situation involving any of the following settings or situations:
 - (a) Psychiatric, psychological, or neuropsychological evaluations.
 - (b) Mental health or substance use assessments or screenings.
 - (c) Court ordered mental health, behavioral health, or substance use disorder treatments.
 - (d) State and county facilities that house individuals with mental illness, mental health, or substance use disorder diagnoses.
 - (e) Legal settings involving mental health, behavioral health, or substance use disorder concerns.
 - (f) An acute mental health crisis.
 - (g) Evaluation, diagnosis, or treatment of minors or those under guardianship relating to mental health, behavioral health, and substance use disorder concerns.
- (4) "Legal setting" means any interpretation situation involving consultation with an attorney, <u>law</u> enforcement related setting, or during any immigration related proceedings, for the purposes of obtaining legal advice, any interpretation situation involving a negotiation or meeting in which one of the parties is represented by an attorney, or any interpretation situation taking place <u>within a law enforcement setting</u>, immigration proceeding or courts of the State of Wisconsin.
- (5) "Team interpreting" means the practice of using two or more interpreters who work together to provide interpretation for an individual with limited English proficiency, either due to a speech impairment, hearing loss, deafness, deaf-blindness, or other disability, so that the individual can adequately hear, understand, or communicate effectively in English.
- **SPS 205.02 Provision of services in a medical setting.** Only persons who meet one of the following criteria may provide sign language interpretation services in a medical setting:
- (1) Holds a sign language interpreter intermediate hearing license under s. SPS 203.01 and is team interpreting with a person who is licensed either as a sign language interpreter advanced hearing license under s. SPS 203.02 or licensed as a sign language interpreter advanced deaf license under s. SPS 203.03.
- (2) Holds a sign language interpreter advanced hearing license under s. SPS 203.02.
- (3) Holds a sign language interpreter intermediate deaf license under s. SPS 203.03.
- (4) Holds a sign language interpreter advanced deaf license under s. SPS 203.04.

(not authorized by statutes until September 2023)

SPS 205.03 Provision of services in a mental health treatment setting. Only persons who hold the qualified equivalency from the Alabama Department of Deaf Services, within the previous 5 years may provide sign language interpretation services in a mental health treatment setting. Persons who do not hold the qualified equivalency must meet the following criteria to provide sign language interpretation services in mental health treatment setting:

- (1) Are recognized by the department as a Qualified Mental Health Interpreter (QMHI) and
- (2) Holds either a sign language interpreter advanced hearing license under s. SPS 203.02, or a sign language interpreter advanced deaf license under s. SPS 203.04 and
- (3) Submits the following documentation to the department for completing a minimum of 40 clock hours within the previous two year license cycle, in approved training including:
 - (a) Mentoring and supervision skills.
 - 1. Interpreting methods and appropriate use of simultaneous, consecutive, and narrative interpreting.
 - 2. Knowledge of the difference between interpreting and communication assistance or language intervention.
 - 3. Identifying care providers, identifying mental health disciplines, and familiarity with milieus and settings.
 - 4. The role of an interpreter as a professional consultant.
 - 5. Professional boundaries.
 - 6. Confidentiality and privilege, including abuse reporting, the duty to warn, and protections specific to Wisconsin statute.
 - (b) Mental health knowledge.
 - 1. Mental health issues and treatment options in Wisconsin.
 - 2. Specialized vocabulary used in psychiatric settings in both the source and the target languages.
 - 3. Psychopathologies, including knowledge of the names of the major mental illnesses treated in both the target and source languages.
 - 4. Symptomology of major mental illnesses experienced by the patients as presented within the psycholinguistic context of the target language group.
 - 5. Assessment methods and understanding of the impact of interpretation when doing an assessment.
 - 6. Etiology and its impact on mental health, hearing loss, and language.
 - (c) Cultural competency.

- 1. Treatment approaches.
- 2. Impact of cultural influences on assessment and treatment.
- 3. Inpatient settings and the various staff that will be working in those settings and how interpreting and cultural differences can influence therapeutic relationships in those settings.
- 4. Outpatient settings, self-help and support groups and the specialized vocabulary used in those groups.
- 5. Influence of interpreting and cultural differences on therapeutic relationships in both inpatient and outpatient settings.
- 6. Cultural views of mental illness, mental health, behavioral health, and substance abuse specific to the populations the interpreter works with.
- 7. Constructs of deafness and hearing loss relative to majority/minority cultures and pathological models.
- 8. Sociological impact of cross-cultural mental health service provision and the impact of an interpreter on the therapeutic dyad.
- 9. The impact of stereotypes on mental health service delivery.
- (d) Substance use disorders.
 - 1. Specialized vocabulary used in substance use disorder treatment in both the source and the target languages.
 - 2. Substance use disorder theory and issues involving substance use disorder.
 - 3. Assessment methods and treatment approaches.
- (e) Issues involving developmental disability and any additional disabilities and the role culture and language plays in providing services to people with developmental disabilities or additional disabilities.
- (f) Practice competencies.
 - 1. Personal safety issues, including an understanding of at-risk conduct and personal boundaries as it applies to mental health interpreting work and an awareness of de-escalation techniques and universal precautions.
 - 2. Assessing communication effectiveness
 - 3. Matching the interpreting method with the client and the setting.
 - 4. The impact of emotionally charged language.
 - 5. Unusual or changed word or sign selection.
 - 6. Linguistic dysfluency or marked changes in linguistic fluency within a psycholinguistic context.
 - 7. Conveying information without alteration, emotional language without escalation, and ambiguous or emotionless language.

- 8. Isolating peculiar features of eccentric or dysfluent language use.
- 9. Reading client case documentation and recording appropriate documentation of linguistic significance.
- 10. Personal mental health issues and maintaining the personal mental health of the interpreter.
- 11. The impact of personal issues on the interpreting process.
- 12. Awareness of countertransference in the interpreter and familiarity with transference to the clinician or to the interpreter.
- (4) Submits documentation to the department indicating that the individual has completed a 40 clock hour supervised practicum within one year meeting all the following requirements:
 - (a) The practicum site must be primarily clinical in nature.
 - (b) The site is approved by the practicum supervisor.
 - (c) The work must be direct interpreting and may not be social in nature.
 - (d) The practicum must involve both in-patient and out-patient practice.
- (5) Submits documentation to the department indicating that the individual has passed an examination approved by the department on the topics covered in sub. (2) of this section.

SPS 205.04 Maintenance of qualified mental health interpreter status.

An individual recognized as a qualified mental health interpreter by the department must submit documentation indicating completion of one of the following requirements to the department as part of the application for renewal of the individual's sign language interpreter – advanced deaf license issued under s. SPS 203.03 or sign language interpreter – advanced hearing license under s. SPS 203.02:

- (1) At least 40 clock hours of actual interpretation work in a mental health or substance abuse setting annually. This requirement includes 20 clock hours of actual interpreting and 20 clock hours of health-related training.
- (2) Attending 40 clock hours of mental health related training annually.
- (3) Any combination of the above equaling 80 hours during the two-year license cycle.

SPS 205.05 Qualified mental health interpreter practicum supervisor qualifications.

Practicum supervisors must be approved by the department with the advice of the committee, and may include any of the following individuals:

- (1) An interpreter who is currently recognized by the department as a qualified mental health interpreter.
- (2) An interpreter who has 3 years of experience as an interpreter.

(3) An individual who has completed the Alabama Office of Deaf Services qualified mental health interpreter supervisory training program.

SPS 205.04 Provision of services in a legal setting.

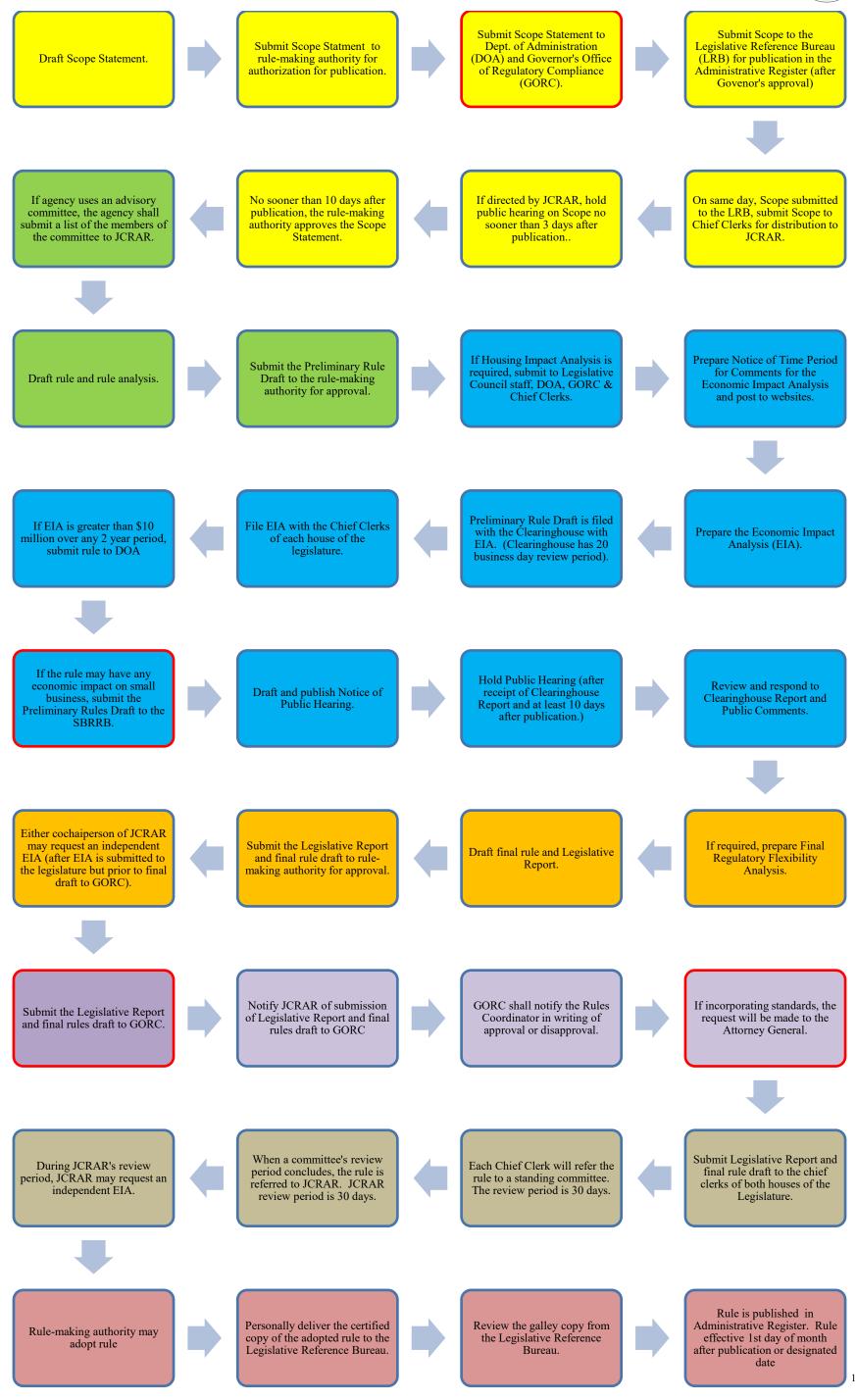
Only persons who meet both of the following criteria may provide sign language interpretation services in a legal setting:

- (1) Holds a license under either ss. 440.032 (3) (d), (e), or (f), Stats.
- (2) Is authorized by the supreme court to act as a qualified interpreter in court proceedings under s. 885.38 (2), Stats.



DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES PERMANENT RULE PROMULGATION FLOWCHART





¹ A scope expires 30 months after the date on which it is published in the register. After it expires, an agency may not submit a proposed rule based upon that scope to the legislature for review and any rule that has not been submitted to the legislature for review before that date shall be considered withdrawn.

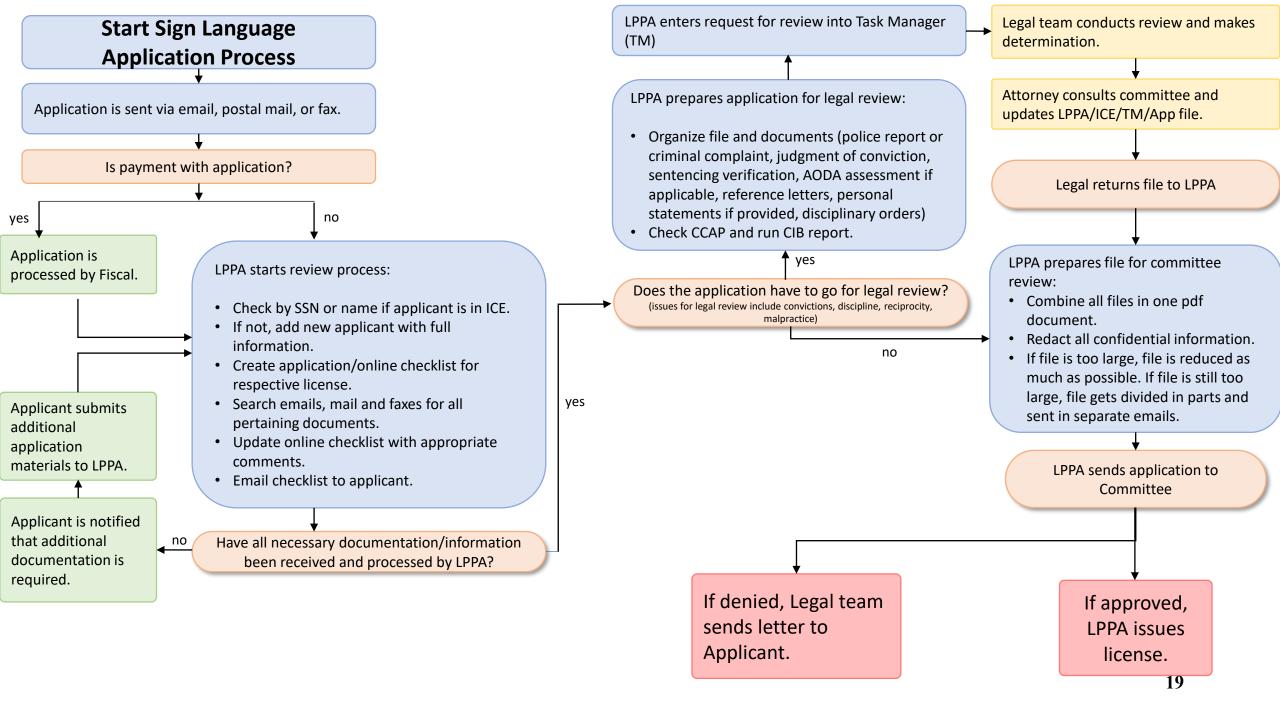
AGENDA REQUEST FORM

| 1) Nan | Name and title of person submitting the request: 2) Date when request submitted: | | | | | | | | | | | | | | | | | | | |
|---------|---|-------------|----------------|------------------|--------------------|----------|-------------|--------------|---------------------|------------|------------|---------------------|--------|-----------|--------|---------|---------------|-------|--|--|
| Adam | Barr, Exec | utive Di | rector or | n behalf o | of Saman | tha | | 4/26 | J/26/21 | | | | | | | | | | | |
| Lange | , DSPS Cre | edentiali | ng Supe | rvisor | | | • | | | | | d late if s days | | | | | n. on the dea | dline | | |
| 3) Nan | ne of Boar | d, Comm | nittee, Co | uncil, Se | ections: | | <u>.</u> | | | | | | | | | | | | | |
| Sign L | anguage I | nterprete | ers Advi | sory Com | nmittee | | | | | | | | | | | | | | | |
| 4) Mee | eting Date: | | 5) Attac | hments: | | 6) | How s | houl | d the i | tem b | e title | d on t | ne age | enda p | age? | | | | | |
| 5/7/21 | | | ☐ Ye | - | | Cr | edent | ialing | Statis | tics | | | | | | | | | | |
| 7) Plac | ce Item in: | | ⊠ N | | appeara | nce h | efore | the B | oard | heina | | 9) Nam | e of (| ase A | Adviso | or(s) | if required: | | | |
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| 10) De | scribe the | issue ar | nd action | that sho | ould be a | dres | sed: | | | | | | | | | | | | | |
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| | | | | <u>C</u> R | REDEN | TIAI | LS IS | SSU | ED E | <u> </u> | <u>O</u> N | <u>TH</u> | | | | | | | | |
| | | | | | FRO | M: 1/ | /1/202 | 1 TC |): 3/3 ² | 1/2021 | | | | | | | | | | |
| PROF | ESSION NAM | ΙE | | YEAR | JAN F | EB | MAR | APR | MAY | JUN | JUL | AUG | SEP | ОСТ | NOV | DEC | YR TOTALS | 1 | | |
| | ign Language Interpreter - Advanced 2021 3 2 11 0 0 0 0 0 0 0 0 0 16 learing(158) | | | | | | | | | | | | | | | | | | | |
| | anguage Interpotion(161) | reter - Tem | nporary | 2021 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | |
| | | ru | ın:4/26/2021 2 | 57:14 PM repor | rt:CredentialsIs | suedByM | fonth url:h | ttp://DBW | MAD0P38 | 867:80/Rep | ortServ | er user:AC(| COUNTS | angesjdxo | ; | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

| 11) | Authorization | |
|-------------------------------------|---------------------------------------|--|
| Adam Barr | | 4/30/21 |
| Signature of person making t | his request | Date |
| | | |
| Supervisor (if required) | | Date |
| | | |
| Executive Director signature | (indicates approval to add post agend | a deadline item to agenda) Date |
| | | |
| Directions for including supp | orting documents: | |
| • | hed to any documents submitted to the | agenda. |
| 2. Post Agenda Deadline iten | ns must be authorized by a Supervisor | and the Policy Development Executive Director. |

3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a

meeting.



AGENDA REQUEST FORM

| 1) Name and title of pers | 1) Name and title of person submitting the request: 2) Date when request submitted: | | | | | | | | | |
|--|--|-----------------------------------|-------------|-------------------------|--|--|--|--|--|--|
| Adam Barr, Executive D | irector or | n behalf of Melinda | Boyle- | 5/4/21 | | | | | | |
| Prior | | | • | | red late if submitted after 12:00 p.m. on the deadline | | | | | |
| 2) Name of Board Com | :44 C- | ail Caatiana. | | date which is 8 busin | ess days before the meeting | | | | | |
| 3) Name of Board, Com | - | • | | | | | | | | |
| Sign Language Interpre | | | | | | | | | | |
| 4) Meeting Date: | 5) Attac | chments: | 6) How | should the item be ti | tled on the agenda page? | | | | | |
| 5/7/21 | ⊠ Ye | es | Interpre | eter Identification Car | d Mockups | | | | | |
| | ☐ No | | | | | | | | | |
| 7) Place Item in: | | 8) Is an appearan | | • | 9) Name of Case Advisor(s), if required: | | | | | |
| | | scheduled? (If ye Appearance Requ | | | | | | | | |
| ☐ Closed Session | | | uest ioi iv | on-Dar a stati) | | | | | | |
| | | ☐ Yes | | | | | | | | |
| | | ⊠ No | | | | | | | | |
| 10) Describe the issue a | ınd actior | n that should be add | dressed: | | | | | | | |
| | e an oppo | ortunity to provide f | eedback | on the identification | card mockups that have been developed for | | | | | |
| SPS 204. | | | | | | | | | | |
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| 11) | | , | Authoriza | tion | | | | | | |
| Adam Ba | r | | | | 5/4/21 | | | | | |
| Signature of person ma | king this | request | | | Date | | | | | |
| 3 p | 3 | - 1 | | | | | | | | |
| Supervisor (if required) | | | | | Date | | | | | |
| Supervisor (il requireu) | | | | | Date | | | | | |
| | | | | | | | | | | |
| Executive Director sign | ature (ind | licates approval to | add post | agenda deadline iten | n to agenda) Date | | | | | |
| | | | | | | | | | | |
| Directions for including | cupporti | na documente: | | | | | | | | |
| Directions for including 1. This form should be | | | submitted | d to the agenda. | | | | | | |
| | | | | | y Development Executive Director. | | | | | |
| | | | | | e to the Bureau Assistant prior to the start of a | | | | | |
| meeting. | | | | | | | | | | |

The State of Wisconsin NO. 000 - 159 Department of Safety and Professional Services

Hereby certifies that

FIRST LAST NAME

was granted a license to practice as a

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

in the State of Wisconsin in accordance with Wisconsin Law on the 22nd day of February in the year 2019. The authority granted herein must be renewed each biennium by the granting authority. In witness thereof, the State of Wisconsin Department of Safety and Professional Services has caused this certificate to be issued under the seal of the Department of Safety and Professional Services

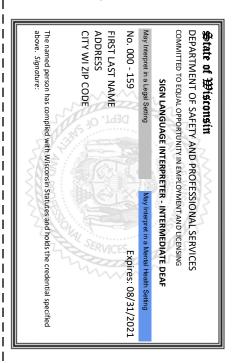


May Interpret in a Legal Setting

May Interpret in a Mental Health Setting

HIS IS YOUR POCKET IDENTIFICATION CARD NOT VALID UNLESS SIGNED.

FOLD HERE



FIRST LAST NAME **ADDRESS** CITY WI ZIP CODE

This certificate was printed on the 15th day of April in the year 2021

State of Wisconsin DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

No. 000-159

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Expires: 8/31/2021

May Interpret in a Legal Setting

May Interpret in a Mental Health Setting

FIRST LAST NAME ADDRESS CITY WI ZIP CODE UNITED STATES The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified.

Signature:

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Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dsps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT

SIGN LANGUAGE INTERPRETER - ADVANCED DEAF

No. 000-160

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Expires: 8/31/2021

May Interpret in a Legal Setting

May Interpret in a Mental Health Setting

FIRST LAST NAME ADDRESS CITY WI ZIP CODE UNITED STATES The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES

COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

May Interpret in a Legal Setting No. 000-159 Expires: 8/31/2021

FIRST LAST NAME **ADDRESS** CITY WI ZIP CODE **UNITED STATES**

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

Expires: 8/31/2021

No. 000-159

FIRST LAST NAME **ADDRESS** CITY WI ZIP CODE UNITED STATES

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

No. 000-159 Expires: 8/31/2021

FIRST LAST NAME **ADDRESS** CITY WI ZIP CODE

UNITED STATES

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State of Wisconsin

DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES COMMITTED TO EQUAL OPPORTUNITY IN EMPLOYMENT AND LICENSING

SIGN LANGUAGE INTERPRETER - INTERMEDIATE DEAF

May Interpret in a Legal Setting ntal Health Setting No. 000-159 Expires: 8/31/2021

FIRST LAST NAME **ADDRESS** CITY WI ZIP CODE UNITED STATES

The person whose name appears on this document has complied with the provisions of the Wisconsin Statutes and holds the credential specified on the front of this card. To verify the current status of this credential, use "Lookup a License" at dsps.wi.gov.

The named person has complied with Wisconsin Statutes and holds the credential specified. Signature:

Ch 440.11, Wis Statutes, requires you to notify the Department of a name or address change within 30 days. Please submit corrected information via the web at dsps.wi.gov or by mail to DSPS at PO Box 8935, Madison WI 53708-8935.

AGENDA REQUEST FORM

|) Name and Title of Person Submitting the Request: 2) Date When Request Submitted: | | | | | | | | | | |
|--|-------------------------|---|--|--|--|--|--|--|--|--|
| Kimberly Wood, Program Assistant Supervisor-Adv. on behalf | 3/30/2021 | | | | | | | | | |
| of Adam Barr, Executive Director | | red late if submitted after 12:00 p.m. on the deadline less days before the meeting | | | | | | | | |
| 3) Name of Board, Committee, Council, Sections: | | | | | | | | | | |
| All Boards, Sections and Councils | | | | | | | | | | |
| 4) Meeting Date: 5) Attachments: 6) How | should the item be ti | tled on the agenda page? | | | | | | | | |
| | 023 Licensure Fee and | Credential Schedule | | | | | | | | |
| □ No | | | | | | | | | | |
| 7) Place Item in: 8) Is an appearance befor | e the Board being | 9) Name of Case Advisor(s), if required: | | | | | | | | |
| | | N/A | | | | | | | | |
| Closed Session Yes | | | | | | | | | | |
| □ No | | | | | | | | | | |
| 10) Describe the issue and action that should be addressed: | | | | | | | | | | |
| Please review the attached occupational licensure fee report whi | ch outlines new licensu | ure and renewal fees effective as of 7/1/2021. | | | | | | | | |
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| 11) Authoriz: | ntia n | | | | | | | | | |
| , | ation | , , | | | | | | | | |
| Kimberly Wood | | 3/30/2021 | | | | | | | | |
| Signature of person making this request | | Date | | | | | | | | |
| | | | | | | | | | | |
| Supervisor (if required) | | Date | | | | | | | | |
| | | | | | | | | | | |
| Executive Director signature (indicates approval to add post | agenda deadline iten | n to agenda) Date | | | | | | | | |
| | | | | | | | | | | |
| Directions for including supporting documents: | | | | | | | | | | |
| 1. This form should be attached to any documents submitte | | v Development Eventing Director | | | | | | | | |
| . Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a | | | | | | | | | | |

| | | | | | | | | | 7 | 21-23 | | | | | |
|---------------------------|----------------|--------------------------------|-----|----------|-----|----------|------------|----------|------------|---------|-----|----------|-----|---------|--|
| | | | C | urrent | (| Current | | 21-23 | Re | enewal | | Initial | R | enewal | |
| Board Project Code | Project | Project Name | Ini | tial_Fee | Ren | ewal_Fee | lni | tial Fee | | Fee | Fee | e_Change | Fee | _Change | Fee Set/Limited by Statute or Rule |
| 16500P1ACBD000 | 16500P1ACBD001 | Accountant CPA | \$ | 43.00 | \$ | 43.00 | \$ | 43.00 | \$ | 43.00 | \$ | - | \$ | - | |
| 16500P1ACBD000 | 16500P1ACBD003 | Accounting Firm | \$ | 43.00 | • | 43.00 | \$ | 43.00 | \$ | 43.00 | \$ | - | \$ | - | |
| 16500P1ADLD000 | 16500P1ADLD055 | Acupuncturist | \$ | 75.00 | \$ | 75.00 | \$ | 55.00 | \$ | 55.00 | \$ | (20.00) | \$ | (20.00) | |
| 16500P1AESD000 | 16500P1ARCD005 | Architect | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1AESD000 | 16500P1ARCD011 | Architectural or Engineer Corp | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1AESD000 | 16500P1DSND007 | Designer Engineering Systems | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1AESD000 | 16500P1ENGD006 | Engineer Professional | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1AESD000 | 16500P1ENGD500 | Engineer Training | \$ | 68.00 | \$ | - | \$ | 55.00 | \$ | - | \$ | (13.00) | \$ | - | |
| 16500P1AESD000 | 16500P1LSAD014 | Landscape Architect | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1AESD000 | 16500P1LSRD008 | Land Surveyor Professional | \$ | 68.00 | \$ | 68.00 | \$ | 55.00 | \$ | 55.00 | \$ | (13.00) | \$ | (13.00) | |
| 16500P1APPD000 | 16500P1APPD004 | Appraiser Licensed | \$ | 16.00 | • | 16.00 | \$ | 16.00 | \$ | 16.00 | \$ | - | \$ | - | |
| 16500P1APPD000 | 16500P1APPD009 | Appraiser Residential Cert | \$ | 16.00 | \$ | 16.00 | \$ | 16.00 | \$ | 16.00 | \$ | - | \$ | - | |
| 16500P1APPD000 | 16500P1APPD010 | Appraiser General Cert | \$ | 16.00 | \$ | 16.00 | \$ | 16.00 | \$ | 16.00 | \$ | - | \$ | - | |
| 16500P1APPD000 | 16500P1APPD900 | Appraisal Management Company | ر خ | 1,000.00 | \$ | 2,000.00 | ĊΛ | ,000.00 | ל ז | ,000.00 | Ļ | _ | \$ | | Maximum fee Set by Wis. Stat. 458.33 (2) (b) - |
| 10300P1APPD000 | 10500P1APPD900 | Appraisal Management Company | ې د | +,000.00 | Ş | 2,000.00 | Ş 4 | ,000.00 | ب ک | ,000.00 | \$ | - | ۶ | - | currently at the maximum |
| 16500P1ATHD000 | 16500P1ATHD097 | Athletic Agent | \$ | 38.00 | \$ | 38.00 | \$ | 38.00 | \$ | 38.00 | \$ | - | \$ | - | |
| 16500P1AUBD000 | 16500P1AUBD052 | Auctioneer | \$ | 47.00 | \$ | 47.00 | \$ | 47.00 | \$ | 47.00 | \$ | - | \$ | - | |
| 16500P1AUBD000 | 16500P1AUBD053 | Auction Company | \$ | 47.00 | \$ | 47.00 | \$ | 47.00 | \$ | 47.00 | \$ | - | \$ | - | |
| 16500P1BRBD000 | 16500P1BRBD180 | Barber Establishment | \$ | 63.00 | \$ | 63.00 | \$ | 60.00 | \$ | 60.00 | \$ | (3.00) | \$ | (3.00) | |
| 16500P1BRBD000 | 16500P1BRBD182 | Barber | \$ | 63.00 | • | 63.00 | \$ | 60.00 | | 60.00 | \$ | (3.00) | | (3.00) | |
| 16500P1BRBD000 | 16500P1BRBD183 | Barber Instructor | \$ | 63.00 | \$ | 63.00 | \$ | 60.00 | \$ | 60.00 | \$ | (3.00) | | (3.00) | |
| 16500P1BRBD000 | 16500P1BRBD187 | Barber School | \$ | 63.00 | • | 63.00 | \$ | 60.00 | | 60.00 | \$ | (3.00) | | (3.00) | |
| 16500P1BRBD000 | 16500P1BRBD601 | Barber Apprentice | \$ | 10.00 | | - | \$ | 10.00 | \$ | | \$ | - | \$ | - | |
| 16500P1BXMA000 | 16500P1BXMA263 | Boxing Contestant | \$ | 40.00 | | | \$ | 40.00 | \$ | | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA264 | Boxing Contest Professional | \$ | 300.00 | | 300.00 | \$ | 300.00 | | 300.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA265 | Second | \$ | 40.00 | | 40.00 | _ | 40.00 | | 40.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA266 | Boxing Promoter Professional | \$ | 500.00 | | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA267 | Mix Martial Arts Judge | \$ | 15.00 | | 15.00 | \$ | 15.00 | | 15.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA268 | Mix Martial Arts Referee | \$ | 15.00 | | 15.00 | \$ | 15.00 | \$ | 15.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA270 | Matchmaker | \$ | 10.00 | | 10.00 | \$ | 10.00 | \$ | 10.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA271 | Physician Ringside | \$ | 10.00 | | 10.00 | \$ | 10.00 | | 10.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA272 | Timekeeper | \$ | 10.00 | | 10.00 | | 10.00 | | 10.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA274 | Boxing Judge | \$ | 15.00 | | 15.00 | | 15.00 | | 15.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA275 | Boxing Referee | \$ | 15.00 | | 15.00 | \$ | 15.00 | | 15.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA276 | Mix Martial Arts Amateur Conte | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA277 | Mix Martial Arts Contestant Pr | \$ | 40.00 | • | 40.00 | \$ | 40.00 | \$ | 40.00 | | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA278 | Mix Martial Arts Prof Club | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |

Page 1 of 5 26

| | | | | | | 21-23 | | | | | | | | | |
|--------------------|----------------|--------------------------------|-----|----------|-----|----------|-----|----------|----|--------|-----|---------|----|---------|------------------------------------|
| | | | c | urrent | (| Current | 2 | 21-23 | R | enewal | | Initial | R | enewal | |
| Board Project Code | Project | Project Name | lni | tial_Fee | Rer | ewal_Fee | Ini | tial Fee | | Fee | Fee | _Change | | _Change | Fee Set/Limited by Statute or Rule |
| 16500P1BXMA000 | 16500P1BXMA279 | Mix Martial Arts Contest Prof | \$ | 300.00 | \$ | 300.00 | \$ | 300.00 | \$ | 300.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA280 | Mix Martial Arts Promoter Prof | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA281 | Unarmed Combat Promoter | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | 500.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA282 | Unarmed Combat Contest | \$ | 300.00 | \$ | 300.00 | \$ | 300.00 | \$ | 300.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA283 | Kickboxing Contestant Amateur | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA284 | Kickboxing Contestant Prof | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA285 | Muay Thai Contestant Amateur | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | 40.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA287 | Kickboxing Judge | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA288 | Muay Thai Judge | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA289 | Kickboxing Referee | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1BXMA000 | 16500P1BXMA290 | Muay Thai Referee | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | 15.00 | \$ | - | \$ | - | Fee set by Wis. Stat. Ch. 444 |
| 16500P1CACD000 | 16500P1CACD098 | Crematory Authority | \$ | 75.00 | \$ | 75.00 | \$ | 53.00 | \$ | 53.00 | \$ | (22.00) | \$ | (22.00) | |
| 16500P1CEMD000 | 16500P1CEMD095 | Cemetery Authority Licensed | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1CEMD000 | 16500P1CEMD096 | Cemetery Salesperson | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1CEMD000 | 16500P1CEMD101 | Cemetery Preneed Seller | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1CEMD000 | 16500P1CEMD102 | Cemetery Authority Religious | \$ | 75.00 | | - | \$ | 60.00 | \$ | - | \$ | (15.00) | \$ | - | |
| 16500P1CEMD000 | 16500P1CEMD195 | Cemetery Authority Registered | \$ | 10.00 | | 10.00 | | | \$ | 10.00 | | - | \$ | - | |
| 16500P1CHID000 | 16500P1CHID012 | Chiropractor | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1CHID000 | 16500P1CHID113 | Chiropractic Radiological Tech | \$ | 53.00 | \$ | 53.00 | \$ | 53.00 | \$ | 53.00 | | - | \$ | - | |
| 16500P1CHID000 | 16500P1CHID114 | Chiropractic Tech | \$ | 53.00 | \$ | 53.00 | \$ | 53.00 | \$ | 53.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD069 | Aesthetics Establishment | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD070 | Electrology Establishment | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD071 | Manicuring Establishment | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD072 | Aesthetics Instructor | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD073 | Electrology Instructor | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD074 | Manicuring Instructor | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD080 | Cosmetology Establishment | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD082 | Cosmetologist | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD083 | Cosmetology Instructor | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD084 | Electrologist | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD085 | Manicurist | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD086 | Aesthetician | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD087 | Cosmetology School | \$ | 11.00 | | 11.00 | | | \$ | 11.00 | | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD088 | Electrology School | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD089 | Manicuring School | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | 11.00 | \$ | - | \$ | - | |
| 16500P1COSD000 | 16500P1COSD600 | Cosmetology Apprentice | \$ | 10.00 | \$ | - | \$ | 10.00 | \$ | - | \$ | - | \$ | - | |
| 16500P1DEND000 | 16500P1DEND015 | Dentist | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00) | |

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| | | | | | | | | | 2 | 21-23 | | | | | |
|---------------------------|----------------|--------------------------------|-------|---------|-----|----------|-------|---------|-------|---------|-----|---------|------|---------|--|
| | | | Cu | ırrent | (| Current | 2 | 1-23 | Re | enewal | | Initial | Re | newal | |
| Board Project Code | Project | Project Name | Initi | ial_Fee | Ren | ewal_Fee | Init | ial Fee | | Fee | Fee | _Change | Fee_ | _Change | Fee Set/Limited by Statute or Rule |
| 16500P1DEND000 | 16500P1DEND016 | Dental Hygienist | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00) | |
| 16500P1DEND000 | 16500P1DEND115 | Dentistry Mobile Progr Registr | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00) | |
| 16500P1DSPS000 | 16500P1DSPS049 | DSPS Licensed Midwife | \$ | 59.00 | \$ | 59.00 | \$ | 59.00 | \$ | 59.00 | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS064 | DSPS Firearms Certifier | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS109 | DSPS WI Regis Interior Design | \$ | 59.00 | \$ | | \$ | 59.00 | \$ | 59.00 | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS118 | Juvenile Martial Arts Instruct | \$ | | \$ | 59.00 | \$ | 59.00 | \$ | | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS140 | DSPS Behavior Analyst | \$ | 59.00 | \$ | 59.00 | \$ | 59.00 | \$ | 59.00 | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS184 | DSPS Transportation Network Co | 1 | 000.00 | \$ | 5,000.00 | \$ 5, | 000.00 | \$ 5, | ,000.00 | \$ | - | \$ | - | Maximum fee Set by Wis. Stat. 440.415 - currently at the maximum |
| 16500P1DSPS000 | 16500P1DSPS850 | DSPS Temp Educ Training Permit | \$ | 10.00 | | - | \$ | | \$ | - | \$ | - | \$ | - | |
| 16500P1DSPS000 | 16500P1DSPS876 | DSPS Special License | \$ | 59.00 | | - | \$ | 59.00 | | | \$ | - | \$ | - | |
| 16500P1FDRD000 | 16500P1FDRD075 | Funeral Dir Excl Embalm | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | | \$ | (15.00) | | (15.00) | |
| 16500P1FDRD000 | 16500P1FDRD076 | Funeral Dir Good Standing | \$ | 75.00 | \$ | 75.00 | | | \$ | 60.00 | | (15.00) | | (15.00) | |
| 16500P1FDRD000 | 16500P1FDRD077 | Funeral Director | \$ | | | 75.00 | | 60.00 | | 60.00 | | (15.00) | | (15.00) | |
| 16500P1FDRD000 | 16500P1FDRD078 | Funeral Establishment | \$ | 75.00 | | 75.00 | | 60.00 | | 60.00 | | (15.00) | | (15.00) | |
| 16500P1FDRD000 | 16500P1FDRD107 | Agent Burial Agreements | \$ | 75.00 | | - | \$ | | \$ | | \$ | (15.00) | | - | |
| 16500P1FDRD000 | 16500P1FDRD700 | Funeral Dir Apprentice | \$ | 10.00 | | 10.00 | | | \$ | 10.00 | | - | \$ | - | |
| 16500P1GHSD000 | 16500P1GEOD013 | Geologist Professional | \$ | | \$ | 56.00 | | 56.00 | \$ | 56.00 | | - | \$ | - | |
| 16500P1GHSD000 | 16500P1GEOD201 | Geology Firm | \$ | 56.00 | \$ | 56.00 | \$ | 56.00 | \$ | 56.00 | | - | \$ | - | |
| 16500P1GHSD000 | 16500P1HYDD111 | Hydrologist Professional | \$ | | | 56.00 | | | | 56.00 | _ | - | \$ | - | |
| 16500P1GHSD000 | 16500P1HYDD202 | Hydrology Firm | \$ | 56.00 | \$ | 56.00 | | 56.00 | \$ | | \$ | - | \$ | - | |
| 16500P1GHSD000 | 16500P1SSCD112 | Soil Scientist Professional | \$ | 56.00 | \$ | 56.00 | | 56.00 | \$ | | \$ | - | \$ | - | |
| 16500P1GHSD000 | 16500P1SSCD203 | Soil Scientist Firm | \$ | 56.00 | | 56.00 | | | \$ | 56.00 | | - | \$ | - | |
| 16500P1HADD000 | 16500P1HADD060 | Hearing Instrument Spec | \$ | 75.00 | | 75.00 | | | \$ | 60.00 | | (15.00) | | (15.00) | |
| 16500P1HADD000 | 16500P1HADD154 | Speech Language Pathologist | \$ | | \$ | 75.00 | | | \$ | 60.00 | | (15.00) | | (15.00) | |
| 16500P1HADD000 | 16500P1HADD156 | Audiologist | \$ | 75.00 | | 75.00 | | 60.00 | | 60.00 | | (15.00) | | (15.00) | |
| 16500P1MADD000 | 16500P1MADD036 | Art Therapist | \$ | 68.00 | | 68.00 | | 51.00 | | 51.00 | • | (17.00) | | (17.00) | |
| 16500P1MADD000 | | Dance Therapist | \$ | 68.00 | | 68.00 | | 51.00 | \$ | 51.00 | | (17.00) | | (17.00) | |
| 16500P1MADD000 | 16500P1MADD038 | Music Therapist | \$ | 68.00 | | 68.00 | | 51.00 | \$ | 51.00 | | (17.00) | | (17.00) | |
| 16500P1MEDD000 | 16500P1ANSD017 | Anesthesiology Assist | \$ | 75.00 | | 75.00 | | | \$ | 60.00 | | (15.00) | | (15.00) | |
| 16500P1MEDD000 | 16500P1ATBD039 | Athletic Trainer | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | | (15.00) | | (15.00) | |
| 16500P1MEDD000 | 16500P1DABD029 | Dietician Certified | \$ | 75.00 | | 75.00 | | 60.00 | | 60.00 | | (15.00) | | (15.00) | |
| 16500P1MEDD000 | 16500P1DSPS851 | DSPS Resident Educ License | \$ | 10.00 | | - | \$ | 10.00 | | - | \$ | - | \$ | - | |
| 16500P1MEDD000 | 16500P1DSPS875 | DSPS Special Permit | \$ | 75.00 | | - | \$ | | \$ | - | \$ | (15.00) | | - | |
| 16500P1MEDD000 | 16500P1HMOP048 | Home Med Oxygen Provider | \$ | 59.00 | | 59.00 | | 59.00 | | 59.00 | | - | \$ | - | |
| 16500P1MEDD000 | 16500P1MEDD020 | Medicine Surgery MD | \$ | 75.00 | | 75.00 | | | \$ | | \$ | (15.00) | • | (15.00) | |
| 16500P1MEDD000 | 16500P1MEDD021 | Medicine Surgery DO | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |

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| | 21-23 | | | | | | | | | | | | | | |
|--------------------|----------------|-------------------------------|------|---------|-------|---------|------|---------|----|--------|------|---------|-------|---------|------------------------------------|
| | | | Cı | ırrent | Cu | rrent | 2 | 1-23 | Re | enewal | lr | nitial | Ren | ewal | |
| Board Project Code | Project | Project Name | Init | ial_Fee | Renev | wal_Fee | Init | ial Fee | | Fee | Fee_ | _Change | Fee_0 | Change | Fee Set/Limited by Statute or Rule |
| 16500P1MEDD000 | 16500P1MEDD220 | Administrative Physician MD | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 |) |
| 16500P1MEDD000 | 16500P1MEDD221 | Administrative Physician DO | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1MEDD320 | Medicine Surgery MD Compact | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1MEDD321 | Medicine Surgery DO Compact | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1MTBD146 | Massage Therapy Bodyworker | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 |) |
| 16500P1MEDD000 | 16500P1OTBD026 | Occupational Therapist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1OTBD027 | Occupational Therapist Assist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1PHAD023 | Physician Assistant | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MEDD000 | 16500P1PODD025 | Podiatrist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1MEDD000 | 16500P1PRFD018 | Perfusionist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1MEDD000 | 16500P1RSPD028 | Respiratory Care Practitioner | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1MFTD000 | 16500P1CPCD125 | Counselor Professional Licen | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1CPCD226 | Counselor Professional Trn | \$ | 62.00 | \$ | - | \$ | 60.00 | \$ | - | \$ | (2.00) | \$ | - | |
| 16500P1MFTD000 | 16500P1MFTD124 | Marriage Family Therapist | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1MFTD228 | Marriage Family Therapist Trn | \$ | 62.00 | \$ | - | \$ | 60.00 | \$ | - | \$ | (2.00) | \$ | - | |
| 16500P1MFTD000 | 16500P1SOCD120 | Social Worker | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1SOCD121 | Social Worker Adv Practice | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1SOCD122 | Social Worker Independent | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1SOCD123 | Social Worker Lic Clinical | \$ | 62.00 | \$ | 62.00 | \$ | 60.00 | \$ | 60.00 | \$ | (2.00) | \$ | (2.00 | |
| 16500P1MFTD000 | 16500P1SOCD127 | Social Worker Training | \$ | 62.00 | \$ | - | \$ | 60.00 | \$ | - | \$ | (2.00) | \$ | - | |
| 16500P1NHAD000 | 16500P1NHAD065 | Nursing Home Administrator | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1NURD000 | 16500P1NURD030 | Nurse Registered | \$ | 73.00 | \$ | 73.00 | \$ | 57.00 | \$ | 57.00 | \$ | (16.00) | \$ | (16.00 | |
| 16500P1NURD000 | 16500P1NURD031 | Nurse Licensed Practical | \$ | 73.00 | \$ | 73.00 | \$ | 57.00 | \$ | 57.00 | \$ | (16.00) | \$ | (16.00 | |
| 16500P1NURD000 | 16500P1NURD032 | Nurse Midwife | \$ | 73.00 | \$ | 73.00 | \$ | 57.00 | \$ | 57.00 | \$ | (16.00) | \$ | (16.00 | |
| 16500P1NURD000 | 16500P1NURD033 | Nurse Adv Practice Prescriber | \$ | 73.00 | \$ | 73.00 | \$ | 57.00 | \$ | 57.00 | \$ | (16.00) | \$ | (16.00 | |
| 16500P1OPTD000 | 16500P1OPTD035 | Optometrist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00 | |
| 16500P1PDET000 | 16500P1PDET062 | Private Detective Agency | \$ | 8.00 | \$ | 8.00 | \$ | 8.00 | \$ | 8.00 | \$ | - | \$ | - | |
| 16500P1PDET000 | 16500P1PDET063 | Private Detective | \$ | 8.00 | \$ | 8.00 | \$ | 8.00 | \$ | 8.00 | \$ | - | \$ | - | |
| 16500P1PHMD000 | 16500P1PHMD040 | Pharmacist | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00 | |
| 16500P1PHMD000 | 16500P1PHMD042 | Pharmacy In State | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00 | |
| 16500P1PHMD000 | 16500P1PHMD043 | Pharmacy Out of State | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00 | |
| 16500P1PHMD000 | 16500P1PHMD044 | Drug Device Manufacturer | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00 | |
| 16500P1PHMD000 | 16500P1PHMD045 | Wholesale Distrib Presc Drugs | \$ | 74.00 | \$ | 74.00 | \$ | 60.00 | \$ | 60.00 | \$ | (14.00) | \$ | (14.00 | |
| 16500P1PHTD000 | 16500P1PHTD019 | Physical Therapist Assistant | \$ | 68.00 | \$ | 68.00 | \$ | 56.00 | \$ | 56.00 | \$ | (12.00) | \$ | (12.00 | |
| 16500P1PHTD000 | 16500P1PHTD024 | Physical Therapist | \$ | 68.00 | \$ | 68.00 | \$ | 56.00 | \$ | 56.00 | \$ | (12.00) | \$ | (12.00 | |
| 16500P1PSEC000 | 16500P1PSEC108 | Private Security Person | \$ | 27.00 | \$ | 27.00 | \$ | 27.00 | \$ | 27.00 | \$ | - | \$ | - | |
| 16500P1PSYD000 | 16500P1PSYD057 | Psychologist | \$ | 66.00 | \$ | 66.00 | \$ | 60.00 | \$ | 60.00 | \$ | (6.00) | \$ | (6.00 | |

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| | | | | | | | | | : | 21-23 | | | | | |
|---------------------------|----------------|--------------------------------|------|----------|-----|----------|------|---------|----|--------|-----|---------|------|---------|--|
| | | | C | urrent | C | Current | 2 | 21-23 | Re | enewal | 1 | Initial | Re | newal | |
| Board Project Code | Project | Project Name | Init | tial_Fee | Ren | ewal_Fee | Init | ial Fee | | Fee | Fee | _Change | Fee_ | Change | Fee Set/Limited by Statute or Rule |
| 16500P1PSYD000 | 16500P1PSYD058 | School Psychologist Priv Prac | \$ | 66.00 | \$ | 66.00 | \$ | 60.00 | \$ | 60.00 | \$ | (6.00) | \$ | (6.00) | |
| 16500P1RADD000 | 16500P1RADD142 | Radiographer Licensed | \$ | 65.00 | \$ | 65.00 | \$ | 54.00 | \$ | 54.00 | \$ | (11.00) | \$ | (11.00) | |
| 16500P1RADD000 | 16500P1RADD144 | Ltd Xray Machine Oper Permit | \$ | 65.00 | \$ | 65.00 | \$ | 54.00 | \$ | 54.00 | \$ | (11.00) | \$ | (11.00) | |
| 16500P1REBD000 | 16500P1REBD090 | Real Estate Broker | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1REBD000 | 16500P1REBD091 | Real Estate Business Entity | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1REBD000 | 16500P1REBD093 | Timeshare Salesperson | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1REBD000 | 16500P1REBD094 | Real Estate Salesperson | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1RHID000 | 16500P1RHID106 | Home Inspector | \$ | 51.00 | \$ | 51.00 | \$ | 51.00 | \$ | 51.00 | \$ | - | \$ | - | |
| 16500P1SAAC000 | 16500P1SAAC130 | Subst Abuse Counselor Training | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC131 | Subst Abuse Counselor | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC132 | Subst Abuse Counselor Clinical | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC133 | Subst Abuse Clin Sup Training | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC134 | Subst Abuse Intermed Clin Sup | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC135 | Subst Abuse Indep Clin Sup | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC136 | Subst Abuse Prev Specialist Tr | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAAC000 | 16500P1SAAC137 | Subst Abuse Prevent Specialist | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SAND000 | 16500P1SAND197 | Sanitarians Registered | \$ | 75.00 | \$ | 75.00 | \$ | 51.00 | \$ | 51.00 | \$ | (24.00) | \$ | (24.00) | |
| 16500P1SLID000 | 16500P1SLID150 | Sign Language Interp | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1SLID000 | 16500P1SLID151 | Sign Lanugage Interpr Restric | \$ | 75.00 | \$ | 75.00 | \$ | 60.00 | \$ | 60.00 | \$ | (15.00) | \$ | (15.00) | |
| 16500P1TANE000 | 16500P1TANE401 | Tanning Establishments | \$ | 10.00 | \$ | 10.00 | \$ | 10.00 | \$ | 10.00 | \$ | - | \$ | - | |
| 16500P1TBAP000 | 16500P1TBAP402 | Tattoo Body Art Piercing Estab | \$ | 135.00 | \$ | 220.00 | \$ | 135.00 | \$ | 220.00 | \$ | - | \$ | - | Set by Wis. Admin. Code SPS 221.05 - \$135 for tattoo OR body art establishment; \$220 for tattoo AND body art establishment |
| 16500P1TBAP000 | 16500P1TBAP403 | Tattoo Body Art Piercing Pract | \$ | 60.00 | \$ | 60.00 | \$ | 60.00 | \$ | 60.00 | \$ | - | \$ | - | |
| 16500P1TBAP000 | 16500P1TBAP404 | Body Piercing | \$ | 60.00 | \$ | 60.00 | \$ | 60.00 | \$ | 60.00 | \$ | - | \$ | - | |

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