

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935
FAX #: (608) 261-7083
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Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

PHYSICAL THERAPY EXAMINING BOARD

REQUEST FOR TEMPORARY LICENSE FOR PHYSICAL THERAPY

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Please check applicable box:

- I am a graduate of a Board-approved physical therapy school and I have applied to take the physical therapy licensure examination.
- I am a graduate of a Board-approved physical therapy school. I have taken the physical therapy licensure examination, and I am awaiting results.

AFFIDAVIT OF SUPERVISING PHYSICAL THERAPIST

I request that a temporary license to practice physical therapy in the State of Wisconsin be issued to the above named applicant. I am aware that a temporary license to practice physical therapy under supervision granted under Wis. Admin. Code § PT 3 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for a regular license to practice physical therapy.

A temporary license may be renewed for a period of 3-months, and may be renewed a second time for a period of 3-months for reasons of hardship. Practice under a temporary license may not exceed 9-months total duration.

Requested Effective Date of Temporary License: / /

Supervisor's Name

Supervisor's WI Physical Therapist License #

Place of Employment

Employment Address (street, city, state)

/ /

Signature of Supervisor

Date

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- Request for a Temporary License**
\$ 10.00 (is required and is non-refundable)

For Receipting Use Only (24)