



# Wisconsin LicenseE

Applicant's User Guide

# Topics

1. <a href="#"><u>Register as an Individual</u></a>	9. <a href="#"><u>Renew License as Organization</u></a>	17. <a href="#"><u>Request Exam Review</u></a>
2. <a href="#"><u>Register as an Organization</u></a>	10. <a href="#"><u>Request Amendments</u></a>	18. <a href="#"><u>Change Location</u></a>
3. <a href="#"><u>Log into Application</u></a>	11. <a href="#"><u>View Due Diligence</u></a>	19. <a href="#"><u>View Certificates/ Print License</u></a>
4. <a href="#"><u>Reset Password</u></a>	12. <a href="#"><u>View Approved Licenses</u></a>	20. <a href="#"><u>Manage Employees</u></a>
5. <a href="#"><u>Apply License as Organization</u></a>	13. <a href="#"><u>Apply for Wall Certificate</u></a>	21. <a href="#"><u>Change of Ownership</u></a>
6. <a href="#"><u>Apply License as an Individual</u></a>	14. <a href="#"><u>Pay Conviction Fee</u></a>	
7. <a href="#"><u>View Application</u></a>	15. <a href="#"><u>Schedule Exam</u></a>	
8. <a href="#"><u>Renew License as Individual</u></a>	16. <a href="#"><u>Reschedule Exam</u></a>	

# Register as an Individual

# Register as an Individual

## Instructions

1. Click **Register for an Individual** to create your account.

If you are an existing user and do not have an email ID to login to the LicenseE portal, contact the Wisconsin LicenseE team to get your account details updated. Please provide correct email ID in the email notification request you will receive from the Wisconsin LicenseE team.

## Key Points

Home Request Support Third Party Document Upload Application Status Lookup LEAP Login Provider Login Performance Data

Udemy  
adp-gptlearning.udemy.com/.../home/

**\*\*For the best experience with LicenseE, we suggest using the most recent version of Chrome, Firefox, Safari, or Edge. Please ensure that you have the latest version of your browser installed.**

Please note that LicenseE, will be offline for scheduled maintenance starting at 5:30 p.m. on Friday, October 27, 2023. LicenseE will be back online once maintenance is completed, which is expected later that same evening.

### Apply for a License

This portal can be utilized to apply for a new license and some license renewals.

Please visit the [LicenseE Customer Information](#) page for a list of licenses and license renewals available in the system as well as links to the profession pages with requirements for each type of license. Please register for an account or sign in to your existing account to proceed.

If you already have an existing account with DSPS for your license, then please use that account's username and do not create a new one.

[LicenseE Renewal Instructions](#)  
[Frequently Asked Questions](#)

**Don't have an account?**

No problem! Click the button below to register.

[Register for an individual](#) [Register an organization](#)

### Welcome back

Please click on "Forgot Password" below to reset your password and log in. If you did not receive an email with a username, please use your email address with .dps at the end as your username. For example, Jane.Doe@gmail.com.dps.

Please enter your username and password to sign in.

\* Username

\* Password

[Forgot/Change Password?](#)

[Sign In](#)



2. Enter your personal details in the **Applicant's Personal Information** section.

The screenshot shows the 'Applicant's Personal Information' section of the LicensE website. The form includes the following fields:

- Salutation:** Ms. (dropdown)
- Pronoun:** He (dropdown)
- \* First Name:** Allana
- Middle Name:** (empty)
- \* Last Name:** K
- Suffix:** Select an Option (dropdown)
- \* Gender:** Female (dropdown)
- \* Ethnicity:** Asian - Eastern (dropdown)
- \* Email Address:** Allana.K@gmail.com
- \* Confirm Email Address:** Allana.K@gmail.com
- \* Password:** (masked with dots)
- \* Confirm Password:** (masked with dots)
- \* Date of Birth:** 1/16/1991 (calendar icon)
- \* Social Security Number:** XXX-XX-7676 (info icon)

At the bottom of the form, a disclaimer states: "Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law."

3. Enter your home, mailing address and phone number in the **Applicant's Home Address, Applicant's Mailing Address,** and the **Phone** sections.

Note: If the Applicant's Home Address and Applicant's Mailing Address are same, then select the **Use Home Address as Mailing Address** checkbox.

4. Click **Register**.

### Applicant's Home Address

Home Address

\* Street Number and Name  \* City

\* State  \* Zip Code  \* Country

Use Home Address as Mailing Address

### Applicant's Mailing Address

Mailing Address

\* Street Number and Name  \* City

\* State  \* Zip Code  \* Country

### Phone

\* Personal Phone Number

[Register](#)

# Register as an Organization

1. Click **Register an Organization**.

The screenshot shows the LicensE website interface. At the top, a navigation bar includes links for Home, Request Support, Third Party Document Upload, Application Status Lookup, LEAP Login, Provider Login, and Performance Data. A red notice banner states: "\*\*For the best experience with LicensE, we suggest using the most recent version of Chrome, Firefox, Safari, or Edge. Please ensure that you have the latest version of your browser installed." Below this, an orange banner provides maintenance information: "Please note that LicensE, will be offline for scheduled maintenance starting at 5:30 p.m. on Friday, October 27, 2023. LicensE will be back online once maintenance is completed, which is expected later that same evening." The main content area is split into two columns. The left column features a section titled "Apply for a License" with text explaining the portal's purpose and providing links for "LicensE Renewal Instructions" and "Frequently Asked Questions". It also includes a "Don't have an account?" section with a "Register for an individual" button and a "Register an organization" button, which is highlighted with a red box. The right column is titled "Welcome back" and contains instructions for password resets and login, followed by input fields for "Username" and "Password", a "Forgot/Change Password?" link, and a "Sign In" button.

Home Request Support Third Party Document Upload Application Status Lookup LEAP Login Provider Login Performance Data

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Please visit the [LicensE Customer Information](#) page for a list of licenses and license renewals available in the system as well as links to the profession pages with requirements for each type of license. Please register for an account or sign in to your existing account to proceed.

If you already have an existing account with DSPS for your license, then please use that account's username and do not create a new one.

[LicensE Renewal Instructions](#)  
[Frequently Asked Questions](#)

**Don't have an account?**

No problem! Click the button below to register.

[Register for an individual](#) [Register an organization](#)

### Welcome back

Please click on "Forgot Password" below to reset your password and log in. If you did not receive an email with a username, please use your email address with .dps at the end as your username. For example, Jane.Doe@gmail.com.dps.

Please enter your username and password to sign in.

\* Username

\* Password

[Forgot/Change Password?](#)

[Sign In](#)

2. Fill in the details in the **Organization Information** and **Contact Information**.

**Note:** If you want to enter SSN instead of FEIN, select the **Want to enter SSN?** checkbox.

The screenshot shows the 'Organization Registration' page on the LicensE website. The page has a dark blue header with the LicensE logo and navigation links: Home, Request Support, Third Party Document Upload, Application Status Lookup, LEAP Login, Provider Login, and Performance Data. The main content area is titled 'Organization Registration' and is divided into two sections: 'Organization Information' and 'Contact Information'. The 'Organization Information' section contains several input fields: Account Name (Business Name) with 'ABL Companies', Doing Business As (DBA) with 'Group', Email Address with 'ABL.Companies@gmail.com', Confirm Email Address with 'ABL.Companies@gmail.com', Password (masked with dots), and Confirm Password (masked with dots). There is a checked checkbox for 'Want to enter SSN?'. Below this are fields for Social Security Number (SSN) with 'XXX-XX-5676', Business Phone Number with '(454) 545-4567', and Fax (Optional) which is empty. The 'Contact Information' section contains fields for First Name with 'Alex', Last Name with 'K', and Phone Number with '(999) 999-9999'. The phone number field is highlighted with a dashed border.

**LicensE**

Home Request Support Third Party Document Upload Application Status Lookup LEAP Login Provider Login Performance Data

### Organization Registration

#### Organization Information

\* Account Name (Business Name)  Doing Business As (DBA)

\* Email Address  \* Confirm Email Address

\* Password  \* Confirm Password

Want to enter SSN?

\* Social Security Number (SSN)  \* Business Phone Number  Fax (Optional)

#### Contact Information

\* First Name  \* Last Name  \* Phone Number

3. Fill in details in the **Organization Address** and **Mailing Address** sections.

**Note:** If both addresses are same, then select the **Check box if Organization address is same as the Mailing Address** and you need not fill in the Mailing Address.

4. Click **Submit**.

### Organization Address

\* Street Number and Name  Suite or P.O. Box

\* City  \* State  \* Zip Code  \* Country

Check box if Organization Address is same as the Mailing Address


### Mailing Address

\* Street Number and Name  Suite or P.O. Box

\* City  \* State  \* Zip Code  \* Country

### Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

  
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**Note:** Once you login immediately after registration, you will be directed to the Organization Registration page where you are required to register owners and the percentage they own.

5. Click **Assign Owners**.

Check box if Organization Address is same as the Mailing Address

### Mailing Address

\* Street Number and Name:  Suite or P.O. Box:

\* City:  \* State:  \* Zip Code:  \* Country:


[Edit](#) [Save](#)

### Ownership Registration

FIRST NAME	LAST NAME	PERCENTAGE OWNED
No owners to display.		

[Register](#) [Assign Owner\(s\)](#)

Contact Information: 4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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- If you are also an owner, select the checkbox “ **Is the contact person also an owner?**”
  - Click **Add Owner** to add owners and fill in the Name and percentage owned details.
- Note:** The sum of percentage owned by all the owners should be 100%.
- Click **Save**.

Check box if Organization Address is same as the Mailing Address

Mailing Address

\* Street Number and Name  Suite or P.O. Box

\* City  \* State  \* Zip Code  \* Country

Ownership Registration

FIRST NAME

**Add Owner**


Is the contact person also an owner?

* First Name	* Last Name	* Percentage Owned	
<input type="text" value="Allen"/>	<input type="text" value="A"/>	<input type="text" value="50"/>	<input type="button" value="🗑"/>
<input type="text" value="Mythri"/>	<input type="text" value="K"/>	<input type="text" value="50"/>	<input type="button" value="🗑"/>

No owners to display.

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

 Wisconsin.gov

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9. Click **Register**.

Check box if Organization Address is same as the Mailing Address

### Mailing Address

\* Street Number and Name  Suite or P.O. Box

\* City  \* State  \* Zip Code  \* Country

[Edit](#) [Save](#)


### Ownership Registration

FIRST NAME	LAST NAME	PERCENTAGE OWNED
Mythri	K	50
Allen	A	50

[Register](#) [Assign Owner\(s\)](#)

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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# Logging in to the Application

1. On the login page, enter **Username** and **Password**.
2. Click **Sign In**.

**LicensE**

Home Request Support Third Party Document Upload Application Status Lookup LEAP Login Provider Login Performance Data

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### Apply for a License

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[LicensE Renewal Instructions](#)  
[Frequently Asked Questions](#)

#### Don't have an account?

No problem! Click the button below to register.

[Register for an individual](#) [Register an organization](#)

### Welcome back

Please click on "Forgot Password" below to reset your password and log in. If you did not receive an email with a username, please use your email address with .dps at the end as your username. For example, Jane.Doe@gmail.com.dps.

Please enter your username and password to sign in.

\* Username  
mythri.kukkala@mtxb2b.com

\* Password  
.....

[Forgot/Change Password?](#)

**Sign In**

# Resetting your Password

1. On the login page, click **Forgot/Change Password**.

**LicensE**

Home Request Support Third Party Document Upload Application Status Lookup LEAP Login Provider Login Performance Data

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[LicensE Renewal Instructions](#)  
[Frequently Asked Questions](#)

#### Don't have an account?

No problem! Click the button below to register.

[Register for an individual](#) [Register an organization](#)

### Welcome back

Please click on "Forgot Password" below to reset your password and log in. If you did not receive an email with a username, please use your email address with .dps at the end as your username. For example, Jane.Doe@gmail.com.dps.

Please enter your username and password to sign in.

\* Username  
mythri.kukkala@mtxb2b.com

\* Password  
●●●●●●

[Forgot/Change Password?](#)

[Sign In](#)

# Resetting your Password

2. Enter the **Username** and click **Change or Reset Password**.



# Resetting your Password

## Instructions

3. Open the email you have received and click the link.



**Wisconsin Department of Safety and Professional Services**  
dsplicense@wisconsin.gov

Date:

28-07-2022 23:56:27

Subject: **Sandbox: Your new dsp's password**

Hi Allen,

Your password has been reset for dsp's. Go to:

[https://dsp's-gov--newqa.sandbox.my.site.com/secur/forgotpassword.jsp?  
r=00DHv0000008gwA005Hv000000J9R1CjwKMwoPMDBESHYwMDAwMDA4Z3dBEg8wMkczZDAwMDAwM  
DBabVcaDzAwNUh2MDAwMDAwSjlSMRjxq72wpDASEEALaRGxiX9v5FYez\\_Z55jcaDI0\\_1zOF0u2AK\\_NgUil5i2v  
I0oH-UHmZ80wF-LFcGKVC0mPXwJPefy-JgyEiqzg-Q-H9e\\_1H6UsKITFZnbQjWMY-  
u3tWujiP&display=page&pot=2f21ed69-e3a0-4ccb-ab2a-012bf5d78b0a2bec09c5-12a5-426c-a990-  
632e57deaa9d](https://dsp's-gov--newqa.sandbox.my.site.com/secur/forgotpassword.jsp?r=00DHv0000008gwA005Hv000000J9R1CjwKMwoPMDBESHYwMDAwMDA4Z3dBEg8wMkczZDAwMDAwMDBabVcaDzAwNUh2MDAwMDAwSjlSMRjxq72wpDASEEALaRGxiX9v5FYez_Z55jcaDI0_1zOF0u2AK_NgUil5i2vI0oH-UHmZ80wF-LFcGKVC0mPXwJPefy-JgyEiqzg-Q-H9e_1H6UsKITFZnbQjWMY-u3tWujiP&display=page&pot=2f21ed69-e3a0-4ccb-ab2a-012bf5d78b0a2bec09c5-12a5-426c-a990-632e57deaa9d)

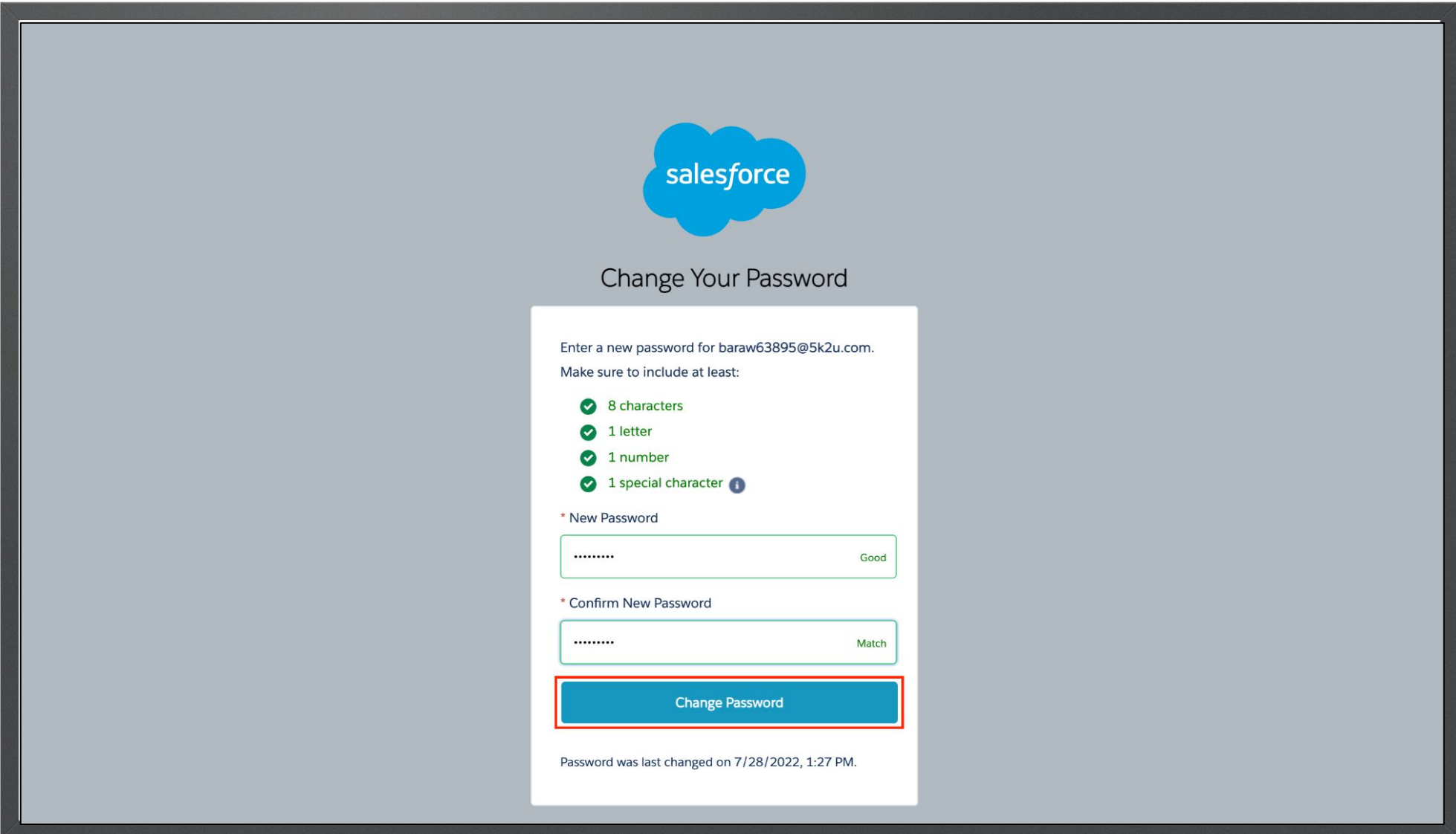
Thanks,

Wisconsin Department of Safety and Professional Services Gov Cloud Plus Org

# Resetting your Password

## Instructions

4. Fill in the password in **New Password** and **Confirm New Password** fields.
5. Click **Change Password**.



salesforce

### Change Your Password

Enter a new password for baraw63895@5k2u.com.  
Make sure to include at least:

- ✓ 8 characters
- ✓ 1 letter
- ✓ 1 number
- ✓ 1 special character ⓘ

\* New Password

..... Good

\* Confirm New Password

..... Match

**Change Password**


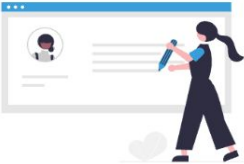

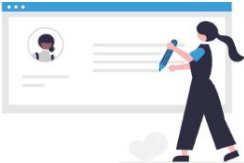
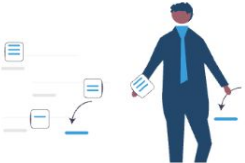
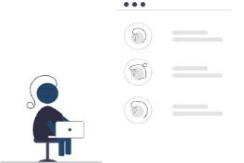
Password was last changed on 7/28/2022, 1:27 PM.



# Applying for License as Organization

1. Click **Apply for License**.

Welcome to Wisconsin's Department of Safety and Professional Services

 <h3>Apply for a License?</h3> <p>If you are new to the site and need to apply for a new license, click the Apply for a License button below.</p> <p><a href="#">Apply for a License</a></p>	 <h3>Check your License Status?</h3> <p>If you have submitted an application and want to check its status, click the Check Application Status button below.</p> <p><a href="#">Check Application Status</a></p>	 <h3>My Approved Licenses</h3> <p>Find all of your Approved Licenses, view and download Certificates, and apply for Specialties</p> <p><a href="#">My Approved Licenses</a></p>
 <h3>Pre-Determination</h3> <p>If you would like to get pre-determination done before applying for license, click File Pre-Determination button</p>	 <h3>Renew Licenses</h3> <p>If you would like to renew you existing license, Please click the Renew My License button below.</p>	 <h3>Change Of Ownership</h3> <p>If you would like to do change of ownership, Please click the Change Of Ownership button below.</p>

## Instructions

2. Select a **Category** and a **License Types** from the respective dropdowns.
3. Click **Next**.

- If you do not see the License Type you are looking for, then click on the **“here”** link to see the complete list.

## Key Points

The screenshot shows the Wisconsin LicensE website interface. At the top, there is a navigation bar with the LicensE logo, a user profile for 'Samiksha Org One', and menu items for 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area features a welcome message and a question: 'What license can we help you apply for today?'. Below this, there are two dropdown menus: '\* Category' with 'Health' selected, and '\* License Types' with 'Home Medical Oxygen Provider' selected. A red box highlights these two dropdowns. Below the dropdowns, there is a link: 'Don't see the license you're looking for? Click [here](#) to see a full list.' At the bottom right of the form area, there is a 'Next' button, also highlighted with a red box. The footer contains contact information and the Wisconsin state logo.

**LicensE** Samiksha Org One

Home License and Applications Request Support Amendments

Welcome to Wisconsin's Department of Safety and Professional Services

What license can we help you apply for today?

\* Category  
Health

\* License Types  
Home Medical Oxygen Provider

Don't see the license you're looking for? Click [here](#) to see a full list.

Next

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

**Wisconsin.gov**  
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- Click the **Select** button for Licensure by Examination and click **Next**.

The screenshot shows the LicensE website interface. At the top, there is a navigation bar with the LicensE logo, a user profile icon for 'Samiksha Org One', and a menu with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this, there are two main sections: 'Licensure by Examination' and 'Renewal After 5 Years'. Each section has a description and a 'Select' button. At the bottom right of the main content area, there are 'Previous' and 'Next' buttons, with the 'Next' button highlighted with a red border. The footer contains contact information and the Wisconsin state logo.

**LicensE** Samiksha Org One

Home License and Applications Request Support Amendments

### Welcome to Wisconsin's Department of Safety and Professional Services

**Licensure by Examination**  
Applicant has taken and passed, or will need to pass, the required examination to become licensed.

**Renewal After 5 Years**  
Applicant reapplies after any licensure lapse due to a license revocation, voluntary license surrender, board order specifically requiring reapplication, or five years have passed since previously-held license expired.

Contact Information  
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- Select the first check box if you wish to withhold the street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
- Business Details, Contact Person, Organization Address and Mailing Address will be pre-populated. You can edit Organization Address, and Mailing Address details, if required.

Home Medical Oxygen Provider

Steps

- Business Information
- Declarations
- Supporting Documents
- Attestations
- Payment

### Business Information

Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14)

**\* Legal Business Type**

**\* Doing Business As (DBA)**

**Account Name**

**Federal Employer Identification Number (FEIN)** ⓘ

**Fax (Optional)**

**Business phone number**

**E-MAIL ADDRESS**

▼ Contact Person

**First Name**

**Last Name**

**Phone Number**

▼ Organization Address

**\* Street Number and Name**

**Suite or P.O. Box**

**\* City**

**\* State**

**\* Zip Code**

**\* Country**

▼ Mailing Address

7. Select **Yes** or **No** for the Ownership Registration, and click **Save**.
8. Click **Save & Next**.

The screenshot shows a multi-step registration form. The 'Ownership Registration' section is expanded, showing a table of owners. A red box highlights the 'REGISTERED PHARMACIST?' column, which contains radio buttons for 'Yes' and 'No', and a 'Save' button for each row. Another red box highlights a 'Save & Next' button at the bottom right of the form.

NAME	Percentage	REGISTERED PHARMACIST?
Mythri K	60	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="button" value="Save"/>
Nick J	40	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="button" value="Save"/>

9. Read the questions carefully and select the declarations as **Yes** or **No**, as applicable. Provide additional information as necessary.
10. Click **Save & Next**.

The screenshot shows the LicensE application portal for a Home Medical Oxygen Provider. The user is logged in as 'Samiksha Org One'. The navigation menu includes Home, License and Applications, Request Support, and Amendments. The left sidebar shows the application steps: Business Information (completed), Declarations (current step), Supporting Documents, Attestations, and Payment. The main content area is titled 'Declarations' and contains five questions:

- \*1. Have the principals or applicant ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do the principals or applicant have any felony, misdemeanor, or other violation of federal or state law charges pending against the principals or applicant in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict.  
 Yes  No
- \*2. Have any of the principals or applicant conducted a similar business in any other state?  
 Yes  No
- \*3. Has the applicant ever made application for a license to operate a Pharmacy, Drug/Device Manufacturer or Wholesale Distributor of Prescription Drugs?  
 Yes  No
- \*4. Applicant proposes to sell medical oxygen to (Check all that apply.):  
 Nursing Homes  Home Health Agencies  Public  Hospitals  Ambulance Services  Other
- \*5. Please list the applicant's Accrediting Organization (AO):  
Accrediting Organization

At the bottom right of the form are 'Previous' and 'Save & Next' buttons. The footer contains contact information for LicensE and the Wisconsin state logo.

11. Click the **upload** icon under Actions column.

**LicensE** Samiksha Org One

Home License and Applications Request Support Amendments




### Home Medical Oxygen Provider

Steps

- Business Information
- Declarations
- Supporting Documents**
- Attestations
- Payment


### Supporting Documents

Your Application Number must be provided to all third parties who are asked to submit documentation in support of your application for licensure. Please log in to the system and click the Check Application Status button located on the home screen to view your application number. Documentation submitted by a third party must be submitted using the LicenseE third-party portal at [license.wi.gov](https://license.wi.gov).

Question	Documents	Who Submits?	Actions
Convictions and Pending Charges (If Applicable) - Form #2252		Applicant	
Discipline (If Applicable)		Applicant	
Other		Third Party	
Other		Applicant	

Previous Save & Next

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

  
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## Instructions

12. Click **Upload Files** and select the required file.
13. Click **Done**.
14. Click **Close**.

The screenshot displays the LicensE web application interface. At the top, the user is logged in as 'Samiksha Org One'. The navigation menu includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Home Medical Oxygen Provider' and 'Supporting Documents'. A modal window is open, titled 'Please upload a document'. The modal contains a 'Note that:' section with the following instructions:

- 1. File size should not exceed 30MB.
- 2. Only the following file types shall be accepted: JPG, JPEG, DOCX, bitmap, and PDF.
- 3. Multiple files can be selected and uploaded.

Below the note, there is an 'Upload Files' button with an upload icon, followed by the text 'Or drop files'. A file named 'Document.docx' is shown in the upload area with a trash icon to its right. At the bottom right of the modal is a 'Close' button. In the background, a 'Previous' button and a 'Save & Next' button are visible. The footer contains contact information for LicensE and the Wisconsin state logo.

15. Click **Save & Next**.

The screenshot shows the LicensesE application portal. The user is logged in as 'Samiksha Org One'. The navigation menu includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The current page is titled 'Home Medical Oxygen Provider' and shows a progress bar with five steps: Business Information, Declarations, Supporting Documents (current), Attestations, and Payment. The 'Supporting Documents' section contains a text block and a table. The text block states: 'Your Application Number must be provided to all third parties who are asked to submit documentation in support of your application for licensure. Please log in to the system and click the Check Application Status button located on the home screen to view your application number. Documentation submitted by a third party must be submitted using the LicensesE third-party portal at [license.wi.gov](https://license.wi.gov).' The table lists four document categories: 'Convictions and Pending Charges (If Applicable) - Form #2252', 'Discipline (If Applicable)', 'Other', and 'Other'. The 'Who Submits?' column indicates 'Applicant' for the first and last rows, and 'Third Party' for the second row. The 'Actions' column shows upload icons for all rows, and a trash icon for the 'Discipline' row. At the bottom right, there are 'Previous' and 'Save & Next' buttons, with 'Save & Next' highlighted with a red box. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565', along with the Wisconsin state logo and '© 2023 Wisconsin LicensesE - All rights reserved.'

**LicensE**

Home License and Applications Request Support Amendments

### Home Medical Oxygen Provider

Steps

- Business Information
- Declarations
- Supporting Documents**
- Attestations
- Payment

### Supporting Documents

Your Application Number must be provided to all third parties who are asked to submit documentation in support of your application for licensure. Please log in to the system and click the Check Application Status button located on the home screen to view your application number. Documentation submitted by a third party must be submitted using the LicensesE third-party portal at [license.wi.gov](https://license.wi.gov).

Question	Documents	Who Submits?	Actions
Convictions and Pending Charges (If Applicable) - Form #2252		Applicant	📄
Discipline (If Applicable)	Document	Applicant	📄 🗑️
Other		Third Party	
Other		Applicant	📄

Previous **Save & Next**

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16. Enter your complete name in the **Applicant Signature** textbox.
17. Click **Save & Next**.

The screenshot displays the LicensesE application interface. The user is logged in as 'Samiksha Org One'. The navigation menu includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The current application is for a 'Home Medical Oxygen Provider' license. The 'Steps' sidebar shows 'Business Information', 'Declarations', 'Supporting Documents', 'Attestations', and 'Payment'. The 'Attestations' section contains the following text:

**CONTINUING DUTY OF DISCLOSURE**  
I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

**AFFIDAVIT OF APPLICANT**  
I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

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

The form fields are as follows:

* Applicant Signature	Date
Allen	01/08/2024

Navigation buttons: Previous, Save & Next

Contact Information: 4822 Madison Yards Way Madison, WI 53705 | (608) 266-2112 | (877) 617-1565

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18. Click **Pay and Submit**. You will be directed to the payment gateway site.

The screenshot displays the LicensE website interface. At the top, the logo "LicensE" is visible, along with a user profile icon labeled "dgb-plm". The navigation menu includes "Home", "License and Applications", and "Technical Support". The main content area is titled "Home Medical Oxygen Provider" and shows a progress bar with five steps: Business Information, Declarations, Supporting Documents, Attestations, and Payment. The "Payment" step is currently active. Below the progress bar, a "Payment" section contains a table with the following data:

Category	Response	Cost
Initial Fee		\$59.00
Total		\$59.00

Below the table, a message states: "The total amount to be paid for this license application is **\$59.00**". A note below this message reads: "Please click the 'Pay and Submit' button to proceed with the chosen payment method." At the bottom right of the main content area, there are two buttons: "Previous" and "Pay and Submit". The "Pay and Submit" button is highlighted with a red border.

At the bottom of the page, the footer contains contact information: "Contact Information", "4822 Madison Yards Way Madison, WI 53705", "(608) 266-2112", and "(877) 617-1565". The Wisconsin state logo and "gov" are also present, along with the copyright notice: "© 2022 Wisconsin LicensE - All rights reserved."

19. Enter the **Contact Information**.
20. Select the **Payment Method**, enter the card details, and click **Continue**.

**Amount Due** \$59.00  
**License Name** SME  
**License Type** Home Medical Oxygen Provider


**Payment Information**

**Frequency** One Time  
**Payment Amount** \$59.00  
**Payment Date** Pay Now


**Contact Information**

**First Name**   
**Last Name**   
**Company**   
**Address 1**   
**Address 2**   
**City**   
**State**   
**Zip Code**  (Optional)  
**Phone Number**   
**Email Address**

**Payment Method**

**Card Number**  

**Expiration Date**

**Card Security Code**  

**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

21. Review the payment, click **Confirm**, and click **Continue**.

THIS IS A TEST SITE  
 Your Payment Will NOT be processed

[EXIT](#)

### Review Payment

Please review the information below and select Confirm to process your payment. Select Back to return to the previous page to make changes to your payment.

**Payment Details**

<b>Description</b>	Perm Test Biller for WIS_REN DPSPLicensEDev <a href="http://dps.wi.gov">http://dps.wi.gov</a>
<b>Payment Amount</b>	\$59.00
<b>Convenience Fee</b>	\$1.18
<b>Total Amount</b>	\$60.18
<b>Payment Date</b>	07/20/2022
<b>Licensee Name</b>	SME
<b>License Type</b>	Home Medical Oxygen Provider

**Payment Method**

<b>Payer Name</b>	Mythri K
<b>Card Number</b>	*1111
<b>Expiration Date</b>	May-2027
<b>Card Type</b>	Visa
<b>Confirmation Email</b>	mythri.kukkala@mtxb2b.com

**Billing Address**

<b>Address 1</b>	Street Number
<b>Address 2</b>	Street Number
<b>City</b>	City
<b>State</b>	AL
<b>Zip Code</b>	78765

**Contact Information**

<b>First Name</b>	Mythri
<b>Last Name</b>	K
<b>Company</b>	dgb-plm
<b>Address 1</b>	Street Number
<b>Address 2</b>	Street Number
<b>City</b>	City
<b>State</b>	AL
<b>Zip Code</b>	78765



# Apply License as Organization

## Instructions

A confirmation message along with the confirmation number will appear.

The screenshot displays the LicensE website interface. At the top left is the LicensE logo. The top right shows a user profile icon labeled 'dgb-plm'. Below the logo is a navigation bar with 'Home', 'License and Applications', and 'Technical Support'. The main content area features a 'Payment Status' section with a green confirmation message: 'Thank you for your payment, your application has been successfully submitted.' Below this message is the 'Confirmation Number: XWIX14000024988'. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565'. The Wisconsin state logo and 'wisconsin.gov' are also present in the footer, along with the copyright notice '© 2022 Wisconsin LicensE - All rights reserved.'

# Apply for a License as Individual



1. Click **Apply for a License**.

The screenshot shows the LicensE website interface. At the top, there is a navigation bar with the LicensE logo, a user profile icon labeled 'Harish User4', and menu items: Home, License and Applications, Request Support, and Amendments. The main content area features a welcome message: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this, there are three primary action cards: 'Apply for a License?' (with a red box around the button), 'Check your License Status?' (with a 'Check Application Status' button), and 'My Approved Licenses' (with a 'My Approved Licenses' button). Each card includes an illustration and a brief instruction. At the bottom, there are two more illustrations: one of a person at a computer and another of a person with a checklist.

## Instructions

2. Select the **Category** and **License Type** from the dropdown lists.
3. Click **Next**.

- If you do not see the License Type you are looking for, then click on the “here” link to see the complete list.

## Key Points

The screenshot shows the Wisconsin LicensE website interface. At the top left is the 'LicensE' logo. The top right shows a user profile for 'Harish User4'. A navigation bar contains 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Welcome to Wisconsin's Department of Safety and Professional Services' and asks 'What license can we help you apply for today?'. Two dropdown menus are highlighted with a red box: the first is labeled '\* Category' with 'Health' selected, and the second is labeled '\* License Types' with 'Acupuncturist' selected. Below these is a link: 'Don't see the license you're looking for? Click [here](#) to see a full list.' A 'Next' button is also highlighted with a red box. The footer contains contact information and the Wisconsin state logo.

**LicensE**

Home License and Applications Request Support Amendments

Harish User4

### Welcome to Wisconsin's Department of Safety and Professional Services

What license can we help you apply for today?

\* Category  
Health

\* License Types  
Acupuncturist

Don't see the license you're looking for? Click [here](#) to see a full list.

Next

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4. Select **Licensure by Examination**.
5. Click **Next**.

- A License Type will have different licenses under it. For example, in this guide we have selected Acupuncturist as the License Type. Under Acupuncturist, you have three licenses such as: **Licensure by Examination, Act 10**, and **Re-Registration**.

The screenshot shows the Licensure E web application interface. At the top, there is a navigation bar with the logo 'Licens E' and a user profile 'Harish User4'. Below the navigation bar, the main content area displays 'Welcome to Wisconsin's Department of Safety and Professional Services'. A green banner indicates 'Selected Application Method : Licensure by Examination'. Three license options are listed, each with a 'Select' button:

- Act 10**: This license can be issued to a provider from another state during a national public health emergency. This license can also be issued to providers who are licensed in good standing in another state who also apply for a permanent license at the same time.
- Licensure by Examination**: Applicant has taken and passed, or will need to pass, the required examination to become licensed.
- Renewal After 5 Years**: Applicant reapplies after any licensure lapse due to a license revocation, voluntary license surrender, board order specifically requiring reapplication, or five years have passed since previously-held license expired.

At the bottom right, there are two buttons: 'Previous' and 'Next'. The 'Next' button is highlighted with a red border.

6. Read the instructions carefully, before you proceed to click **Next**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. The top right shows a user profile for 'Harish User3'. A navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Acupuncturist' and 'Steps'. A vertical list of steps includes: 'Instructions' (selected), 'Personal Information', 'School Information', 'Application Fee Reduction Request', 'License History', 'Declarations', 'Supporting Documents', 'Attestation', and 'Payment'. The 'Instructions' section contains the following text: 'The following screens will ask for information required in order to determine your eligibility for the license you selected. You do not need to complete the entire application in one sitting – your progress will automatically be saved. However, review of your application will be contingent upon submission of all relevant information, documentation, and payment.' A blue 'Next' button is highlighted with a red border. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565'. The Wisconsin state logo and 'Wisconsin LicensE' logo are also present, along with the copyright notice '© 2023 Wisconsin LicensE - All rights reserved.'

7. Select the first check box if you wish to withhold the street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
8. Your Name will be pre-populated and they cannot be edited from this page. However, you can enter the **Maiden Name**.
9. Fill out the information in the **Personal Details** section.

The screenshot shows the LicensE application interface for an Acupuncturist. The user is logged in as Harish User3. The navigation menu includes Home, License and Applications, Request Support, and Amendments. The left sidebar shows the application steps: Instructions (selected), Personal Information, School Information, Application Fee Reduction Request, License History, Declarations, Supporting Documents, Attestation, and Payment.

**Personal Information**

The Department must deny your application if you are liable for delinquent state taxes, UI contributions or child support (Wis. Stat. § 440.12 and 440.13).

Your name, address, phone number and e-mail address are available to the public. Check this box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

First Name: Harish Middle Initial: Test Last Name: User3

Former / Maiden Name(s):

**Personal Details**

Date of Birth: 11/25/2002 Social Security Number: 221-11-1223

Ethnicity: Asian - Eastern Gender: Male

**Communication**

10. Review the details under the **Communication** and **Home Address** sections. The details are pre-populated, but are editable.
11. Select **Yes** for the question “**Have you ever been licensed in Wisconsin as an Acupuncturist?**”, if applies. Otherwise, select **No**.
12. If you have selected Yes for the above question, enter the **Credential Number**.
13. Click **Save & Next**.

The screenshot shows a web form with the following sections and fields:

- Ethnicity:** Asian - Eastern
- Gender:** Male
- Communication Section:**
  - Email Address:** harish.k+3@mtxb2b.com.invalid
  - \* Personal Phone Number:** (empty field)
- Home Address Section:**
  - \* Address line 1:** Dilsukhnagar
  - Address line 2:** (empty field)
  - \* City:** Hyderabad
  - \* State:** New Jersey
  - \* Zip Code:** 543301AP
- Use Home Address as Mailing Address
- \*Have you ever been licensed in Wisconsin as a Acupuncturist?**
  - Yes
  - No
- \* If yes, list your credential number:** 867876556
- Buttons:** Previous, Save & Next (highlighted in red)

14. Click **Add School** to add new school details.

The screenshot shows the LicensE website interface. At the top, there is a navigation bar with 'Home', 'License and Applications', 'Technical Support', and 'More'. The main content area is titled 'Acupuncturist' and 'Steps'. The 'Steps' list includes: Instructions (checked), Personal Information (checked), School Information (selected), Application Fee Reduction Request, License History, Declarations, Supporting Documents, Attestation, and Payment. The 'School Information' section contains a table with the following data:

ACUPUNCTURE SCHOOL NAME	GRADUATION DATE	STATE	CITY	ACTIONS
DFGDFH	04/30/2021	Colorado	FGJHFGHJG	

Below the table are three buttons: 'Add School', 'Previous', and 'Save & Next'. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565'. The Wisconsin state logo and 'gov' are also present, along with the copyright notice '© 2022 Wisconsin LicensE - All rights reserved.'



## Instructions

15. Fill in the details.
16. Click **Done**.
17. Click **Save & Next**.

**LicensE**

Home License and Appli

Acupuncturist

Steps

- Instructions
- Personal Informati
- School Information
- Application Fee Re
- License History
- Declarations
- Supporting Docum
- Attestation
- Payment

Harish User3

### School Information

▼ School Name & Address

Acupuncture School Name

Acupuncture School Name

City Street

City State

State Country

American Samoa United States

\* Date attended

From To

01/02/2023 01/08/2024

Length of Residence Program:

\* Dates:

From To

01/11/2023 01/08/2024

Total Number of Hours

30

Done

Add School

Save & Next

Contact Information

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18. Read the Questions and select **Yes** or **No**.  
**Note:** If you have selected Yes, you must provide further details.
19. Click **Save & Next**.

- If you are a veteran, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for more information.

**LicensE** Harish User3

Home License and Applications Request Support Amendments

Acupuncturist

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents
- Attestation
- Payment

### Veteran's Fee Waiver Request

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee?

Yes  No

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

8689

If you qualify, are you requesting equivalency of your military training and experience?

Yes  No

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential?

Yes  No

If your family income is at or below 180% of the federal poverty line (42 USC 9902(2)), you may be eligible for a reduced credential fee. Fee reduction requests must be made at the time of application. The fee reduction is limited to the credential fee. Exam and other fees will not be reduced.

### Application Fee Reduction Request

Are you requesting a reduced credential fee?

Yes  No

Previous **Save & Next**

Contact Information

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20. Select the States in which you have or had the license.
21. Select the States in which you were licensed by exam.
22. Click **Save & Next**.

Home License and Applications Request Support Amendments

**Acupuncturist**

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents
- Attestation
- Payment

### License History

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

<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input checked="" type="checkbox"/> Armed Forces America	<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Baker Island	<input type="checkbox"/> California
<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia
<input type="checkbox"/> Guam	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Howland Island	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Jarvis Island	<input type="checkbox"/> Johnston Atoll	<input type="checkbox"/> Kansas
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Kingman Reef	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Micronesia	<input type="checkbox"/> Midway Atoll	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Navassa Island	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York
<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon	<input type="checkbox"/> Palmyra Atoll	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> US Virgin Islands
<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Wake Island	<input type="checkbox"/> Washington
<input type="checkbox"/> Washington, DC	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	<input type="checkbox"/> None

For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Acupuncturist. The verification letter (s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.**

<input checked="" type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Arizona	<input type="checkbox"/> Arkansas
<input type="checkbox"/> Armed Forces America	<input type="checkbox"/> Armed Forces Europe	<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Baker Island	<input type="checkbox"/> California
<input type="checkbox"/> Colorado	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida	<input type="checkbox"/> Georgia
<input type="checkbox"/> Guam	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Howland Island	<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois
<input type="checkbox"/> Indiana	<input type="checkbox"/> Iowa	<input type="checkbox"/> Jarvis Island	<input type="checkbox"/> Johnston Atoll	<input type="checkbox"/> Kansas
<input type="checkbox"/> Kentucky	<input type="checkbox"/> Kingman Reef	<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Micronesia	<input type="checkbox"/> Midway Atoll	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana	<input type="checkbox"/> Navassa Island	<input type="checkbox"/> Nebraska
<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York
<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Oregon	<input type="checkbox"/> Palmyra Atoll	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> US Virgin Islands
<input type="checkbox"/> Utah	<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Wake Island	<input type="checkbox"/> Washington
<input type="checkbox"/> Washington, DC	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	

Previous
Save & Next

23. Select **Yes** or **No** for the questions listed in the **Declarations** step. Provide the extra details as applicable.
24. Once done, click **Save & Next**.

Home License and Applications Request Support Amendments

Acupuncturist

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents
- Attestation
- Payment

### Declarations

\*1. Have you ever been denied a certificate by the NCCAOM or had your certificate revoked, suspended, or otherwise restricted by the NCCAOM?  
 Yes  No

\*2. Have you ever been certified, licensed, or applied for certification or licensure, to practice any other health care profession in Wisconsin or any other jurisdiction?  
 Yes  No

\* If yes, provide details below:  
Accupuncture

\*3. Have you ever been certified, licensed, or applied for certification or licensure as an acupuncturist in any other jurisdiction?  
 Yes  No

\*4. Are any international, federal, or state formal charges pending against you or has any disciplinary action been taken against you by any professional/occupational licensing authority, any health care facility, or any professional acupuncture association?  
 Yes  No

\*5. Have you ever voluntarily surrendered your certificate or license to practice acupuncture or any other regulated health care profession or occupation?  
 Yes  No

\*6. Have you ever had employment or an appointment in a clinic, hospital or other health care facility suspended, revoked, or denied for disciplinary reasons or have you ever resigned from a health care facility to avoid disciplinary action?  
 Yes  No

\*7. Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict.  
 Yes  No

\*8. Have you or your clinic ever been the defendant in a lawsuit alleging any form of malpractice or incompetence's in the practice of acupuncture or any other professional services?  
 Yes  No

Previous **Save & Next**

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25. Click the upload icon to upload the documents.
26. Click **Upload Files**, select the file, click **Done**, and click **Close**.
27. Click **Save & Next**.

**LicensE** Harish User3

Home License and Applications Request Support Amendments

Acupuncturist

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents**
- Attestation
- Payment

### Supporting Documents

Your Application Number must be provided to all third parties who are asked to submit documentation in support of your application for licensure. Please log in to the system and click the Check Application Status button located on the home screen to view your application number. Documentation submitted by a third party must be submitted using the LicensE third-party portal at [license.wi.gov](https://license.wi.gov).

QUESTION	DOCUMENTS	WHO SUBMITS?	ACTIONS
* Verification of Other State Licensure (Current or Expired)		Applicant	
Convictions and Pending Charges (If Applicable) - <a href="#">Form #2252</a>		Applicant	
Copy of WI Dept of Veterans Affairs (WDVA) Voucher Code (If Applying for Veteran Fee Waiver)		Applicant	
Veteran Request Application Addendum (If Requesting Equivalency of Military Training and Experience) - <a href="#">Form #2996</a>		Applicant	
Discipline (If Applicable)		Applicant	
Malpractice Suits or Claims and Supporting Documents (If Applicable) - <a href="#">Form #2829</a>		Applicant	



28. Select applicable option to give your attestation.
29. Enter your name in the **Signature** textbox.
30. Click **Save & Next**.

The screenshot shows the 'Attestation' step in the 'Acupuncturist' application process. The left sidebar lists steps: Instructions, Personal Information, School Information, Application Fee Reduction Request, License History, Declarations, Supporting Documents, Attestation (current), and Payment. The main content area includes a declaration under penalty of law with two radio button options: 'A citizen or national of the United States, or' and 'A qualified alien or nonimmigrant lawfully present in the United States...'. Below this is information about PRWORA status and a link to USCIS. Further down are sections for 'Continuing Duty of Disclosure' and 'Affidavit of Applicant'. At the bottom, there is a signature field with 'Allen' entered, a date field with '01/08/2024', and 'Previous' and 'Save & Next' buttons. The 'Save & Next' button is highlighted with a red box.

Home License and Applications Request Support Amendments

Acupuncturist

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents
- Attestation
- Payment

### Attestation

\*I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA).

For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

#### Continuing Duty of Disclosure

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

#### Affidavit of Applicant

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

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

\*Signature: Allen Date: 01/08/2024

Previous Save & Next

Contact Information

Wisconsin.gov

31. Select the checkboxes such as Permit Fee, Expedited Fee and so on to include them in the payment, if they apply.
32. Click **Pay & Submit**.

The screenshot shows the 'Acupuncturist' application process in the 'Payment' step. The left sidebar lists steps from 'Instructions' to 'Payment', with 'Payment' selected. The main content area shows a 'Payment' section with two informational messages and a table of fees. The total amount to be paid is \$6.00. A 'Pay and Submit' button is highlighted with a red box.

Home License and Applications Request Support Amendments

Acupuncturist

Steps

- Instructions
- Personal Information
- School Information
- Application Fee Reduction Request
- License History
- Declarations
- Supporting Documents
- Attestation
- Payment

Payment

Please submit your payment now. Your application cannot be submitted until successful payment is received.

Please be aware that payments using a checking/savings account may take 3-5 business days to process.

Category	Response	Cost
Initial Fee		\$55.00
Veteran Fee Waiver		-\$49.50
Total		\$6.00

The total amount to be paid for this license application is **\$6.00**

Please click the "Pay and Submit" button to proceed with the chosen payment method.

Previous **Pay and Submit**

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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33. Fill in the payment details and click **Continue**.
34. Click **Confirm**.
35. Click **Continue**.

**THIS IS A TEST SITE**  
Your Payment Will NOT be processed

[Exit](#)

### Make a Payment

My Payment

**DSPSLicenseE**

**Amount Due** \$25.50  
**Licensee Name** subham Singh  
**License Type** Acupuncturist

Payment Information

**Frequency** One Time  
**Payment Amount** \$25.50  
**Payment Date** Pay Now

Contact Information

**First Name**   
**Last Name**   
**Company**   
**Address 1**   
**Address 2**   
**City**   
**State**   
**Zip Code**    
**Phone Number**   
**Email Address**

Payment Method

**Payment Method**

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

You will see a confirmation message that the license application has been successfully submitted.

The screenshot displays the LicensE website interface. At the top, the logo "LicensE" is visible, followed by a navigation menu with "Home", "License and Applications", "Technical Support", and "More". The main content area features a "Payment Status" section with a green confirmation message: "Thank you for your payment, your application has been successfully submitted." Below this message, the "Confirmation Number: XWIX14000022816" is displayed. The footer contains contact information: "4822 Madison Yards Way Madison, WI 53705", phone numbers "(608) 266-2112" and "(877) 617-1565", and the "Wisconsin.gov" logo with the copyright notice "© 2022 Wisconsin LicensE - All rights reserved."

# View Application

1. On the homepage, click **Check Application Status**.

The screenshot shows the LicensE website homepage. At the top left is the LicensE logo. To its right is a navigation menu with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. In the top right corner, there is a user profile icon labeled 'Harish User4'. The main content area features a large heading: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this heading are three columns, each with an illustration, a title, a short paragraph, and a button. The first column is titled 'Apply for a License?' and includes the text 'If you are new to the site and need to apply for a new license, click the Apply for a License button below.' The second column is titled 'Check your License Status?' and includes the text 'If you have submitted an application and want to check its status, click the Check Application Status button below.' The third column is titled 'My Approved Licenses' and includes the text 'Find all of your Approved Licenses, view and download Certificates, and apply for Specialties'. The 'Check Application Status' button is highlighted with a red border. At the bottom of the page, there are two more illustrations: one of a person pointing at a screen and another of a person in a suit holding a document.

2. Select the application status from the **Status** drop down list.
3. Click **Search**.

**LicensE** Harish User4

Home License and Applications Request Support Amendments

### My Applications

Total Pages :: 1  
Click under "Action" to Continue an Application, View a Submitted Application, or View the Status of your Due Diligence Checklist for a Submitted Application

**Status**

- Select-
- Draft
- Submitted
- Denied
- Credentialing Team Review
- DPCP Credentialing Legal Review
- Issued in Error (Pending)
- Permanent License Issued (Credentialed)
- Qualified
- Withdrawn
- Limited License Issued (Credentialed)

**Search** **Clear**

SELECTED	APPLICATION DATE	STATUS	ACTION
	12/29/2023	Denied	▼
	12/29/2023	Withdrawn	▼
	12/20/2023	Draft	▼
PAR-0000184039	Reinstatement After 4 Years	UDC Plumbing Inspector	No
	12/19/2023	Draft	▼

# View Application

## Instructions

- Click the three dots "⋮" available under the **Action** column and select **View Application**.

The screenshot displays the LicensE web application interface. At the top, there is a navigation bar with the LicensE logo, a user profile for 'Harish User4', and menu items for 'Home', 'License and Applications', 'Request Support', and 'Amendments'. Below the navigation bar, the page title is 'My Applications'. A status filter dropdown is set to '-Select-', with 'Search' and 'Clear' buttons. The main content is a table with the following columns: APPLICATION NO., APPLICATION METHOD, LICENSE TYPE, SPECIALTY APPLICATION, SPECIALTIES SELECTED, APPLICATION DATE, STATUS, and ACTION. A red arrow points to the 'ACTION' column header. The first row of the table has a dropdown menu in the 'ACTION' column, which is open, showing two options: 'View Application' and 'View Due Diligences'. The second row of the table is highlighted.

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	SPECIALTY APPLICATION	SPECIALTIES SELECTED	APPLICATION DATE	STATUS	ACTION
PAR-0000184446	Reinstatement After 4 Years	UDC Electrical Inspector	No		12/29/2023	Denied	⋮ View Application View Due Diligences
PAR-0000184440	New Licensure	UDC Electrical Inspector	No		12/29/2023		
PAR-0000184077	Reinstatement After 4 Years	UDC Construction Inspector	No		12/20/2023	Draft	⋮
PAR-0000184039	Reinstatement After 4 Years	UDC Plumbing Inspector	No		12/19/2023	Draft	⋮

# Renew License as Individual



1. Click **Renew My License**.

The screenshot displays a dashboard with five main sections, each with an icon, a title, a brief instruction, and a button:

- Apply for a License?**: If you are new to the site and need to apply for a new license, click the Apply for a License button below. Button: **Apply for a License**
- Check your License Status?**: If you have submitted an application and want to check its status, click the Check Application Status button below. Button: **Check Application Status**
- My Approved Licenses**: Find all of your Approved Licenses, view and download Certificates, and apply for Specialties. Button: **My Approved Licenses**
- Pre-Determination**: If you would like to get pre-determination done before applying for license, click File Pre-Determination button below. Button: **File Pre-Determination**
- Renew Licenses**: If you would like to renew you existing license, Please click the Renew My License button below. Button: **Renew My License** (highlighted with a red border)

# Renew License - Individual

2. Click **Renew**.

The screenshot shows the LicensE web application interface. At the top, there is a navigation bar with the LicensE logo and a user profile for 'Harish Test User1'. Below the navigation bar, there are menu items: Home, License and Applications, Request Support, and Amendments. The main content area is titled 'My Licenses For Renewal' and contains a table with the following columns: LICENSE NO., LICENSE TYPE, ISSUED ON, EXPIRES ON, and ACTION. The table lists 13 licenses, each with a 'Renew' button in the ACTION column. A red rectangular box highlights the entire 'Renew' column.

LICENSE NO.	LICENSE TYPE	ISSUED ON	EXPIRES ON	ACTION
200 - 118	Juvenile Martial Arts Instructor	01/08/2024	02/09/2024	Renew
8008 - UDCEI	UDC Electrical Inspector	01/08/2024	02/09/2024	Renew
8011 - UDCPI	UDC Plumbing Inspector	01/08/2024	02/09/2024	Renew
8008 - UDCHI	UDC HVAC Inspector	01/08/2024	02/09/2024	Renew
8006 - UDCCI	UDC Construction Inspector	01/08/2024	02/09/2024	Renew
1016 - ER	Electrician, Registered	01/08/2024	02/09/2024	Renew
11002 - CCCT	Cross Connection Control Tester	01/08/2024	02/09/2024	Renew
9000 - BCVII	Blaster, Class 7	01/08/2024	02/09/2024	Renew
1031 - PA	Plumbing Apprentice	01/05/2024	02/06/2024	Renew
503 - LA	Lift Apprentice	01/05/2024	02/06/2024	Renew
502 - HVACQ	HVAC Qualifier	01/05/2024	02/06/2024	Renew
1028 - JP	Journeyman Plumber	01/05/2024	02/06/2024	Renew
500 - EMR	Elevator Mechanic Restricted	01/05/2024	02/06/2024	Renew

3. Read the instructions and click **Next**.

The screenshot shows the LicensE website interface for a Plumbing Apprentice Renewal. The top navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is logged in as 'Harish Test User1'. The main content area is titled 'Plumbing Apprentice - Renewal' and 'Instructions'. The instructions text reads: 'Welcome, let's begin your renewal. If you have any questions about your renewal, please submit a support ticket by clicking on 'Request Support' on the tabs mentioned above. Once your renewal is complete and your license is renewed, you will receive an email with a link to print a copy of your license with the updated expiration date.' A 'Next' button is located at the bottom right of the instructions section and is highlighted with a red border. The footer contains contact information and the Wisconsin.gov logo.

4. Read the information.
5. If you do not want your address to be displayed on lists, select the “Please do not disclose my street address and/or PO Box# on lists.” checkbox.
6. Click **Save & Next**.

**LicensE** Harish Test User1

Home License and Applications Request Support Amendments

### Plumbing Apprentice - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Supporting Documents
- Payment

#### Personal Information

Per Wis. Stat. 440.14, if you are individual or sole proprietor, you may declare that your street address and/or PO Box# not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box to make this declaration.

Please do not disclose my street address and/or PO Box# on lists.

Previous **Save & Next**

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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7. Read the information and select the checkboxes to provide your attestation.
8. Click **Save & Next**.

**LicensE** Harish Test User1

Home License and Applications Request Support Amendments

### Plumbing Apprentice - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Supporting Documents
- Payment

#### Attestations

All applications for professional licenses/credentials are checked to determine whether the applicant is liable for delinquent state taxes. (\*6) If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608)261-6249.

An application may be denied or a license/credential suspended if an applicant or license/credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings. (\*2)

[\\*6 - Section 440.12. Wis. Stats.](#)

[\\*2 - Sections 49.22, and 440.13.Wis. Stats.](#)

#### Affidavit of Credential Holder

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a license/credential or for renewal or reinstatement of a license/credential may result in license/credential application processing delays; denial, revocation, suspension or limitation of my license/credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a license/credential renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority may be cause for disciplinary action.

I have read and understand the above Affidavit of credential holder statement.

#### Continuing Duty of Disclosure

I understand that I have a continuing duty of disclosure as long as my license/credential is current and valid. If information I have provided becomes invalid, incorrect or outdated, since the last renewal or issuance of my license/credential, I understand that I am obliged to provide any information to ensure the information on file for my license/credential remains current, valid, and truthful. I understand that the Department of Safety and Professional Services may view acts of omission as dishonesty and that my duty of disclosure exists as long as my license/credential is current and valid.

I have read and I understand the above continuing duty of disclosure statement.

#### Acknowledgement to Continue

By clicking "Save & Next" below, I am signifying that I have read the above statements (Continuing Duty of Disclosure, License/Credential Holder Charges or Convictions, and Affidavit of Applicant) and understand the obligation I have as a license/credential-holder should the information I've provided to the Department of Safety and Professional Services change.

Previous **Save & Next**

- Click the **upload** icon under Actions column.

**LicensE** Harish Test User1

Home License and Applications Request Support Amendments



### Plumbing Apprentice - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Supporting Documents
- Payment


### Supporting Documents

DSPS does not require you to upload CE certificates. Please do not upload them into LicensE.

Documents	Title	Who Submits?	Actions
* Copy of the apprenticeship contract or proof of plumbing indentureship from the Wisconsin Bureau of Apprenticeship Standards.		Applicant	
Other		Applicant	

Previous Save & Next

Contact Information  
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10. Click **Upload Files** and select the required file.
11. Click **Done**.
12. Click **Close**.

The screenshot displays the LicensE website interface for renewing a license. The main navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is logged in as 'Harish Test User1'. The current page is titled 'Plumbing Apprentice - Renewal' and shows a progress bar with steps: 'Instructions', 'Personal Information', 'Attestations', 'Supporting Document', and 'Payment'. The 'Supporting Documents' section is active, displaying a message: 'DPS does not require you to upload CE certificates.' A modal dialog box titled 'Please upload a document' is overlaid on the page. It contains a 'Note that:' section with three instructions: 1. File size should not exceed 30MB. 2. Only the following file types shall be accepted: JPG, JPEG, DOCX, bitmap, and PDF. 3. Multiple files can be selected and uploaded. Below the note is an 'Upload Files' button (highlighted with a red box) and a text input field containing 'Test Exam Results.csv'. A 'Close' button (also highlighted with a red box) is located at the bottom right of the dialog box. The footer of the page provides contact information: '4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565' and the Wisconsin state logo with '.gov' and the copyright notice '© 2023 Wisconsin LicensE - All rights reserved.'



13. Click **Save & Next**.

The screenshot shows the LicensE web application interface. At the top, the logo 'LicensE' is on the left, and the user 'Harish Test User1' is on the right. A navigation bar contains 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Plumbing Apprentice - Renewal' and shows a progress bar with steps: 'Instructions' (checked), 'Personal Information' (checked), 'Attestations' (checked), 'Supporting Documents' (active), and 'Payment' (pending). The 'Supporting Documents' section includes a note: 'DPS does not require you to upload CE certificates. Please do not upload them into LicensE.' Below this is a table of documents to be submitted.

Documents	Title	Who Submits?	Actions
* Copy of the apprenticeship contract or proof of plumbing indentureship from the Wisconsin Bureau of Apprenticeship Standards.	Test Exam Results	Applicant	
Other		Applicant	

At the bottom right of the document table, there are two buttons: 'Previous' and 'Save & Next'. The 'Save & Next' button is highlighted with a red border.

Contact Information

4822 Madison Yards Way Madison, WI 53705

(608) 266-2112

(877) 617-1565



14. Click **Pay and Submit**.

**Note:** If you are submitting the application after the expiry date, you will be charged late fee.

The screenshot shows the 'LicensE' website interface for a 'Pharmacy (In-State) - Renewal' application. The left sidebar lists the steps: Instructions, Personal Information, Attestations, Additional Renewal Requirements, Supporting Documents, and Payment. The 'Payment' step is currently active. The main content area shows a 'Payment' section with a warning: 'Please be aware that payments using a checking/savings account may take 3-5 business days to process.' Below this is a table of fees:

Category	Response	Cost
Renewal Fee		\$60.00
Late Fee		\$25.00
Total		\$85.00

Below the table, it states: 'The total amount to be paid for this license application is **\$85.00**'. A note below that says: 'Please click the "Pay and Submit" button to proceed with the chosen payment method.' At the bottom right, there are two buttons: 'Previous' and 'Pay and Submit'. The 'Pay and Submit' button is highlighted with a red box. A red arrow points to the 'Late Fee' row in the table.

15. Enter the **Contact Information**.
16. Select the **Payment Method**, enter the card details, and click **Continue**.

**License Type** Pharmacy (In-State)


**Payment Information**

**Frequency** One Time  
**Payment Amount** \$85.00  
**Payment Date** Pay Now

**Contact Information**


**First Name** Mythri  
**Last Name** K  
**Company** Company-xyz  
**Address 1** fefafdsfd  
**Address 2** fefafdsfd  
**City** sdf  
**State** AK  
**Zip Code** 45646 (Optional)  
**Phone Number** 9999999999  
**Email Address** marine.subham@gmail.com

**Payment Method** Credit/Debit Card

**Card Number** 4111111111111111   
**Expiration Date** 02 / 2025  
**Card Security Code** 111  
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

**Continue** [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  [Security](#)

17. Review the payment, click **Confirm**, and click **Continue**.

<b>Payment Amount</b> \$85.00
<b>Convenience Fee</b> \$1.70
<b>Total Amount</b> \$86.70
<b>Payment Date</b> 07/20/2022
<b>Licensee Name</b> null
<b>License Type</b> Pharmacy (In-State)

Payment Method

<b>Payer Name</b> Mythri K
<b>Card Number</b> *1111
<b>Expiration Date</b> Feb-20/2025
<b>Card Type</b> Visa
<b>Confirmation Email</b> marine.subham@gmail.com

Billing Address

<b>Address 1</b> fefafdsfd
<b>Address 2</b> fefafdsfd
<b>City</b> sdf
<b>State</b> AK
<b>Zip Code</b> 45646

Contact Information

<b>First Name</b> Mythri
<b>Last Name</b> K
<b>Company</b> Company-xyz
<b>Address 1</b> fefafdsfd
<b>Address 2</b> fefafdsfd
<b>City</b> sdf
<b>State</b> AK
<b>Zip Code</b> 45646
<b>Phone Number</b> 9999999999
<b>Email Address</b> marine.subham@gmail.com

A convenience fee will be charged for this transaction. The fee will be added to the amount of your transaction and is in addition to any fees that may be charged by your financial institution.

[Confirm](#) [Back](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

# Renew License - Individual

## Instructions

A confirmation message will appear along with the confirmation number.

The screenshot displays the LicensesE website interface. At the top left is the LicensesE logo. The top right shows a user profile for Subham Singh. The navigation menu includes Home, License and Applications, and Technical Support. The main content area features a 'Payment Status' section with a green confirmation message: 'Thank you for your payment, your application has been successfully submitted.' Below this message is the 'Confirmation Number: XWIX14000025016'. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', phone numbers '(608) 266-2112' and '(877) 617-1565', and the Wisconsin state logo with '.gov'. A copyright notice at the bottom right reads '© 2022 Wisconsin LicensesE - All rights reserved.'

# Renew License as Organization

1. Click **Renew My License**.

The screenshot displays a dashboard with six main sections, each with an icon, a title, a brief instruction, and a button:

- Apply for a License?**: If you are new to the site and need to apply for a new license, click the Apply for a License button below. Button: [Apply for a License](#)
- Check your License Status?**: If you have submitted an application and want to check its status, click the Check Application Status button below. Button: [Check Application Status](#)
- My Approved Licenses**: Find all of your Approved Licenses, view and download Certificates, and apply for Specialties. Button: [My Approved Licenses](#)
- Pre-Determination**: If you would like to get pre-determination done before applying for license, click File Pre-Determination button below. Button: [File Pre-Determination](#)
- Renew Licenses**: If you would like to renew you existing license, Please click the Renew My License button below. Button: [Renew My License](#) (highlighted with a red box)
- Change Of Ownership**: If you would like to do change of ownership, Please click the Change Of Ownership button below. Button: [Change Of Ownership](#)

2. Click **Renew**.

The screenshot shows the LicensesE website interface. At the top, there is a navigation bar with the logo and user information 'Samiksha Org One'. Below the navigation bar, there are menu items: Home, License and Applications, Request Support, and Amendments. The main content area is titled 'My Licenses For Renewal' and contains a table with the following data:

LICENSE NO.	LICENSE TYPE	ISSUED ON	EXPIRES ON	ACTION
10005 - 42	Pharmacy (In-State)	01/08/2024	02/01/2024	<a href="#">Renew</a>
13001 - FM	Fireworks Manufacturer	11/16/2023	11/20/2023	<a href="#">Renew</a>

The 'Renew' button for the first license (10005 - 42) is highlighted with a red box. At the bottom of the page, there is a footer with contact information and the Wisconsin state logo.

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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3. Read the instructions and click **Next**.

The screenshot displays the LicensE website interface for the 'Pharmacy (In-State) - Renewal' process. The top navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is logged in as 'Samiksha Org One'. The main content area is titled 'Instructions' and contains the following text:

Welcome, let's begin your renewal.  
If you have questions about your renewal, you may call our office at (608) 266-2112, or email [dpsrenewal@wisconsin.gov](mailto:dpsrenewal@wisconsin.gov). Once your renewal is complete and your license is renewed, you will receive an email with a link to print a copy of your license with the updated expiration date.

A 'Next' button is located on the right side of the instructions, highlighted with a red rectangular box.

The sidebar on the left lists the following steps:

- Instructions (selected)
- Personal Information
- Attestations
- Additional Renewal Requirements
- Supporting Documents
- Payment

The footer contains contact information: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, and (877) 617-1565. The Wisconsin state logo and 'Wisconsin LicensE' branding are also present.

4. Read the information.
5. If you do not want your address to be displayed on the lists, select the checkbox.
6. Click **Save & Next**.

The screenshot shows the 'LicensE' portal interface for a 'Pharmacy (In-State) - Renewal' application. The user is logged in as 'Samiksha Org One'. The navigation menu includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The left sidebar shows a 'Steps' list with 'Instructions' selected and 'Personal Information' highlighted. The main content area is titled 'Personal Information' and contains a declaration: 'Per Wis. Stat. 440.14, if you are individual or sole proprietor, you may declare that your street address and/or PO Box# not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box to make this declaration.' Below this text is a checkbox labeled 'Please do not disclose my street address and/or PO Box# on lists.', which is checked. At the bottom right of the form area are two buttons: 'Previous' and 'Save & Next', with the latter being highlighted. The footer contains contact information and the Wisconsin state logo.

**LicensE** Samiksha Org One

Home License and Applications Request Support Amendments

Pharmacy (In-State) - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Additional Renewal Requirements
- Supporting Documents
- Payment

**Personal Information**

Per Wis. Stat. 440.14, if you are individual or sole proprietor, you may declare that your street address and/or PO Box# not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box to make this declaration.

Please do not disclose my street address and/or PO Box# on lists.

Previous **Save & Next**

Contact Information

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7. Read the information.
8. Select the checkbox to provide your attestation.
9. Click **Save & Next**.

The screenshot shows the 'LicensesE' website interface for a 'Pharmacy (In-State) - Renewal' application. The left sidebar lists the steps: Instructions, Personal Information, Attestations, Additional Renewal Requirements, Supporting Documents, and Payment. The 'Attestations' step is currently active. The main content area is titled 'Attestations' and contains the following text:

**Attestations**

Affidavit and Continuing Duty of Disclosure for Organizations/Entities

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

Continuing Duty of Disclosure:

I have read and I understand the above continuing duty of disclosure statement

At the bottom right of the main content area, there are two buttons: 'Previous' and 'Save & Next'. The 'Save & Next' button is highlighted with a red border.

The footer of the page includes contact information: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, (877) 617-1565, and the Wisconsin.gov logo. Copyright information: © 2023 Wisconsin LicensesE · All rights reserved.

10. Read the information.
11. Select appropriate options and fill in the details.
12. Click **Save and Next**.

### Pharmacy (In-State) - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Additional Renewal Requirements**
- Supporting Documents
- Payment

#### Additional Renewal Requirements

Please read the following information:

Chapter CSB 4 of the Wisconsin Administrative Code requires licensees who dispense monitored prescription drugs to patients in Wisconsin to collect and submit data to the PDMP database.

NOTE:  
\*Dispense means to deliver a prescribed monitored prescription drug to a patient by or pursuant to the prescription order of a practitioner, including the compounding, packaging or labeling necessary to prepare the prescribed drug or device for delivery.

\*Monitored prescription drugs\* are:  
- State Controlled Substances in Schedule II, III, IV, or V that require a prescription order to be lawfully dispensed.  
- Federally Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed

Pharmacies that do not dispense monitored prescription drugs may be exempt from the data collection and submission requirements of the PDMP if they have applied and been approved for an exemption.

**\*Is your pharmacy currently exempt from data collection and submission requirements of the PDMP?**

- Yes- My pharmacy is exempt and has an approved exemption form on file with the Department.
- No- My pharmacy collects and submits data to the PDMP database.
- No- I need to submit an application for an exemption because my pharmacy does not dispense monitored prescription drugs.

This page is OPTIONAL.  
Your responses will not affect your ability to renew your pharmacy's license.

The Department requests your pharmacy's DEA Registration Number, and the DEA Registration Numbers of remote dispensing sites, if any, dispensing under the authority of your pharmacy. The information will only be used to monitor your pharmacy's compliance with the PDMP data collection and submission requirements. The information will NOT be added to your pharmacy's license file or used for any purpose other than to monitor PDMP compliance.

Pharmacy DEA Registration Number:

Remote Dispensing Sites DEA Registration Number(s). Please separate multiple numbers with commas.:

\*Name of Managing Pharmacist:

\*License # of Managing Pharmacist:

\*Pharmacy Fax Number:

13. Click the **Upload** icon.

The screenshot shows the LicensE web application interface. At the top, the logo 'LicensE' is on the left, and a user profile 'Samiksha Org One' is on the right. A navigation bar contains 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Pharmacy (In-State) - Renewal' and shows a progress bar with steps: 'Instructions' (checked), 'Personal Information' (checked), 'Attestations' (checked), 'Additional Renewal Requirements' (checked), 'Supporting Documents' (active), and 'Payment' (unavailable). The 'Supporting Documents' section contains a message: 'DPS does not require you to upload CE certificates. Please do not upload them into LicensE.' Below this is a table with columns 'Documents', 'Title', 'Who Submits?', and 'Actions'. A row with 'Other' in the 'Documents' column and 'Applicant' in the 'Who Submits?' column has an upload icon in the 'Actions' column, which is highlighted with a red box. At the bottom right of the table are 'Previous' and 'Save & Next' buttons. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565', along with the 'wis.gov' logo and copyright notice '© 2023 Wisconsin LicensE · All rights reserved.'

Home License and Applications Request Support Amendments


### Pharmacy (In-State) - Renewal

Steps

- Instructions
- Personal Information
- Attestations
- Additional Renewal Requirements
- Supporting Documents
- Payment

### Supporting Documents

DPS does not require you to upload CE certificates.  
Please do not upload them into LicensE.

Documents	Title	Who Submits?	Actions
Other		Applicant	

Previous Save & Next

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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## Instructions

14. Click **Upload Files** and select the file to upload
15. Click **Done**.
16. Click **Close**.

The screenshot displays the LicensesE web application interface. The main navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is logged in as 'Samiksha Org One'. The current page is 'Pharmacy (In-State) - Renewal' with a sub-section for 'Supporting Documents'. A modal dialog box titled 'Please upload a document' is open, containing a 'Note that:' section with three instructions: 1. File size should not exceed 30MB. 2. Only the following file types shall be accepted: JPG, JPEG, DOCX, bitmap, and PDF. 3. Multiple files can be selected and uploaded. Below the note is a file upload area with an 'Upload Files' button (highlighted with a red box) and a 'Results.csv' file listed. A 'Close' button (also highlighted with a red box) is located at the bottom right of the dialog. The background shows a 'Steps' sidebar with 'Supporting Documents' selected, and a 'Save & Next' button is visible on the right side of the main content area.



17. Click **Save & Next**.

The screenshot shows the LicensE web application interface. At the top left is the LicensE logo. The top right shows a user profile for 'Samiksha Org One'. A navigation bar includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area is titled 'Pharmacy (In-State) - Renewal' and features a vertical 'Steps' sidebar with the following items: 'Instructions' (checked), 'Personal Information' (checked), 'Attestations' (checked), 'Additional Renewal Requirements' (checked), 'Supporting Documents' (active), and 'Payment' (unavailable). The 'Supporting Documents' section contains a message: 'DPS does not require you to upload CE certificates. Please do not upload them into LicensE.' Below this is a table with columns: Documents, Title, Who Submits?, and Actions. The table has one row: 'Other' (Documents), 'Results' (Title), 'Applicant' (Who Submits?), and upload/delete icons (Actions). At the bottom right of the table area are 'Previous' and 'Save & Next' buttons, with the latter highlighted by a red box. The footer contains contact information: '4822 Madison Yards Way Madison, WI 53705', '(608) 266-2112', and '(877) 617-1565'. The Wisconsin state logo and 'wisconsin.gov' are on the right, along with the copyright notice '© 2023 Wisconsin LicensE · All rights reserved.'



18. Click **Pay and Submit**.

The screenshot shows the 'LicensE' website interface for a 'Pharmacy (In-State) - Renewal' application. The navigation menu includes 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is logged in as 'Samiksha Org One'. The 'Steps' sidebar shows 'Instructions', 'Personal Information', 'Attestations', 'Additional Renewal Requirements', 'Supporting Documents', and 'Payment' (the current step). The 'Payment' section contains a warning: 'Please be aware that payments using a checking/savings account may take 3-5 business days to process.' Below this is a table with the following data:

Category	Response	Cost
Renewal Fee		\$60.00
Total		\$60.00

The total amount to be paid for this license application is **\$60.00**. Please click the "Pay and Submit" button to proceed with the chosen payment method.

At the bottom right, there are two buttons: 'Previous' and 'Pay and Submit'. The 'Pay and Submit' button is highlighted with a red border.

Contact Information: 4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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19. Enter the **Contact Information**.
20. Select the **Payment Method**, enter the card details, and click **Continue**.

**License Type** Pharmacy (In-State)


**Payment Information**

**Frequency** One Time  
**Payment Amount** \$85.00  
**Payment Date** Pay Now

**Contact Information**

**First Name** Mythri  
**Last Name** K  
**Company** Company-xyz  
**Address 1** fefafdsfd  
**Address 2** fefafdsfd  
**City** sdf  
**State** AK  
**Zip Code** 45646 (Optional)  
**Phone Number** 9999999999  
**Email Address** marine.subham@gmail.com

**Payment Method** Credit/Debit Card

**Card Number** 4111111111111111   
**Expiration Date** 02 / 2025  
**Card Security Code** 111  
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

21. Review the payment, click **Confirm**, and click **Continue**.

<b>Payment Amount</b> \$85.00
<b>Convenience Fee</b> \$1.70
<b>Total Amount</b> \$86.70
<b>Payment Date</b> 07/20/2022
<b>Licensee Name</b> null
<b>License Type</b> Pharmacy (In-State)

Payment Method

<b>Payer Name</b> Mythri K
<b>Card Number</b> *1111
<b>Expiration Date</b> Feb-2025
<b>Card Type</b> Visa
<b>Confirmation Email</b> marine.subham@gmail.com

Billing Address

<b>Address 1</b> fefafdsfd
<b>Address 2</b> fefafdsfd
<b>City</b> sdf
<b>State</b> AK
<b>Zip Code</b> 45646

Contact Information

<b>First Name</b> Mythri
<b>Last Name</b> K
<b>Company</b> Company-xyz
<b>Address 1</b> fefafdsfd
<b>Address 2</b> fefafdsfd
<b>City</b> sdf
<b>State</b> AK
<b>Zip Code</b> 45646
<b>Phone Number</b> 9999999999
<b>Email Address</b> marine.subham@gmail.com

A convenience fee will be charged for this transaction. The fee will be added to the amount of your transaction and is in addition to any fees that may be charged by your financial institution.

[Confirm](#) [Back](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

A confirmation message will appear along with the confirmation number.

The screenshot displays the LicensE website interface. At the top left is the LicensE logo. To the right of the logo is a navigation menu with links for Home, License and Applications (with a dropdown arrow), and Technical Support. In the top right corner, there is a user profile icon and the name "Caroline Forbes" with a dropdown arrow. The main content area features a "Payment Status" section with a green confirmation message: "Thank you for your payment, your application has been successfully submitted." Below this message, the "Confirmation Number: XWIX14000025046" is displayed. At the bottom of the page, there is a footer with contact information: "Contact Information", "4822 Madison Yards Way Madison, WI 53705", "(608) 266-2112", and "(877) 617-1565". On the right side of the footer, there is the Wisconsin state logo with ".gov" and the text "© 2022 Wisconsin LicensE - All rights reserved."

# Request Amendments

1. On the homepage, click **Amendments** and select **Request for Amendment**.

The screenshot shows the LicensE website homepage. At the top left is the LicensE logo. The navigation bar includes 'Home', 'License and Applications', 'Amendments', and 'Technical Support'. The 'Amendments' dropdown menu is open, showing 'My Amendments' and 'Request for Amendment', with the latter highlighted by a red dashed box. Below the navigation bar is a welcome message: 'welcome to Wisconsin's Department of Safety and Professional Services'. The main content area features three columns: 'Apply for a License?' with a button, 'Check your License Status?' with a button, and 'My Approved Licenses' with a button. Each column includes an illustration and a brief description of the service.

2. Select the **Amendment Type** and click **Next**.

The screenshot shows the 'Request for Amendment' page in the LicensE system. The page title is 'Request for Amendment'. There are two radio button options: 'Name Change' (which is selected and highlighted in green) and 'Address Change'. A 'Next' button is located at the bottom right of the form area. The page includes a navigation menu with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user is identified as 'Harish User4'. The footer contains contact information for LicensE, including the address '4822 Madison Yards Way Madison, WI 53705', phone numbers '(608) 266-2112' and '(877) 617-1565', and the Wisconsin state logo with '.gov'. Copyright information for 2023 is also present.



3. Click **Upload Files** and upload the file and click **Submit**.

**LicensE** Harish User4

Home License and Applications Request Support Amendments

### Name Change

\* First Name Middle Name \* Last Name

Harish Test User4

Please upload the required document, unless the document is uploaded the Amendment will not be verified, one of the following documents must be submitted

- Driver's License
- Marriage Certificate
- Divorce Decree
- Social Security Card
- Court Documents
- File size must be less than 30 Mb

\* Please upload the required document

Upload Files Or drop files

Document.docx

Submit

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

Wisconsin.gov

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# View Due Diligence

1. Click **Check Application Status**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right of the logo is a navigation menu with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. In the top right corner, there is a user profile icon labeled 'Harish User3'. The main content area features a large heading: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this heading are three columns, each with an illustration, a title, a descriptive paragraph, and a button. The first column is titled 'Apply for a License?' and includes the text 'If you are new to the site and need to apply for a new license, click the Apply for a License button below.' The second column is titled 'Check your License Status?' and includes the text 'If you have submitted an application and want to check its status, click the Check Application Status button below.' The third column is titled 'My Approved Licenses' and includes the text 'Find all of your Approved Licenses, view and download Certificates, and apply for Specialties'. The 'Check Application Status' button in the second column is highlighted with a red rectangular border. At the bottom of the page, there are two more illustrations: one of a person at a computer screen and another of a person in a suit holding a document.

# View Due Diligences

## Instructions

- For the application with status Submitted, click the three dots "⋮" and select **View Due Diligences**.

The screenshot shows the LicensE web application interface. At the top, there is a navigation bar with the LicensE logo, a user profile for Caroline Forbes, and navigation links for Home, License and Applications, and Technical Support. Below the navigation bar is a section titled "My Applications" with a sub-header: "Click under 'Action' to Continue an Application, View a Submitted Application, or View the Status of your Due Diligence Checklist for a Submitted Application".

There is a search filter section with a "Status" dropdown menu, a "Search" button, and a "Clear" button. Below this is a table of applications:

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	APPLICATION DATE	STATUS	ACTION
PAR-000009836	Renewal Application	Pharmacy (In-State) - Renewal	07/20/2022	Submitted	⋮
PAR-000007144	Organization License	Pharmacy (In-State)	06/30/2022		<a href="#">View Application</a> <a href="#">View Due Diligences</a> <a href="#">Conviction Fee</a>
PAR-000007146	Organization License	Pharmacy (Out-of-State)	06/30/2022		
PAR-000007025	Organization License	Pharmacy (In-State)	06/28/2022	Submitted	⋮
PAR-000007033	Organization License	Pharmacy (In-State)	06/28/2022	Submitted	⋮

At the bottom of the table, it says "Displaying page 1 / 1". The footer contains "Contact Information" and the LicensE logo.

You will be directed to the Due Diligences page.

**LicensE** Harish User3

Home License and Applications Request Support Amendments

### Due Diligences

DUE DILIGENCE	STATUS	NOTES
Copy of Master Electrician License and completed required CE		
Copy of certificate of completion or equivalency from the Wisconsin Bureau of Apprenticeship Standards stating that you have satisfied the requirements of a plumbing apprenticeship program in order to take the exam		
Verification of Out of state Master Plumber License		
Application Fee		
Credential Fee		
License Application Complete		
Exam Fee		
Exam Result		
Completion of Experience or Engineering Degree		

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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# View Approved Licenses

1. On the homepage, click **My Approved Licenses**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right is a user profile icon labeled 'Harish User3'. Below the logo is a navigation bar with links for 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The main content area features a welcome message: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this are three columns of service cards. The first card is 'Apply for a License?' with a sub-header and a description: 'If you are new to the site and need to apply for a new license, click the Apply for a License button below.' The second card is 'Check your License Status?' with a sub-header and a description: 'If you have submitted an application and want to check its status, click the Check Application Status button below.' The third card is 'My Approved Licenses' with a sub-header and a description: 'Find all of your Approved Licenses, view and download Certificates, and apply for Specialties'. The 'My Approved Licenses' button is highlighted with a red border. At the bottom of the page, there are decorative illustrations of a person at a computer and a person in a suit.



# View Approved Licenses

## Instructions

2. Click the three dots "⋮" and select **View Certificates**.

**LicensE** Harish User3

Home License and Applications Request Support Amendments

Click under "Action" to View Certificates or Apply for Specialties  
My Licenses

LICENSE NO.	LICENSE TYPE	CATEGORY	STATUS	ISSUANCE DATE	EXPIRATION DATE	SPECIALTIES	ACTION
8007 - UDCEI	UDC Electrical Inspector	Regular	Active	12/29/2023	6/30/2027		⋮
8010 - UDCPI	UDC Plumbing Inspector	Regular	Active	12/18/2023	6/30/2027		⋮
8009 - UDCPI	UDC Plumbing Inspector	Regular	Active	12/18/2023	6/30/2027		⋮
8006 - UDCHI	UDC HVAC Inspector	Regular	Active	12/16/2023	6/30/2027		⋮
8005 - UDCHI	UDC HVAC Inspector	Regular	Active	12/16/2023	6/30/2027		⋮
8001 - UDCEI	UDC Electrical Inspector	Regular	Active	12/15/2023	6/30/2027		⋮
9001 - P	Pipelayer	Regular	Active	11/24/2023	3/31/2027		⋮

# Apply for Wall Certificate

1. Click **My Approved Licenses**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right of the logo is a navigation menu with links for Home, License and Applications, Request Support, and Amendments. In the top right corner, there is a user profile icon labeled 'Harish User3'. The main content area features a welcome message: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this, there are three columns of service options, each with an icon, a title, a brief description, and a button. The 'My Approved Licenses' button is highlighted with a red border. At the bottom of the page, there are decorative illustrations of a person at a computer and a person with a briefcase.

**LicensE** Harish User3

Home License and Applications Request Support Amendments

### Welcome to Wisconsin's Department of Safety and Professional Services

#### Apply for a License?

If you are new to the site and need to apply for a new license, click the Apply for a License button below.

[Apply for a License](#)

#### Check your License Status?

If you have submitted an application and want to check its status, click the Check Application Status button below.

[Check Application Status](#)

#### My Approved Licenses

Find all of your Approved Licenses, view and download Certificates, and apply for Specialties

[My Approved Licenses](#)

**LicensE**

# Apply for Wall Certificate

## Instructions

- Click the three dots "⋮" and select **Wall Certificate Fee**.

The screenshot shows the LicensE web application interface. At the top, there is a navigation bar with "Home", "License and Applications", and "Technical Support". Below this, a message says "Click under 'Action' to View Certificates" and "My Licenses". A table lists licenses with columns for License No., License Type, Category, Status, Issuance Date, Expiration Date, and Action. The first row shows a license with ID 10000-42, type Pharmacy (In-State), category Regular, status Expired, issued on 06/29/2022, and expiring on 07/19/2022. The Action column for this license has a dropdown menu open, listing options: Renew, Change of Location, Manage Employees, Wall Certificate Fee (highlighted with a red box), and Conviction Fee. The footer contains contact information and the Wisconsin state logo.

LICENSE NO.	LICENSE TYPE	CATEGORY	STATUS	ISSUANCE DATE	EXPIRATION DATE	ACTION
10000 - 42	Pharmacy (In-State)	Regular	Expired	06/29/2022	07/19/2022	<ul style="list-style-type: none"><li>Renew</li><li>Change of Location</li><li>Manage Employees</li><li><b>Wall Certificate Fee</b></li><li>Conviction Fee</li></ul>

3. Click **Pay and Submit**.

**LicensE** Caroline Forbes

Home License and Applications Technical Support

### Payment

Category	Response	Cost
Wall Certificate	<input checked="" type="checkbox"/>	\$10.00
Governor Signed Certificate	<input checked="" type="checkbox"/>	\$10.00
Total		\$20.00

The total amount to be paid for this license application is **\$20.00**

Please click the "Pay and Submit" button to proceed with the chosen payment method.

Cancel **Pay and Submit**

Contact Information  
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Wisconsin.gov  
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4. Fill in the necessary details and complete the payment process.

**License Type** Pharmacy (In-State)


**Payment Information**

**Frequency** One Time  
**Payment Amount** \$20.00  
**Payment Date** Pay Now

**Contact Information**

**First Name** Mythri  
**Last Name** L  
**Company** Mystic Falls  
**Address 1** 123, Mystic Falls  
**Address 2** 123, Mystic Falls  
**City** Mystic Falls  
**State** AK  
**Zip Code** 12312 (Optional)  
**Phone Number** 7777777777  
**Email Address** kashish.patodi+org@mtxb2b.com

**Payment Method** Credit/Debit Card

**Card Number** 4111111111111111   
**Expiration Date** 02 / 2024  
**Card Security Code** 666  
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

# Pay Conviction Fee



You can pay conviction fee for Submitted and Approved licenses.

1. Click **Check Application Status**, to pay the conviction fee for Submitted licenses.

**Note:** To pay the conviction fee for Approved licenses, click **My Approved Licenses** and perform the instructions given in this section.

The screenshot displays the LicensE website interface. At the top, the logo 'LicensE' is on the left, and a user profile 'Caroline Forbes' is on the right. Below the logo is a navigation bar with 'Home', 'License and Applications', and 'Technical Support'. The main content area is titled 'Welcome to Wisconsin's Department of Safety and Professional Services' and features four primary action cards:

- Apply for a License?**: Includes an illustration of a person with a laptop and a checkmark. Text: 'If you are new to the site and need to apply for a new license, click the Apply for a License button below.' Button: 'Apply for a License'.
- Check your License Status?**: Includes an illustration of a person pointing at a screen. Text: 'If you have submitted an application and want to check its status, click the Check Application Status button below.' Button: 'Check Application Status'.
- My Approved Licenses**: Includes an illustration of a person with a document. Text: 'Find all of your Approved Licenses, view and download Certificates, and apply for Specialties.' Button: 'My Approved Licenses'.
- Renew Licenses**: Includes an illustration of a person with a document. Text: 'If you would like to renew you existing license, Please click the Renew My License button below.' Button: 'Renew My License'.

# Pay Conviction Fee

## Instructions

- For the application with Submitted status, click the three dots "⋮" and select **Conviction Fee**.

The screenshot shows the LicensE website interface. At the top, there is a navigation bar with the LicensE logo, a user profile for Caroline Forbes, and a breadcrumb trail: Home > License and Applications > Technical Support. Below the navigation bar is a section titled "My Applications" with a sub-header: "Click under 'Action' to Continue an Application, View a Submitted Application, or View the Status of your Due Diligence Checklist for a Submitted Application".

There is a search filter section with a "Status" dropdown menu, a "Search" button, and a "Clear" button. Below this is a table of applications:

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	APPLICATION DATE	STATUS	ACTION
PAR-000009836	Renewal Application	Pharmacy (In-State) - Renewal	07/20/2022	Submitted	⋮
PAR-000007144	Organization License	Pharmacy (In-State)	06/30/2022	Submitted	⋮
PAR-000007146	Organization License	Pharmacy (Out-of-State)	06/30/2022	Submitted	⋮
PAR-000007025	Organization License	Pharmacy (In-State)	06/28/2022	Submitted	⋮
PAR-000007033	Organization License	Pharmacy (In-State)	06/28/2022	Submitted	⋮

A dropdown menu is open for the first application (PAR-000009836), showing three options: "View Application", "View Due Diligences", and "Conviction Fee". The "Conviction Fee" option is highlighted with a red box. Below the table, it says "Displaying page 1 / 1". At the bottom of the page, there is a footer with "Contact Information" and the LicensE logo.

# Pay Conviction Fee

## Instructions

3. Click **Pay and Submit**.

The screenshot shows the LicensesE website interface. At the top, there is a navigation bar with the LicensesE logo, a user profile for Caroline Forbes, and navigation links for Home, License and Applications, and Technical Support. The main content area is a white box titled "Payment" containing a table with the following data:

Category	Response	Cost
CIB Fee		\$8.00
Total		\$8.00

Below the table, a message states: "The total amount to be paid for this license application is **\$8.00**". Below this message is a note: "Please click the 'Pay and Submit' button to proceed with the chosen payment method." At the bottom right of the payment box, there are two buttons: "Cancel" and "Pay and Submit". The "Pay and Submit" button is highlighted with a red rectangular border.

At the bottom of the page, there is a footer with contact information: "Contact Information", "4822 Madison Yards Way Madison, WI 53705", "(608) 266-2112", and "(877) 617-1565". The Wisconsin state logo and "gov" are also present, along with the copyright notice: "© 2022 Wisconsin LicensesE - All rights reserved."

4. Fill in the information and complete the payment.

**License Type** Pharmacy (In-State)

**Payment Information**

**Frequency** One Time  
**Payment Amount** \$8.00  
**Payment Date** Pay Now

**Contact Information**

**First Name** Mythri  
**Last Name** K  
**Company** Mystic Falls  
**Address 1** 123, Mystic Falls  
**Address 2** 123, Mystic Falls  
**City** Mystic Falls  
**State** Select  
**Zip Code** 12312 (Optional)  
**Phone Number** 5555555555  
**Email Address** kashish.patodi+org@mtxb2b.com

**Payment Method**

**Payment Method** Credit/Debit Card  
**Card Number** 4111111111111111  
**Expiration Date** 10 / 2034  
**Card Security Code** 333  
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) | [Security](#)

# Schedule Exam

1. Click **Check Application Status**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right is a user profile for Aaron Rogers. Below the logo is a navigation bar with links for Home, License and Applications, Request Support, and Amendments. The main content area features a welcome message and three service cards. The first card is 'Apply for a License?' with a description and an 'Apply for a License' button. The second card is 'Check your License Status?' with a description and a 'Check Application Status' button, which is highlighted with a red border. The third card is 'My Approved Licenses' with a description and a 'My Approved Licenses' button. At the bottom of the page, there are decorative illustrations of a person at a computer and a person with a briefcase.

- Click the dropdown and select **Schedule Exam**.

The screenshot shows the LicensE user interface. At the top, there is a navigation bar with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user's name 'Aaron Rogers' is visible in the top right. Below the navigation bar, the page title is 'My Applications'. There is a search filter section with a status dropdown menu currently set to '-Select-'. Below this is a table of applications. The table has columns for Application No., Application Method, License Type, Specialty Application, Specialties Selected, Application Date, Status, and Action. The first application (PAR-0000184454) has a status of 'Pending Exam', and its dropdown menu is open, showing options: 'View Application', 'View Due Diligences', and 'Schedule Exam'. The 'Schedule Exam' option is highlighted with a red box. Other applications in the table include 'Blaster, Class 7', 'Appraiser, Licensed', and 'Behavior Analyst'.

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	SPECIALTY APPLICATION	SPECIALTIES SELECTED	APPLICATION DATE	STATUS	ACTION
PAR-0000184454	Licensure by Examination	Journeyman Plumber	No		12/29/2023	Pending Exam	<ul style="list-style-type: none"> <li>View Application</li> <li>View Due Diligences</li> <li><b>Schedule Exam</b></li> </ul>
PAR-0000184456	Licensure by Examination	Blaster, Class 7	No		12/29/2023	D	
PAR-0000184180	Licensure by Examination	Appraiser, Licensed	No	551	12/21/2023	Credentialing Team Review	
PAR-0000184179	Licensure by Examination	Behavior Analyst	No		12/21/2023	Pending Applicant Input	




3. Read the questions and select applicable options.
4. Click **Upload Files** and upload necessary file.
5. Select **Exam Location**.

The screenshot shows the 'Exam Information' section of the LicensE website. At the top, there is a navigation bar with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user's name 'Aaron Rogers' is visible in the top right corner. The main content area contains the following elements:

- Exam Information** header.
- A red arrow pointing to a question: '\*How would you like to take your exam ?'. Below it is a radio button selected for 'Wisconsin DSPS Location'.
- A red arrow pointing to a checkbox: 'A partir del 11 de julio de 2023, los exámenes comerciales ahora se ofrecen en español. Si desea realizar su examen en español, marque esta casilla. (As of July 11, 2023, trade exams are now offered in Spanish. If you would like to take your exam in Spanish, please check this box.)'. The checkbox is checked.
- A red arrow pointing to another question: '\*Are you requesting a special accommodation? If yes, please upload Form 2352 and Form 2351 in the document upload.'. Below it are radio buttons for 'Yes' (selected) and 'No'.
- A text prompt: 'Please upload the required document'. Below it is an 'Upload Files' button and the text 'Or drop files'.
- A red arrow pointing to 'Previously Uploaded Files :'. Below it is a trash icon and the text 'Document'.
- The text 'Examination Name: Journeyman Plumber - PART - 2'.
- A red arrow pointing to the 'Exam Location' dropdown menu, which is currently set to 'House of Pancakes and French Toast'.
- At the bottom, there is a calendar for 'January 2024' with days of the week (Sun, Mon, Tue, Wed, Thu, Fri, Sat) and a grid of dates (1, 2, 3, 4, 5, 6).

6. Select the **Date**, **Session**, click **Schedule**.
7. Click **Save & Next**.

Previously Uploaded Files:

Document 

Examination Name: Journeyman Plumber - PART - 2

Exam Location  
House of Pancakes and French Toast

January 2024 < >

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			


Jan 9, 2024

Session  
AM

Schedule

Save & Next

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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8. Click **Pay and Submit**.

**LicensE** Aaron Rogers ▾

Home License and Applications ▾ Request Support Amendments ▾

Payment

Please be aware that payments using a checking/savings account may take 3-5 business days to process.

Category	Response	Cost
Exam Fee		\$20.00
<b>Total</b>		<b>\$20.00</b>

The total amount to be paid for this license application is **\$20.00**

Please click the "Pay and Submit" button to proceed with the chosen payment method.

Contact Information

4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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- Fill in the details and complete the payment process.

**License Type** Pharmacy (In-State)



**Payment Information**

**Frequency** One Time  
**Payment Amount** \$8.00  
**Payment Date** Pay Now

**Contact Information**


**First Name**   
**Last Name**   
**Company**   
**Address 1**   
**Address 2**   
**City**   
**State**   
**Zip Code**  (Optional)  
**Phone Number**   
**Email Address**

**Payment Method**

**Payment Method**   
**Card Number**    
**Expiration Date**    
**Card Security Code**    
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  [Security](#)

# Reschedule Exam

1. Click **Check Application Status**.

**Note:** You can reschedule an exam only if the payment is pending.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right is a user profile for Aaron Rogers. Below the logo is a navigation bar with links for Home, License and Applications, Request Support, and Amendments. The main content area features a welcome message: "Welcome to Wisconsin's Department of Safety and Professional Services". Below this are three columns, each with an illustration, a heading, a description, and a button:

- Apply for a License?**: "If you are new to the site and need to apply for a new license, click the Apply for a License button below." Button: "Apply for a License".
- Check your License Status?**: "If you have submitted an application and want to check its status, click the Check Application Status button below." Button: "Check Application Status" (highlighted with a red box).
- My Approved Licenses**: "Find all of your Approved Licenses, view and download Certificates, and apply for Specialties." Button: "My Approved Licenses".

At the bottom of the page, there are two more illustrations: one of a person at a computer screen and another of a person in a suit holding a document.

- Click the dropdown and select **Schedule Exam**.

The screenshot shows the LicensE user interface. At the top, there is a navigation bar with 'Home', 'License and Applications', 'Request Support', and 'Amendments'. The user's name 'Aaron Rogers' is visible in the top right. Below the navigation bar, the page title is 'My Applications'. There is a search filter section with a status dropdown menu currently set to '-Select-'. Below this is a table of applications. The table has columns for Application No., Application Method, License Type, Specialty Application, Specialties Selected, Application Date, Status, and Action. The first application (PAR-0000184454) has a status of 'Pending Exam', and its dropdown menu is open, showing options for 'View Application', 'View Due Diligences', and 'Schedule Exam'. The 'Schedule Exam' option is highlighted with a red box. Other applications in the table include 'Blaster, Class 7', 'Appraiser, Licensed', and 'Behavior Analyst'.

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	SPECIALTY APPLICATION	SPECIALTIES SELECTED	APPLICATION DATE	STATUS	ACTION
PAR-0000184454	Licensure by Examination	Journeyman Plumber	No		12/29/2023	Pending Exam	<ul style="list-style-type: none"> <li>View Application</li> <li>View Due Diligences</li> <li><b>Schedule Exam</b></li> </ul>
PAR-0000184456	Licensure by Examination	Blaster, Class 7	No		12/29/2023	D	
PAR-0000184180	Licensure by Examination	Appraiser, Licensed	No	551	12/21/2023	Credentialing Team Review	
PAR-0000184179	Licensure by Examination	Behavior Analyst	No		12/21/2023	Pending Applicant Input	



# Reschedule Exam

## Instructions

3. Click **Reschedule**.

A partir del 11 de junio de 2023, los exámenes comerciales ahora se ofrecen en español. Si desea realizar su examen en español, marque esta casilla. (As of July 11, 2023, trade exams are now offered in Spanish. If you would like to take your exam in Spanish, please check this box.)

\*Are you requesting a special accommodation? If yes, please upload Form [2352](#) and Form [2351](#) in the document upload.





Yes  
 No

Please upload the required document

Or drop files

Previously Uploaded Files :

No Previously Uploaded Files Found

<b>EXAM NAME</b> Journeyman Plumber - PART - 1	<b>SCHEDULE DETAILS</b>  01/09/2024 AM  The Williams Center Resort and Spa	<input type="button" value="Reschedule"/>
<b>EXAM NAME</b> Journeyman Plumber - PART - 2	<b>SCHEDULE DETAILS</b>  01/10/2024 AM  House of Pancakes and French Toast	<input type="button" value="Reschedule"/>

4. Select **Exam Location, Date, Session**, and click **Schedule**.

The screenshot displays the 'New Schedule' modal window. At the top, it says 'New Schedule'. Below that is a dropdown menu for 'Exam Location' with 'House of Pancakes and French Toast' selected. A red arrow points to this dropdown. Below the location is a calendar for 'January 2024'. The calendar shows dates from 1 to 31. The date '15' is highlighted with a blue circle, and a red arrow points to it. To the right of the calendar is a 'Session' dropdown menu with 'AM' selected. A red arrow points to this dropdown. Below the session dropdown is a 'Schedule' button, which is highlighted with a red box. At the bottom right of the modal is a 'Cancel' button. In the background, there is a form with a question: '\*Are you requesting a special accommodation? If yes, please upload Form 2352 and Form 2351 in the document upload.' with radio buttons for 'Yes' and 'No' (selected). There is also an 'Upload Files' button and a 'Previously Uploaded Files' section.

5. Read the questions and select applicable options.
6. Click **Upload Files** and upload necessary file.

**LicensE** Re-Scheduling Exam We have rescheduled your exam. If you already have a confirmation letter, you will receive an updated one soon; if payment is required, it will be sent following payment. Aaron Rogers

Home License and Applications

### Exam Information

\*How would you like to take your exam ?

- Wisconsin DSPS Location
- A partir del 11 de julio de 2023, los exámenes comerciales ahora se ofrecen en español. Si desea realizar su examen en español, marque esta casilla. (As of July 11, 2023, trade exams are now offered in Spanish. If you would like to take your exam in Spanish, please check this box.)

\*Are you requesting a special accommodation? If yes, please upload Form 2352 and Form 2351 in the document upload.

- Yes
- No

Please upload the required document

Or drop files

Document.docx

Previously Uploaded Files :  
No Previously Uploaded Files Found

<b>EXAM NAME</b> Journeyman Plumber - PART - 1	<b>SCHEDULE DETAILS</b> 01/16/2024 AM House of Pancakes and French Toast
--	--

7. Click **Save & Next**.

Previously Uploaded Files :  
No Previously Uploaded Files Found

<b>EXAM NAME</b> Journeyman Plumber - PART - 1	<b>SCHEDULE DETAILS</b> 📅 01/16/2024 AM 📍 House of Pancakes and French Toast	Reschedule
<b>EXAM NAME</b> Journeyman Plumber - PART - 2	<b>SCHEDULE DETAILS</b> 📅 01/10/2024 AM 📍 House of Pancakes and French Toast	Reschedule

Save & Next

Contact Information  
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8. Click **Pay and Submit**.

**LicensE** Aaron Rogers

Home License and Applications Request Support Amendments

### Payment

Please be aware that payments using a checking/savings account may take 3-5 business days to process.

Category	Response	Cost
Exam Fee		\$20.00
Total		\$20.00

The total amount to be paid for this license application is **\$20.00**

Please click the "Pay and Submit" button to proceed with the chosen payment method.

Previous **Pay and Submit**

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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9. Fill in the information and complete the payment.

**License Type** Pharmacy (In-State)



**Payment Information**

**Frequency** One Time  
**Payment Amount** \$8.00  
**Payment Date** Pay Now

**Contact Information**


**First Name** Mythri  
**Last Name** K  
**Company** Mystic Falls  
**Address 1** 123, Mystic Falls  
**Address 2** 123, Mystic Falls  
**City** Mystic Falls  
**State** Select ▾  
**Zip Code** 12312 (Optional)  
**Phone Number** 5555555555  
**Email Address** kashish.patodi+org@mtxb2b.com

**Payment Method**

**Payment Method** Credit/Debit Card ▾  
**Card Number** 4111111111111111   
**Expiration Date** 10 ▾ 2034 ▾  
**Card Security Code** 333   
**Card Billing Address**  Use my contact information address  
 Use a different address

A convenience fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

[Continue](#) [Cancel](#)

[Customer Service](#) | [Help](#) | [Privacy Policy](#) |  [Security](#)

# Request Exam Review



1. Click **Check Application Status**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To the right of the logo is a navigation menu with links for Home, License and Applications, Request Support, and Amendments. In the top right corner, there is a user profile icon for Aaron Rogers. The main content area features a large heading: "Welcome to Wisconsin's Department of Safety and Professional Services". Below this heading are three distinct service cards. The first card is titled "Apply for a License?" and includes the text: "If you are new to the site and need to apply for a new license, click the Apply for a License button below." The second card is titled "Check your License Status?" and includes the text: "If you have submitted an application and want to check its status, click the Check Application Status button below." The third card is titled "My Approved Licenses" and includes the text: "Find all of your Approved Licenses, view and download Certificates, and apply for Specialties". Each card has a corresponding button at the bottom: "Apply for a License", "Check Application Status", and "My Approved Licenses". The "Check Application Status" button is highlighted with a red rectangular border. At the bottom of the page, there are decorative illustrations of a person at a computer and a person with a briefcase.

# Request Exam Review

## Instructions

2. Click the dropdown and select **Request Exam Review**.

The screenshot shows the LicensE web application interface. At the top, there is a navigation bar with the LicensE logo, user profile 'Aaron Rogers', and navigation links: Home, License and Applications, Request Support, and Amendments. Below the navigation bar is a section titled 'My Applications'. It includes a status filter dropdown set to '-Select-', a 'Search' button, and a 'Clear' button. The main content is a table with the following columns: APPLICATION NO., APPLICATION METHOD, LICENSE TYPE, SPECIALTY APPLICATION, SPECIALTIES SELECTED, APPLICATION DATE, STATUS, and ACTION. The table contains four rows of application data. The first row is selected, and its 'ACTION' dropdown menu is open, showing options: 'Request Exam Review' (highlighted with a red box), 'View Application', 'View Due Diligences', and 'Schedule Exam'. The second row is partially visible with 'Dr' in the STATUS column. The third row has '551' in the SPECIALTIES SELECTED column. The fourth row has 'Pending Applicant Input' in the STATUS column.

APPLICATION NO.	APPLICATION METHOD	LICENSE TYPE	SPECIALTY APPLICATION	SPECIALTIES SELECTED	APPLICATION DATE	STATUS	ACTION
PAR-0000184454	Licensure by Examination	Journeyman Plumber	No		12/29/2023	Pending Exam	<ul style="list-style-type: none"><li>Request Exam Review</li><li>View Application</li><li>View Due Diligences</li><li>Schedule Exam</li></ul>
PAR-0000184456	Licensure by Examination	Blaster, Class 7	No		12/29/2023	Dr	
PAR-0000184180	Licensure by Examination	Appraiser, Licensed	No	551	12/21/2023	Credentialing Team Review	
PAR-0000184179	Licensure by Examination	Behavior Analyst	No		12/21/2023	Pending Applicant Input	

# Change Location

1. Click **My Approved Licenses**.

The screenshot shows the LicensE website interface. At the top left is the LicensE logo. To its right are navigation links: Home, License and Applications (with a dropdown arrow), and Technical Support. In the top right corner, there is a user profile icon and the name 'Caroline Forbes' with a dropdown arrow. The main content area has a header: 'Welcome to Wisconsin's Department of Safety and Professional Services'. Below this are four service cards. The first card is 'Apply for a License?' with an icon of a person holding a license and a checkmark. The second is 'Check your License Status?' with an icon of a person pointing at a screen. The third is 'My Approved Licenses' with an icon of a person holding a document. The fourth is 'Renew Licenses' with an icon of a person holding a document. Each card has a brief description and a corresponding button. The 'My Approved Licenses' button is highlighted with a red rectangular box.

**LicensE** Home License and Applications Technical Support Caroline Forbes

### Welcome to Wisconsin's Department of Safety and Professional Services

**Apply for a License?**  
If you are new to the site and need to apply for a new license, click the Apply for a License button below.

**Check your License Status?**  
If you have submitted an application and want to check its status, click the Check Application Status button below.

**My Approved Licenses**  
Find all of your Approved Licenses, view and download Certificates, and apply for Specialties

**Renew Licenses**  
If you would like to renew you existing license, Please click the Renew My License button below.

Buttons: Apply for a License, Check Application Status, My Approved Licenses, Renew My License

# Change Location

## Instructions

2. Click the three dots "⋮" and select **Change of Location**.

The screenshot displays the LicensE web application interface. At the top right, the user's name "Caroline Forbes" is shown next to a profile icon. The navigation bar includes "Home", "License and Applications", and "Technical Support". Below the navigation bar, there is a message: "Click under 'Action' to View Certificates" and "My Licenses". A table lists licenses with columns for License No., License Type, Category, Status, Issuance Date, Expiration Date, and Action. One license is listed: License No. 10000 - 42, License Type Pharmacy (In-State), Category Regular, Status Expired, Issuance Date 06/29/2022, and Expiration Date 07/19/2022. A dropdown menu is open for the Action column of this license, showing options: View Certificates, Renew, Change of Location (highlighted with a red box), Manage Employees, Wall Certificate Fee, and Conviction Fee. The footer contains contact information: "Contact Information", "4822 Madison Yards Way Madison, WI 53705", "(608) 266-2112", and "(877) 617-1565". The Wisconsin state logo and ".gov" are also present. A copyright notice reads "© 2022 Wisconsin LicensE - All rights reserved." and a small error message "javascript:void(0)" is visible in the bottom left corner.

LICENSE NO.	LICENSE TYPE	CATEGORY	STATUS	ISSUANCE DATE	EXPIRATION DATE	ACTION
10000 - 42	Pharmacy (In-State)	Regular	Expired	06/29/2022	07/19/2022	⋮

- View Certificates
- Renew
- Change of Location**
- Manage Employees
- Wall Certificate Fee
- Conviction Fee

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

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3. Fill in the details and click **Submit**.

The screenshot shows the 'Change of Location' form on the LicensE website. The form is titled 'Change of Location' and is part of the 'License and Applications' section. It includes the following fields:

- Old license number:** 10000 - 42
- \*Proposed Close Date of current license number:** 07/22/2022
- \*Proposed Opening Date of the new location:** 08/11/2022
- New Location Address:**
  - \*Street:** Street
  - \*Suite or P.O. Box:** 7876
  - \*City:** City
  - \*State:** Wisconsin
  - \*Country:** United States
  - \*Zip Code:** 34353

A 'Submit' button is located at the bottom right of the form. The website header includes the LicensE logo, navigation links for Home, License and Applications, and Technical Support, and a user profile for Caroline Forbes.

View Certificates/ Print License



1. Click **My Approved Licenses**.

The screenshot shows the LicensE website interface. At the top, there is a navigation bar with the LicensE logo, a user profile for Caroline Forbes, and menu items for Home, License and Applications, and Technical Support. The main content area is titled "Welcome to Wisconsin's Department of Safety and Professional Services" and contains four service cards:

- Apply for a License?**: Includes an illustration of a person with a license and a button labeled "Apply for a License".
- Check your License Status?**: Includes an illustration of a person at a computer and a button labeled "Check Application Status".
- My Approved Licenses**: Includes an illustration of a person with a document and a button labeled "My Approved Licenses", which is highlighted with a red border.
- Renew Licenses**: Includes an illustration of a person with a document and a button labeled "Renew My License".

2. Click **Download**.

The screenshot shows the LicensE website interface. At the top, the user is logged in as 'Caroline Forbes'. The main navigation includes 'Home', 'License and Applications', and 'Technical Support'. A 'My Licenses' table is displayed with the following data:

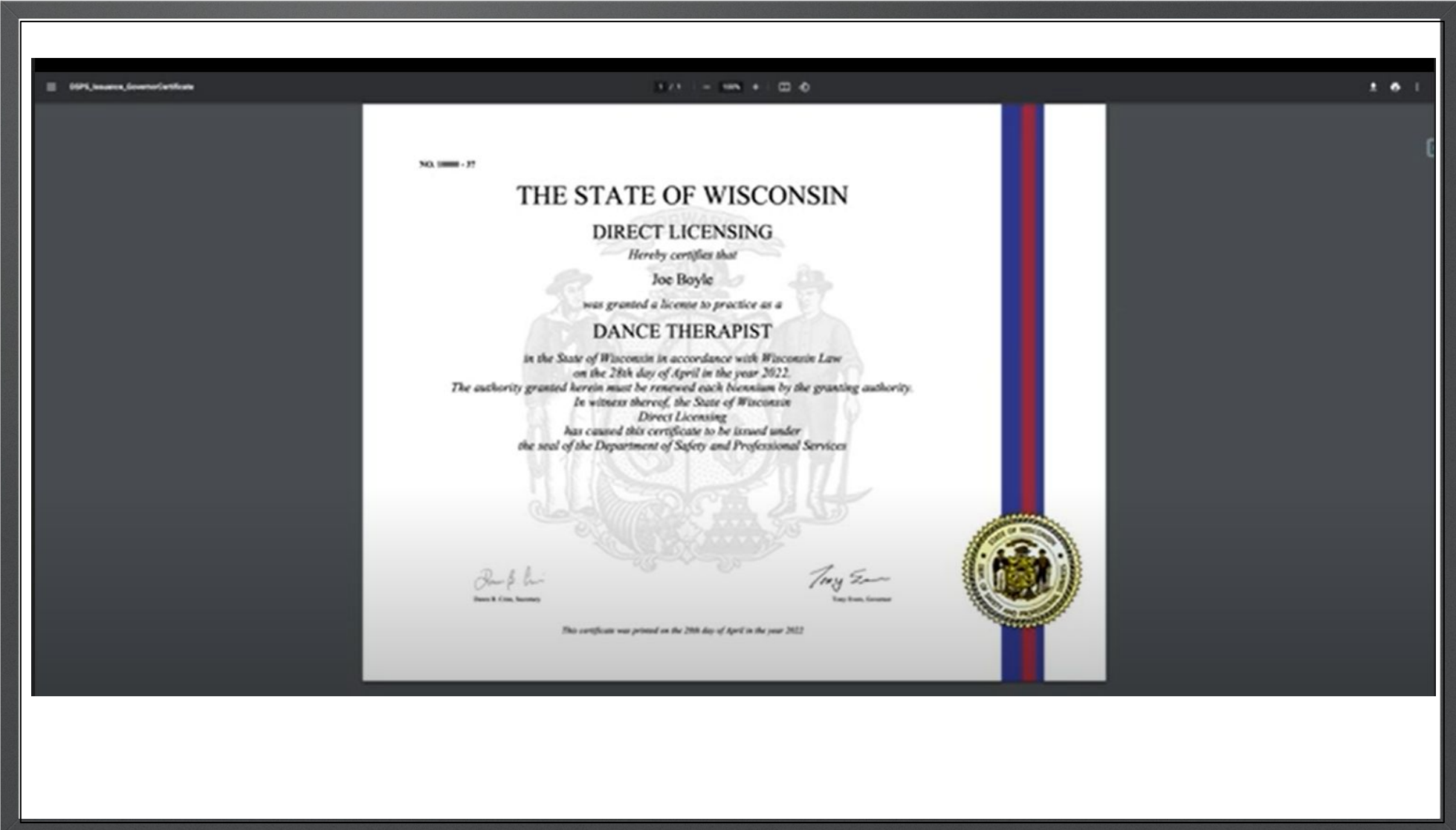
LICENSE NO.	LICENSE TYPE	CATEGORY	STATUS	ISSUANCE DATE	EXPIRATION DATE	ACTION
10000 - 42	Pharmacy (In-State)	Regular	Expired	06/29/2022	07/19/2022	⋮

A modal window titled 'Pharmacy (In-State)' is open, showing two options for downloading certificates:

- Wallet Credential**: A license credential of the size of the regular wallet. [Download](#)
- Governor Certificate**: An official certificate with the signature of the Governor on it. [Download](#)

The 'Download' buttons are highlighted with red boxes. The footer contains contact information for LicensE: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, (877) 617-1565. The Wisconsin state logo and copyright notice '© 2022 Wisconsin LicensE - All rights reserved.' are also present.

A printable PDF is generated.



# Manage Employees

1. Click **My Approved Licenses**.

The screenshot displays the LicensE website dashboard for a user named Caroline Forbes. The dashboard features a dark blue header with the LicensE logo and navigation links for Home, License and Applications, and Technical Support. The main content area is divided into four sections, each with an icon, a title, a brief description, and a button:

- Apply for a License?**: "If you are new to the site and need to apply for a new license, click the Apply for a License button below." Button: [Apply for a License](#)
- Check your License Status?**: "If you have submitted an application and want to check its status, click the Check Application Status button below." Button: [Check Application Status](#)
- My Approved Licenses**: "Find all of your Approved Licenses, view and download Certificates, and apply for Specialties." Button: [My Approved Licenses](#) (highlighted with a red box)
- Renew Licenses**: "If you would like to renew you existing license, Please click the Renew My License button below." Button: [Renew My License](#)

# Manage Employees

## Instructions

2. Click Delete icon to delete an employee.
3. Click **Add Employee**.

The screenshot displays the 'Manage Employees' interface in the LicensE system. At the top, the LicensE logo is on the left, and the user 'Caroline Forbes' is on the right. Below the logo is a navigation bar with 'Home', 'License and Applications', and 'Technical Support'. The main content area is titled 'Manage Employees' and contains a table with the following data:

EMPLOYEE NAME	TITLE	ACTION
Raghuram	Pharmacy (In-State)	
Akshat ki Company Hai	Pharmacy (In-State)	
Renewal Testing Portal	Pharmacy (In-State)	

Below the table, there is a blue button labeled 'Add Employee' which is highlighted with a red rectangular box.

At the bottom of the page, there is a footer with contact information: '4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565'. On the right side of the footer, there is the Wisconsin state logo with '.gov' and the text '© 2022 Wisconsin LicensE - All rights reserved.'

# Manage Employees

## Instructions

4. Click the three dots "⋮" and select **Manage Employees**.

The screenshot displays the LicensesE user interface. At the top left is the 'LicensesE' logo. The top right shows the user's name 'Caroline Forbes' with a dropdown arrow. Below the logo is a navigation bar with 'Home', 'License and Applications', and 'Technical Support'. The main content area has a heading 'Click under "Action" to View Certificates' and 'My Licenses'. A table lists license information with columns: LICENSE NO., LICENSE TYPE, CATEGORY, STATUS, ISSUANCE DATE, EXPIRATION DATE, and ACTION. The first row shows license 10000 - 42, Pharmacy (In-State), Regular, Expired, issued 06/29/2022, and expiring 07/19/2022. A three-dot menu icon in the ACTION column is open, showing options: View Certificates, Renew, Change of Location, Manage Employees (highlighted with a red box), Wall Certificate Fee, and Conviction Fee. The bottom of the page features contact information: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, and (877) 617-1565. The Wisconsin state logo and '.gov' are in the bottom right, along with the copyright notice '© 2022 Wisconsin LicenseE · All rights reserved.'

LICENSE NO.	LICENSE TYPE	CATEGORY	STATUS	ISSUANCE DATE	EXPIRATION DATE	ACTION
10000 - 42	Pharmacy (In-State)	Regular	Expired	06/29/2022	07/19/2022	⋮

5. Select either **Credential/License #** or **Name**.
6. Enter the name in the search bar.
7. Click **Search**.

The screenshot shows the LicensE web application interface. At the top, there is a navigation bar with 'Home', 'License and Applications', and 'Technical Support'. A user profile for 'Caroline Forbes' is visible in the top right. The main content area is titled 'Manage Employees' and contains a table with columns for 'EMPLOYEE NAME', 'TITLE', and 'ACTION'. The table lists two employees: 'Raghuram' and 'Akshat ki Company Hai', both with the title 'Pharmacy (In-State)'. A search modal is open in the foreground, prompting the user to search for an employee by their 'Credential/License #' or 'Name'. The 'Name' option is selected, and a red arrow points to it. Below the radio buttons is a search input field with a red asterisk and the label '\* Name'. A red box highlights the 'Search' button. Other buttons in the modal include 'Reset filters' and 'Close'. The footer of the page contains contact information for LicensE, including the address '4822 Madison Yards Way Madison, WI 53705', phone numbers '(608) 266-2112' and '(877) 617-1565', and the Wisconsin state logo with the text '© 2022 Wisconsin LicensE - All rights reserved.'

EMPLOYEE NAME	TITLE	ACTION
Raghuram	Pharmacy (In-State)	
Akshat ki Company Hai	Pharmacy (In-State)	
Renewal Te		



8. Click **Add Employee**.

The screenshot shows the LicensE web application interface. A search modal is open, displaying a search bar with the letter 'a' and a 'Search' button. Below the search bar is a table of employees. The table has columns for NAME, PROFESSION, CREDENTIAL/LICENSE #, CREDENTIAL/LICENSE TYPE, STATUS, and Action. The 'Action' column contains 'Add Employee' buttons for each row. A red box highlights the 'Add Employee' buttons for the first two rows: 'Raghuram' and 'Akshat ki Company Hai'.

Search for any employee by their "Credential/License#" or "Name".  
You may enter the complete name/number or partial and see the matching results.

Credential/License #  
 Name

\* Name  
a

NAME	PROFESSION	CREDENTIAL/LICENSE #	CREDENTIAL/LICENSE TYPE	STATUS	Action
Raghuram	Wholesale Distributor of Prescription Drugs	10006 - 45	Regular	Expired	<input type="button" value="Add Employee"/>
Akshat ki Company Hai	Mobile Dentistry Program	503 - 115	Regular	Active	<input type="button" value="Add Employee"/>
Akshat ki Company Hai	Home Medical Oxygen Provider	500 - 48	Regular	Active	<input type="button" value="Add Employee"/>
Anushi H Bisen	Acupuncturist	2003 - 55	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Audiologist	1005 - 156	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Dietitian	5004 - 29	Limited	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Dietitian	5005 - 29	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Massage Therapist or Bodywork Therapist	17001 - 146	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Acupuncturist	2001 - 55	Limited	Issued in Error	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Acupuncturist	2002 - 55	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Art Therapist	201 - 36	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Behavior Analyst	1000 - 140	Regular	Inactive	<input type="button" value="Add Employee"/>
Renewal Testing Portal	Midwives, Licensed	500 - 49	Regular	Inactive	<input type="button" value="Add Employee"/>

# Change of Ownership

1. On the homepage, click **Change of Ownership**.

The screenshot shows the homepage of the LicensE website. The header includes the LicensE logo, navigation links for Home, License and Applications, Amendments, and Technical Support, and a user profile for Subham Singh. The main content area features a welcome message and five service cards: 'Apply for a License?', 'Check your License Status?', 'My Approved Licenses', 'Renew Licenses', and 'Change Of Ownership'. The 'Change Of Ownership' card is highlighted with a red border. The text on the 'Change Of Ownership' card reads: 'If you would like to do change of ownership, Please click the Change Of Ownership button below.'

2. Select the license number checkbox and click **Next**.

The screenshot shows the 'Change Of Ownership' form in the LicensE system. The form contains a table with the following data:

Select	License Number	License Name
<input checked="" type="checkbox"/>	10001 - 45	Wholesale Distributor of Prescription Drugs
<input type="checkbox"/>	10015 - 42	Pharmacy (In-State)

A 'Next' button is located at the bottom right of the form area.

- At the prompt, select **Yes**.

The screenshot displays the LicensE web application interface. At the top, the user is logged in as Subham Singh. The navigation menu includes Home, License and Applications, Amendments, and Technical Support. The main content area is titled 'Change Of Ownership' and features a table with the following data:

Select	License Number	License Name
<input checked="" type="checkbox"/>	10001 - 45	Wholesale Distributor of Prescription Drugs
<input type="checkbox"/>	10015 - 42	Pharmacy (In-State)

A confirmation dialog box is overlaid on the screen, titled 'Confirmation'. It contains the text: 'There are other approved licenses which have not been selected for ownership change. This would mean those unselected licenses will be inactivated. Are you sure you want to proceed?'. At the bottom of the dialog, there are two buttons: 'No' and 'Yes'. The 'Yes' button is highlighted with a red box, indicating the required action.

At the bottom of the application, there is contact information: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, and (877) 617-1565. The footer also includes the Wisconsin state logo and the text '© 2022 Wisconsin LicensE - All rights reserved.'

4. Fill in the details and click **Save**.

The screenshot shows the 'Change Of Ownership' form in the Licenses E system. The form is titled 'Change Of Ownership' and is located within a navigation menu that includes 'Home', 'License and Applications', 'Amendments', and 'Technical Support'. The user 'Subham Singh' is logged in. The form is divided into two main sections: 'License Details Section' and 'Ownership Section'. In the 'License Details Section', there are three date fields: '\* Proposed Close Date' (8/6/2022), '\* Proposed Open Date' (8/17/2022), and '\* Date Of Purchase' (8/17/2022). The 'Ownership Section' includes a checkbox for 'Is the contact person also an owner?' (unchecked), a '\* First Name' field (owner), a '\* Last Name' field (ownersad), and a '\* Percentage Owned' field (100). There is an '+ Add Owner' button and a 'Save' button at the bottom right of the form. The footer contains contact information for Licenses E: 4822 Madison Yards Way Madison, WI 53705, (608) 266-2112, and (877) 617-1565. The Wisconsin state logo and 'gov' are also present in the footer.

**Licenses E** Subham Singh

Home License and Applications Amendments Technical Support

### Change Of Ownership

License Details Section

\* Proposed Close Date 8/6/2022 \* Proposed Open Date 8/17/2022 \* Date Of Purchase 8/17/2022

Ownership Section

Is the contact person also an owner?

\* First Name owner \* Last Name ownersad \* Percentage Owned 100

+ Add Owner Save

Contact Information  
4822 Madison Yards Way Madison, WI 53705 (608) 266-2112 (877) 617-1565

Wisconsin.gov  
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This concludes the applicant's user guide for Wisconsin License.

**THANK YOU**