

Reciprocity License Application Instructions

EMS personnel licensed or trained in another state may be eligible for licensure in Wisconsin. **Wisconsin requires current National Registry certification for licensure for all license levels.** Eligible applicants without current National Registry certification will need to pass the National Registry assessment examination. A letter of authorization for entry to the exam will be sent to you upon proof of eligibility. Documentation and materials needed to determine license eligibility are outlined below for each license level. Electronic applications are submitted through the [E-Licensing](#) system. You will need to create an account in the [E-Licensing](#) system to apply for your Wisconsin EMS Certification/License. For more information, please go to the [Wisconsin E Licensing](#) page. You can also go to the [Wisconsin Reciprocity](#) page for additional information.

All materials will be reviewed and applicants will be notified of eligibility via email thru the system. Please take the time to review this information as it contains important instructions and will help answer any of your questions and guide you through the process

All WI EMS Reciprocity License Levels

- Complete a Reciprocity License application in [E-Licensing](#)
- Complete the Verification of Out-Of-State Licensure (available in [E-Licensing](#)), print and submit to the state EMS office(s) that you hold or have held an EMS license.
- Submit a copy of the Certificate of Completion for an approved [Terrorism Awareness course](#) only if you have not completed this course previously.
- An administrative fee of \$50 must be submitted with any reciprocity application effective 01/01/2011

If you do not currently hold NREMT;

- Complete the Verification of Out-Of-State Education form (available in [E-Licensing](#))
- Complete the Verification of Out-Of-State Licensure (available in [E-Licensing](#)), print and submit to the state EMS office(s) that you hold or have held an EMS license.
- Submit a copy of the Certificate of Completion for an approved [Terrorism Awareness course](#) only if you have not completed this course previously.
- An administrative fee of \$50 must be submitted with any reciprocity application submitted after 01/01/2011
- A copy of the Certificate of Completion for your most recent refresher course

Administrative Fees

We are working on the credit card payment system within E-licensing to collect administrative fees. An administrative fee of \$50 must be submitted with any reciprocity application. Until the credit card payment system is operational all fees need to be submitted via **cashiers check or money order** made out to the "Department of Health Services" and mailed to:

WI EMS Section – Licensing
1 W Wilson St, Room 372
PO Box 2659
Madison, WI 53701-2659

Once you have set up your Wisconsin [E-Licensing](#) account and have all of your documentation you are ready to apply for Wisconsin Reciprocity. You will need to log into your Wisconsin [E-Licensing](#) account. See the image below of the [E-Licensing](#) home page.



Now Available!
PUBLIC LOOK UP!
Consistent with JCAHO and NCQA standards for primary source verification.
Click [HERE](#) to be directed to the information!

Welcome to Wisconsin EMS E-Licensing!

If you hold a current EMS Provider license, you already have an E-Licensing account. Please **DO NOT** create a new account as it will not contain any of your license history and will just be deleted.

You may recover your user name and password through the "forgot password" function above. If your email address is not on file, contact the EMS Section at 608-266-1568, for account assistance.

**Administrative Fees
Effective January 1, 2011
Under Administrative Rule DHS 110**

Administrative fee of **\$75** must be submitted for any **REINSTATEMENT** application submitted between 07/01/2011 to 06/30/2012.

Administrative fee of **\$50** must be submitted with any **RECIPROCITY** application submitted after 01/01/2011.

Administrative fee of **\$25** must be submitted for all **Verification of Licensure** requested.

Administrative fee of **\$30** will be charged for all renewal notices returned due to an invalid address DHS 110.16(1)(c)

We are working on the credit card payment system within E-licensing. Until this is operational all fees will need to be submitted via cashiers check or money order made out to the "Department of Health Services" and submitted to:

WI EMS Section – Licensing
1 W Wilson St, Room 372
PO Box 2659
Madison, WI 53701-2659

User Name:

Password:

If you have never held a Wisconsin EMS Provider license and not been enrolled in a Wisconsin EMS course, you must create a new account:

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This is the page that you will log into to access the [E-Licensing](#) system. You will use the User name and password that you selected when you created your account in the [E-Licensing](#) system. If you have forgotten your password or user name, you can select the "Forgot Password" button or the "Forgot User Name" button to assist you with the recovery of your information. Once you have logged into the system for the first time, you will get a page that looks like the one shown below. This page prompts you to change your password to a permanent password that only you should know.



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Click [HERE](#) to be directed to the information!

Your password has expired. Please enter a new password that meets the minimum password requirements listed below.

[Password Requirements](#)

- * Password must be at least 7 characters long.
- * Password must contain at least 1 numeric character.
- * Password must contain a mix of upper and lower case characters.
- * Do NOT use a password that contains your user name or any part of your full name (as is, reversed, CAPS, doubled, etc.)
- * Do NOT use a word contained in English or foreign language dictionaries.
- * Do NOT use information easily obtained about you (ie employee number, child or spouse name, pet name, address, etc.)

[Reset Password](#)

Password:

Re-enter Password:

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After you change your password, you will go to your E Licensing home page (see image below).



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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Account Demographics

Name: JACK SPARROW
Social Security Number: xxx-xx-6789
Birth Date: Saturday, December 12, 1992
Gender: Male
Address: 1 WEST WILSON
ROOM 372
Madison, Wisconsin 53701
Home Phone: 608-266-1568
Email: helen.pullen@wi.gov
Alerting Delivery Method: Email
Registered: November 1, 2011 at 12:49 PM
Last Updated: November 2, 2011 at 10:53 AM

User Certification Information

State Certification Level: EMT-Basic
State Certification Issue Date: 11/01/2011
State Certification Expiration Date: 06/30/2014
CPR Expiration Date:
ACLS Expiration Date:
PALS Expiration Date:

[Edit Profile](#)

[Click here to see your current services.](#)

Current Applications

User: JACK SPARROW

License: Local Credential Agreement (Initiated on 11/02/2011)

Status: Issued

Form	Package	Requested	Completed	Actions
Local Credential Agreement (Applicant) - 2010	Local Credential (Applicant) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Operations Manager) - 2010	Local Credential (Operations) - 2010	Wed 11/2/11	Wed 11/2/11	View
Local Credential Agreement (Medical Director) - 2010	Local Credential (Medical Director) - 2010	Wed 11/2/11	Wed 11/2/11	View

User: JACK SPARROW

License: 2012-2014 Provider Renewal (Initiated on 11/01/2011)

Status: In Process

Form	Package	Requested	Completed	Actions
2012-2014 Renewal Part 1: EMS Work Force Survey	2012-2014 Provider Renewal	Tue 11/1/11	Tue 11/1/11	View
2012-2014 EMS Provider Renewal	2012-2014 Provider Renewal	Tue 11/1/11		Continue

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The next page that you will see (image below) is the account profile page. This is the page that you will use to update and of your demographic information such as address changes, updated email address, update your CPR, and any other information that you need to update for your EMS profile. Now you are ready to apply for your Reciprocity License. You will now select, "Apply for a License", as shown in the image below.



Now Available!
PUBLIC LOOK UP!

Consistent with JCAHO and NCQA standards for primary source verification.
Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Record updated successfully

Account Demographics

Name: JACK SPARROW

The next screen you will see is the Applications accepted Online page. You will need to select the Reciprocity License 8-2001 (FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) See the image shown below.

Wisconsin EMS LICENSING

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[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Information for Renewal
Completion of the workforce survey is required prior to receiving your renewal application.

Applications Accepted Online

- 06-2011 Provider Reinstatement - Close date: Jun 30, 2012
- [Basic Training Permit Application \(ONLY FOR PART OF A LICENSED EMT-BASIC SERVICE\)](#) - Close date: Jun 30, 2020
- Basic Training Permit Local Credentialing Application (MUST HAVE A TRAINING PERMIT TO USE THIS FOR AN EMT-BASIC SERVICE ONLY) - Close date: Jun 30, 2020
- EMS INSTRUCTOR I LICENSE - Close date: Jun 20, 2020
- EMS INSTRUCTOR I LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR I LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LICENSE - Close date: Jun 30, 2020
- EMS INSTRUCTOR II LOCAL CREDENTIALING AGREEMENT(MUST HAVE INSTRUCTOR II LICENSE BEFORE THIS IS COMPLETED) - Close date: Jun 30, 2020
- EMS Personnel Initial License Application - Close date: Dec 31, 2020
- Local Credential Agreement - Close date: Apr 8, 2020
- Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Out-of-State Trained Applicants Only - Verification of Out-of-State Education - PRINT and MAIL form as directed - Close date: Dec 31, 2020
- Provider Downgrade Application - Close date: Jun 30, 2020
- Provider Upgrade Application - Close date: Jun 30, 2020
- Reciprocity License 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) - Close date: Aug 26, 2012**

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After you select the Reciprocity License 8-2001 (FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) you will see the screen shown below. You will then select the “start” link. This will take you to the application.

Wisconsin EMS LICENSING

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[Apply For A License](#) | [Update Profile](#) | **[Continue Application](#)** | [Logout](#)

Note added successfully


Current Applications

User: JACK SPARROW [Remove](#)

License: Reciprocity License 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) (Initiated on 11/03/2011) **Status: In Process**

Form	Package	Requested	Completed	Actions
Reciprocity Application	Reciprocity Package	Thu 11/3/11		Start

The next four pages that you will see is the Reciprocity License 8-2001 (FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) application. **Wisconsin requires current National Registry certification for licensure for all license levels.** Eligible applicants without current National Registry certification will need to pass the National Registry assessment examination. A letter of authorization for entry to the exam will be sent to you upon proof of eligibility. You must hit the “Save and Continue” button at the bottom of each page of the application. See the four images below.



Now Available!
PUBLIC LOOK UP!

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[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Reciprocity Application

Reciprocity Application (STEP 1 OF 4)

[Reciprocity Application](#) | [Licensing Questions](#) | [Pending Felony or Misdemeanor Charges and Traffic Offenses](#) | [File Upload and Applicant Certification](#)

Reciprocity Application | Licensing Questions | Pending Felony or Misdemeanor Charges and Traffic Offenses | File Upload and Applicant Certification



This application is authorized under Chapter 256, Wis. Stats, and Chapter DHS 110, Wis. Admin. Code. Completion of the application is required for licensure as an EMS provider in the State of Wisconsin. Personally identifiable information, including your social security number, is required and used for licensure purposes only. Please complete each question.

This application should be used for the following situations:

1. Currently licensed in another state, requesting State of Wisconsin Licensure
2. Requesting State of Wisconsin Licensure based on Education received outside the State of Wisconsin.

Demographic Information - Information entered on this form will update your E-License profile!

* License Level Requested:

→ National Registry Level: ←

National Registry Certification Number:

* First Name:

Middle Name:

* Last Name:

Email:

* Address:

City:

State:

Postal Code:

Date of Birth: / /

mm/dd/yyyy

SSN: - -

Home Phone: - -

Gender:

Race:

CPR, ACLS, And PALS/PEPP Information

Those providers requesting licensure at levels from Intermediate and above MUST HAVE CURRENT ACLS AND PALS/PEPP in order to be licensed!

→ * CPR Sponsor: ←

CPR Expiration Date: /

ACLS Sponsor:

ACLS Expiration Date: /

PALS Sponsor:

PALS Expiration Date: /

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[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Reciprocity Application

Licensing Questions (STEP 2 OF 4)

[Reciprocity Application](#) | [Licensing Questions](#) | [Pending Felony or Misdemeanor Charges and Traffic Offenses](#) | [File Upload and Applicant Certification](#)

Reciprocity Application | **Licensing Questions** | Pending Felony or Misdemeanor Charges and Traffic Offenses | File Upload and Applicant Certification

Out of State Resident

* During the past 5 years, have you lived, worked, or attended school in another state for 60 days or more? Yes No

If yes, list all states and dates

Military Discharge

* Have you ever been discharged from a branch of the US armed forces including the US Coast Guard? Yes No

IF YES, Was your discharge HONORABLE? Yes No

If NOT HONORABLE, please explain:

Out of State EMS Licensure

* Have you ever been certified or licensed as an EMS Provider in any other state? Yes No

If yes, list State(s) and level(s):

If yes, you must complete a *Verification of License* form available on the E-Licensing homepage and send it to all states you have ever been certified or licensed as a First Responder or EMT.

Your application will not be processed without this information.

* Have you had any Weapons of Mass Destruction Training in your previous training? Yes No

If you have not had Weapons of Mass Destruction Training, you must receive the training by going to wi.train.org, creating an account and completing the on-line training course number 1022611. Your course completion can then be uploaded directly to your application!

Professional Licensure

* Have you ever had a professional license denied, limited, suspended or revoked in Wisconsin or in any other state? Yes No

If yes, submit a written explanation:

If yes, upload a copy of the order or stipulation.

Your application will not be processed without this information.

Edit	Name	File Name	Document Type
None			

[Add](#)

Support Payments

* Are you currently delinquent in the payment of court-ordered payments of child or family support, maintenance, birth expenses, medical expenses or other expenses related to the support of a child or former spouse? Yes No

[Save and Continue](#)

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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Reciprocity Application

Pending Felony or Misdemeanor Charges and Traffic Offenses (STEP 3 OF 4)

[Reciprocity Application](#) | [Licensing Questions](#) | [Pending Felony or Misdemeanor Charges and Traffic Offenses](#) | [File Upload and Applicant Certification](#)

Reciprocity Application | **Licensing Questions** | **Pending Felony or Misdemeanor Charges and Traffic Offenses** | **File Upload and Applicant Certification**

Pending Felony or Misdemeanor Charges and Traffic Offenses

* Do you have any pending felony or misdemeanor charges at this time? Yes No

If yes, you must add each pending charge and its current status below. For each pending charge, you must submit the following to the EMS Office by uploading the documents into your application

- (1) criminal/formal complaint [available from the clerk of courts in the county you were charged]
- (2) any other information you wish to be considered.

Your application will not be processed without this information.

Wisconsin Circuit Court Access Program (CCAP) documents from the internet and the Crime Information Bureau (CIB) report from the Department of Justice are not acceptable.

To add offense information, click ADD, enter all details then click ADD again.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

Criminal History

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form is used to determine whether a certificate/license should be granted, approved with limitations or denied. The information you provide on this form may be verified against criminal information records. Failure to provide requested information on this form will be considered a false statement on an application.

* Have you ever been convicted of a felony or misdemeanor offense(s) in Wisconsin or in any other state? Yes No

If yes, you must add each offense below and submit the following information for each conviction to the EMS Office by scanning the information into your application

- (1) criminal/formal complaint; [available from the clerk of courts in the county you were convicted]
- (2) Judgment of Conviction [available from the clerk of courts in the county you were convicted]
- (3) if currently under supervision, verification of current compliance with supervision; if supervision is complete, verification of discharge from probation/parole
- (4) verification of compliance with all terms of your court order, including chemical dependency assessment if ordered by the court.

Name of Offense	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

Pending Traffic Offenses

* Do you have any pending traffic offenses that MAY lead to the suspension, revocation or withdrawal of your driver's license? Yes No

If yes, you must add each traffic offense below and submit a copy of a current driver license abstract to the EMS Office by scanning the abstract and uploading it into your application.

Only an official driver license abstract from the Wisconsin Department of Transportation is acceptable*.

Do not send a copy of a driving record from a local police department, insurance company or any other source. Abstracts are available by calling (608) 261-2566.

Name of Violation	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

Traffic Offenses

* During the past 10 years, has your driver's license been suspended, revoked or withdrawn? Yes No

If yes, you must add each traffic offense below and submit a copy of a current driver license abstract to the EMS Office by scanning the document and uploading it to the application.

Only an official driver license abstract from the Wisconsin Department of Transportation is acceptable*.

Do not send a copy of a driving record from a local police department, insurance company or any other source. Abstracts are available by calling (608) 261-2566.

Your application will not be processed without this information.

Wisconsin Circuit Court Access Program (CCAP) documents from the internet are not acceptable.

Name of Violation	Date	Location	Name of Authority/Court	Action Taken	Delete
None					

[Add](#)

[Save and Continue](#)

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Apply For A License | Update Profile | Continue Application | Logout

Reciprocity Application

File Upload and Applicant Certification (STEP 4 OF 4)

Reciprocity Application | Licensing Questions | Pending Felony or Misdemeanor Charges and Traffic Offenses | **File Upload and Applicant Certification**

Reciprocity Application | Licensing Questions | Pending Felony or Misdemeanor Charges and Traffic Offenses | **File Upload and Applicant Certification**

File Upload

You may upload any attachments (i.e., court records, driver abstract) to your application by clicking on the 'add' button below.

Edit	Name	File Name	Document Type
None			

Applicant Certification

I certify that the above information is true and complete. I certify that I am 18 years of age or older and that I am capable of performing all the duties of an emergency medical services provider. I certify that I am in possession of a valid National Registry of EMTs card, a current CPR card and, if required, ACLS and PALS/ALS PEPP card. I agree to provide copies of such documents immediately upon request of the EMS Office.

Please make certain this application is complete. Once you enter your electronic signature, you will not be able to modify it.

* Username :

* Password :

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When you are finished on the last page of the electronic application you must electronically sign your application using your user name and password. The user name and password is the user name and password you use to log into the [E-Licensing](#) system. When you submit the application a pop up box will appear and ask you if you are sure you want to submit this form. When you hit the ‘Ok’ tab the system will submit your application for review. Once you have electronically signed the application, you will see this screen.



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Click [HERE](#) to be directed to the information!

Apply For A License | Update Profile | **Continue Application** | Logout

Note added successfully

Current Applications

User: JACK SPARROW

License: Reciprocity License 8-2011 (FOR USE FOR OUT OF STATE EDUCATION OR OUT OF STATE LICENSURE) (Initiated on 11/03/2011) **Status: Received / Needs Review**

Form	Package	Requested	Completed	Actions
Reciprocity Application	Reciprocity Package	Thu 11/3/11	Thu 11/3/11	View

User: JACK SPARROW

After you complete your application, you will need to go back to the “Apply for a License” page As shown in the image below.



All Reciprocity License applicants that hold a license from a state or territory other than Wisconsin will need to complete a Out of State Trained Applicants Only-Verification of License Form, as shown in the image below.



All Reciprocity applicants that are licensed in a state or territory other than Wisconsin must complete a “Verification of Licensure” form.

Wisconsin requires current National Registry of Emergency Medical Technicians certification for licensure for all license levels. Eligible applicants without current National Registry of Emergency Medical Technicians certification will need to pass the National Registry of Emergency Medical Technicians assessment examination. A letter of authorization for entry to the exam will be sent to you upon proof of eligibility. If you do not currently hold a valid certification from the National Registry of Emergency Medical Technicians you will need to complete a “Verification of out of State Education” form. This form is used to determine eligibility for the letter of authorization for entry to the exam for the National Registry of Emergency Medical Technicians assessment examination.

For additional Information, please see the [Wisconsin Reciprocity](#) page.

Below is the image you will see after you select the "Verification of Licensure" form.

t-licensing PUBLIC LOOK UP!
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Click [HERE](#) to be directed to the information!

[Apply For A License](#) | [Update Profile](#) | [Continue Application](#) | [Logout](#)

Current Applications

User: JACK SPARROW Remove

License: Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed (Initiated on 11/03/2011) Status: None

Form	Package	Requested	Completed	Actions
Verification of Licensure/Certificaton - DHS F-47471 (rev. 6/09)	EMT Verification of Licensure	Thu 11/3/11		 Start

User: JACK SPARROW Remove

License: Out-of-State Trained Applicants Only - Verification of License Form - PRINT and MAIL form as directed (Initiated on 11/03/2011) Status: None

Form	Package	Requested	Completed	Actions
Verification of Licensure/Certificaton - DHS F-47471 (rev. 6/09)	EMT Verification of Licensure	Thu 11/3/11		 Start

All WI EMS Reciprocity License Levels

- Complete a Reciprocity License application in [E-Licensing](#)
- Complete the Verification of Out-Of-State Licensure (available in [E-Licensing](#)), print and submit to the state EMS office(s) that you hold or have held an EMS license.
- Submit a copy of the Certificate of Completion for an approved [Terrorism Awareness course](#) only if you have not completed this course previously.
- An administrative fee of \$50 must be submitted with any reciprocity application submitted after 01/01/2011

If you do not currently hold NREMT;

- Complete the Verification of Out-Of-State Education form (available in [E-Licensing](#))
- Complete the Verification of Out-Of-State Licensure (available in [E-Licensing](#)), print and submit to the state EMS office(s) that you hold or have held an EMS license.
- Submit a copy of the Certificate of Completion for an approved [Terrorism Awareness course](#) only if you have not completed this course previously.
- An administrative fee of \$50 must be submitted with any reciprocity application submitted after 01/01/2011
- A copy of the Certificate of Completion for your most recent First Responder refresher course

Administrative Fees

We are working on the credit card payment system within E-licensing to collect administrative fees. An administrative fee of \$50 must be submitted with any reciprocity application credit card payment system until this is operational all fees need to be submitted via **cashiers check or money order** made out to the "Department of Health Services" and submitted to:

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