

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wisconsin.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING REQUEST FOR TEMPORARY PERMIT FOR LICENSED MIDWIFE

APPLICANT: Complete this section and check the appropriate box(s). You must submit the required documentation for each box checked with this form. Please Note: Applicants must have the application (Form #2792) and the required fees on file with this Department before you submit this form.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (number, street, city, zip code)			Date of Birth
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>

Please check one of the following boxes:

- I am a candidate for certification with the North American Registry of Midwives or a successor organization. (submit completed **(Form #2793)** to North American Registry of Midwives)

OR

- I am currently enrolled in the portfolio evaluation process program through North American Registry of Midwives or a successor organization. (submit completed **(Form #2793)** to North American Registry of Midwives)

OR

- I have completed a certified professional midwife educational program accredited by the Midwifery Education Accreditation Council. (Request verification from the institution at which program was completed to be sent directly by institution to Wisconsin Department of Safety and Professional Services.)

I confirm that I have satisfied the following requirements: (check each item below and submit required documentation)

- I am currently certified by the American Red Cross or American Heart Association in neonatal resuscitation. (provide copy of current card or certificate, front and back)
- I am currently certified by the American Red Cross or American Heart Association in adult cardiopulmonary resuscitation. (provide copy of current card or certificate, front and back)
- I have attended at least five (5) births as an observer.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant Signature	Date

SUPERVISOR: Certify below for the applicant named above and return directly to the applicant:

Supervisor's Name	Title
<input type="text"/>	<input type="text"/>
Facility Name (if applicable)	Supervisor's Wisconsin Midwife License Number
<input type="text"/>	<input type="text"/> . 49
Facility Phone Number	
<input type="text"/> - <input type="text"/> - <input type="text"/>	

The above-named applicant will be employed to work as a licensed midwife at the address listed above. Direct supervision by a licensed midwife will be provided. A licensed midwife supervisor with written commitment to supervise a holder of a temporary permit shall notify the Department immediately of termination of supervising relationship.

The duration of this temporary permit is for a period of no more than three (3) years. A permit holder seeking renewal must submit documentation to the Department that satisfies the requirements for an initial permit. If termination occurs with supervisor, the temporary permit will be automatically suspended until the permit holder obtains another written supervising commitment. A temporary permit holder shall inform a client orally and in writing that the temporary permit holder may not engage in the practice of midwifery unless he or she practices under the direct supervision of a licensed midwife.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Supervisor's Signature	Date