Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX: (608) 251-3036
Phone #: (6080 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-mail: dsps@wisconsin.gov
Website: http://dsps.wi.gov

HEALTH CARE FACILITY NOTIFICATION OF TEMPORARY PROVIDER PRACTICE

Interstate Reciprocity - Pursuant to **State of Wisconsin Emergency Order #16**, in response to the COVID-19 pandemic, a health care facility may utilize the practice of a health care provider with a valid and current unencumbered license issued in another state without the health care provider first obtaining a temporary or permanent license from DSPS. Please see the Order and the DSPS website (dsps.wi.gov) for further information. **Email completed form to dsps@wisconsin.gov.**

Name of Health Care Facility:

Address of Health Care Facility (Street, City, State, Zip Code)**:**

HEALTH CARE PROVIDER INFORMATION (Attach additional sheets in the same format if necessary.)

Name (Last, First, MI)	Profession (*List specialty, if applicable.*)	Other State Where Currently Licensed	Other State License Number	Start Date at Facility (mm/dd/yyyy)

ATTESTATIONS – By signing below I attest to the following:

1) The practice of each health care provider listed is necessary to ensure the continued and safe delivery of health care services at this health care facility.
2) This health care facility is hereby notifying DSPS within five (5) days of each listed out-of-state health care provider practicing at this facility.
3) The health care facility's needs reasonably prevented in-state credentialing in advance of practice.
4) Each health care provider listed holds a valid and current license in another state and will be practicing within the scope of that license.
5) To the best of my knowledge and with a reasonable degree of certainty, each listed health care provider is not currently under investigation and does not currently have any restrictions or limitations placed on his or her license by the credentialing state or any other jurisdiction.
6) I acknowledge that each health care provider practicing under Section I(B) of the above Order must apply for a temporary or permanent health care license within ten (10) days of first working at this health care facility.

Printed Name	Title	Signature	Date
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Committed to Equal Opportunity in Employment and Licensing