



Registration / Renewal Application of Volunteer Health Care Providers

The Wisconsin Legislature enacted a pilot Volunteer Health Care Program in Brown and Racine Counties in 1989. Since the program began it has been updated to include the entire State of Wisconsin and additional services, such as dental and dental hygiene care. All Volunteer Health Care Providers should obtain a copy of the current statute, Wis. Stats. 146.89 for their records. Important provisions of the Statute are:

- Volunteer Health Care Provider is defined as: an individual who is licensed as a physician or physician assistant or physical therapist or podiatrist under ch. 448, dentist or dental hygienist under ch. 447, registered nurse, practical nurse, or nurse-midwife under ch. 441, optometrist under ch. 449, or chiropractor under ch. 446 or pharmacist under ch. 450, who is certified as a dietitian under subch. V of ch. 448, or who is a nurse practitioner, as defined in s. 255.06 (1) (d), or who performs functions described for pharmacy technicians in rules promulgated by the pharmacy examining board, and who receives no income from the practice of that health care profession or who receives no income from the practice of that health care profession when providing services at the nonprofit agency or school specified under sub. (3)
- Pharmacy Technician: Pharmacy Examining Board Rules indicate that the "pharmacy technician" is not licensed or certified by DRL, and the pharmacy technician can only function under the general supervision of a licensed pharmacist. If you are volunteering as a pharmacy technician, you must provide the Wisconsin Pharmacist License number of your supervising pharmacist for your volunteer time.
- The Volunteer Health Care Provider must submit a joint application with a non-profit agency, school board or governing body to the Department of Administration, Bureau of State Risk Management. When the original application or renewal application is approved, the Volunteer Health Care Provider who provides service covered above becomes an Agent of the State of Wisconsin and is provided the broad liability protection of s. 895.46, Wis. Stats.
- Volunteer Health Care Applicants are approved for one year. If a Volunteer Health Care Provider wishes to renew approval, he or she will resubmit a joint renewal application with the non-profit agency, school board, or governing body of record to the Department of Administration.
- Current Wisconsin Statute 146.89 information is attached and can also be located on the Internet at <http://www.legis.state.wi.us/rsb/stats.html>. Search for Statute 146.89.
- To apply, complete the attached Joint Renewal Application and return to:

Volunteer Health Care Program
Department of Administration-State Risk Management
P.O. Box 77008
Madison, WI 53707-1008

- Both new applicants as well as renewal applicants must fill out the Volunteer Health Care Application. Renewal applicants must also complete the provider history section of this form.

If you have questions, please call (608) 266-0168. Information is also provided on the Department of Administration website: <http://www.doa.state.wi.us/> (Key word - Volunteer Health).

This document can be made available in alternate formats to persons with disabilities, upon request

Volunteer Health Care Application
To be completed by new and renewal applicants

RETURN COMPLETED FORM TO:
VOLUNTEER HEALTH CARE
PROGRAM DOA/BSRM
P.O. BOX 77008
MADISON, WI 53707-1008

Check One:

- | | | | | |
|---|--|---|---|------------------------------------|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Podiatrist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Dietitian |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Practical Nurse | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Nurse-Midwife | |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Physical Therapist | |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Pharmacy Technician: Supervisor's WI Pharmacist License # _____ | | | |

The information provided on this application will be confirmed with the Wisconsin Department of Regulation and Licensing to verify your license is active and unrestricted and will be used in the review of your application.

ALL APPLICANTS MUST COMPLETE THE INFORMATION BELOW

(Please type or print – Bold items are mandatory)

Last Name	First Name	MI	WI Health Professional License No./Exp. Date		
Former Name(s) (If Applicable)			Email Address		
Street Address (Post Office Box is NOT Acceptable)		City	County	State	ZIP Code + 4
Day Phone ()	Specialty Code (If Applicable)			Date of Birth	

PROVIDER HISTORY

To be completed by all renewal applicants

Section 146.89 Wis. Stats. requires a health care provider who wishes to renew approval under this program to answer questions about the activities that the individual has undertaken as a Volunteer Health Care Provider in the previous 12 months. Please answer all of the following questions.

1. How many hours did you volunteer your professional services during the last 12 months? _____
2. How many patient contacts did you have during the last 12 months? _____
3. Do you expect to continue the same level of volunteer involvement at the clinic as you have the previous 12 months?
☐ Same ☐ Less ☐ More

AFFIDAVIT OF APPLICANT AND SPONSORING AGENT, SCHOOL BOARD, OR GOVERNING BODY

I, the undersigned, state that I am the person referred to in this application and that all statements are true in every respect. I have read and understand the program requirements as outlined in Wis. Stats. 146.89. I understand that false or forged statements made in connection with this application may be grounds for revocation of my license. The information provided on this application will be confirmed with the State of Wisconsin Department of Regulation and Licensing to verify your license and will be used in the review of your application.

Applicant Signature

Date (mm/dd/ccyy)

Subscribed and Sworn to before me this _____ of _____, _____.

Notary Public

State of: _____

County of: _____

My commission expires (mm\dd\ccyy): _____

Authorized Signature: [] Sponsoring Clinic, [] School Board or [] Governing Body. Authorized signatures on behalf of school boards or governing body certify that the Applicant has received materials that specify school board or governing body policies concerning the provision of health care services to students and that Applicant has agreed to comply with the policies.

Name of Sponsoring Clinic, School Board or Governing Body: _____ **Date:** _____

Authorized Signature: _____ **Print Name:** _____

WI Statute 146.89 Volunteer health care provider program.

(1) In this section:

(d) “Governing body” means the governing body of any of the following:

1. A charter school, as defined in s. 115.001 (1).
2. A private school, as defined in s. 115.001 (3r), that participates in the Milwaukee Parental Choice Program under s. 119.23.

(g) “School” means any of the following:

1. A public elementary school.
2. A charter school, as defined in s. 115.001 (1).
3. A private school, as defined in s. 115.001 (3r), that participates in the Milwaukee Parental Choice Program under s. 119.23.

(h) “School board” has the meaning given in s. 115.001 (7).

(r) “Volunteer health care provider” means an individual who is one of the following and who receives no income from the practice of his or her health care profession or who receives no income from the practice of that health care profession when providing services at the nonprofit agency specified under sub. (3) or for the school board or governing body specified under sub. (3r): 1. Licensed as a physician under ch. 448, a dentist or dental hygienist under ch. 447, a registered nurse, practical nurse, or nurse–midwife under ch. 441, an optometrist under ch. 449, a physician assistant under ch. 448, a pharmacist under ch. 450, a chiropractor under ch. 446, a podiatrist under subch. IV of ch. 448, or a physical therapist under subch. III of ch. 448.

2. Certified as a dietitian under subch. V of ch. 448.
3. A nurse practitioner, as defined in s. 255.06 (1) (d).
4. An individual who performs functions described for pharmacy technicians in rules promulgated by the pharmacy examining board.

(2) (a) A volunteer health care provider may participate under this section only if he or she submits a joint application with a nonprofit agency, school board, or governing body to the department of administration and that department approves the application. If the volunteer health care provider submits a joint application with a school board or governing body, the application shall include a statement by the school board or governing body that certifies that the volunteer health care provider has received materials that specify school board or governing body policies concerning the provision of health care services to students and has agreed to comply with the policies. The department of administration shall provide application forms for use under this paragraph.

(b) The department of administration may send an application to the medical examining board for evaluation. The medical examining board shall evaluate any application submitted by the department of administration and return the application to the department of administration with the board’s recommendation regarding approval.

(c) The department of administration shall notify the volunteer health care provider and the nonprofit agency, school board, or governing body of the department’s decision to approve or disapprove the application.

(d) Approval of an application of a volunteer health care provider is valid for one year. If a volunteer health care provider wishes to renew approval, he or she shall submit a joint renewal application with a nonprofit agency, school board, or governing body to the department of administration. The department of administration shall provide renewal application forms that are developed by the department of health services and that include questions about the activities that the individual has undertaken as a volunteer health care provider in the previous 12 months.

(3) Any volunteer health care provider and nonprofit agency whose joint application is approved under sub. (2) shall meet the following applicable conditions:

(a) The volunteer health care provider shall provide services under par. (b) without charge, except as provided in sub. (3m), at the nonprofit agency, if the joint application of the volunteer health care provider and the nonprofit agency has received approval under sub. (2) (a).

(b) Under this section, the nonprofit agency may provide the following health care services:

1. Diagnostic tests.
2. Health education.
3. Information about available health care resources.
4. Office visits.
5. Patient advocacy.
6. Prescriptions.
7. Referrals to health care specialists.
8. Dental services, including simple tooth extractions and any necessary suturing related to the extractions, performed by a dentist who is a volunteer health provider; and dental hygiene services, performed by a dental hygienist who is a volunteer health provider.

WI Statute 146.89 Volunteer health care provider program continued.

(c) Under this section, the nonprofit agency may not provide emergency medical services, hospitalization, or surgery, except as provided in par. (b) 8.

(d) Under this section, the nonprofit agency shall provide health care services primarily to low-income persons who are uninsured and who are not recipients of any of the following:

2. Except as provided in sub. (3m), Medical Assistance under subch. IV of ch. 49.

3. Medicare under 42 USC 1395–1395ccc.

(3m) A volunteer health care provider who is a dentist may provide dental services or a volunteer health care provider who is a dental hygienist may provide dental hygiene services, to persons who are recipients of Medical Assistance, if all of the following apply:

(a) The nonprofit agency's fees for these services apply to the recipients and to persons who are not recipients of Medical Assistance.

(b) The agency accepts discounted payments, based on ability to pay, from the persons who are not Medical Assistance recipients.

(c) The volunteer health care provider is certified under s. 49.45 (2) (a) 11. a., the department has waived the requirement for certification, or the volunteer health care provider is not required to be certified under s. 49.45 (2) (a) 11. a.

(3r) All of the following apply to a volunteer health care provider whose joint application with a school board or relevant governing body is approved under sub. (2):

(a) Before first providing health care services in a school, the volunteer health care provider shall provide to the school board or relevant governing body proof of satisfactory completion of any competency requirements that are relevant to the volunteer health care provider, as specified by the department of public instruction by rule, and shall consult with the school nurse, if any, of the school.

(b) Under this subsection, the volunteer health care provider may provide only to students from 4-year-old kindergarten to grade 6 the following health care services:

1. Except as specified in par. (c), the health care services specified in sub. (3) (b) 1. to 5. and 7., other than referrals to reproductive health care specialists, and in sub. (3) (b) 8.

2. First aid for illness or injury.

3. Except as specified in par. (c), the administration of drugs, as specified in s. 118.29 (2) (a) 1. to 3.

4. Health screenings.

5. Any other health care services designated by the department of public instruction by rule.

(c) Under this subsection, the volunteer health care provider may not provide any of the following:

1. Hospitalization.

2. Surgery, except as provided in par. (b) 2. and 5.

3. A referral for abortion, as defined in s. 48.375.

4. A contraceptive article, as defined in s. 450.155 (1) (a).

5. A pregnancy test.

(d) Any health care services provided under par. (b) shall be provided without charge at the school and shall be available to all students from 4-year-old kindergarten to grade 6 regardless of income.

(e) Under this subsection, a volunteer health care provider may provide instruction in human growth and development if the instructional program is in compliance with requirements of s. 118.019, except that the volunteer health care provider may not provide instruction on a topic specified under s. 118.019 (2) (e).

(4) Volunteer health care providers who provide services under this section are, for the provision of these services, state agents of the department of health services for purposes of ss. 165.25 (6), 893.82 (3) and 895.46. This state agency status applies regardless of whether the volunteer health care provider has coverage under a policy of health care liability insurance that would extend to services provided by the volunteer health care provider under this section; and the limitations under s. 895.46 (1) (a) on the payment by the state of damages and costs in excess of any insurance coverage applicable to the agent and on the duty of a governmental unit to provide or pay for legal representation do not apply. Any policy of health care liability insurance providing coverage for services of a health care provider may exclude coverage for services provided by the health care provider under this section.

History: 1989 a. 206; 1991 a. 269; 1993 a. 28, 490; 1995 a. 27 ss. 4378 to 4380, 9126 (19); 1997 a. 27, 57, 67; 1999 a. 23; 2003 a. 92; 2005 a. 188; 2007 a. 20 s. 9121

(6) (a); 2007 a. 201; 2009 a. 93.