

# Wisconsin Department of Safety and Professional Services

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## OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### REQUEST FOR TEMPORARY LICENSE FOR OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

Type of license applying for:  Occupational Therapist  Occupational Therapy Assistant

NAME OF APPLICANT (Please print): \_\_\_\_\_

Applicant, please check one and forward this form to your supervisor:

- I plan to take the next national certification examination for occupational therapy or occupational therapy assistant and wish to begin practicing prior to the date of examination.
- I have taken the national certification examination, am awaiting results, and wish to begin practicing prior to the next scheduled board meeting for a permanent license.

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### AFFIDAVIT OF SUPERVISING OCCUPATIONAL THERAPIST:

I request that a temporary license to practice as an occupational therapist or occupational therapy assistant in the State of Wisconsin be issued to \_\_\_\_\_.  
(Name)

I am aware that this temporary license will expire when the applicant is notified he/she failed the national certification examination, or on the date the board grants or denies an applicant a permanent license.

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Print Name and Wisconsin O.T. Credential #

\_\_\_\_\_  
Street Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date