

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
**Website:** <http://dsp.wi.gov>

## BOARD OF NURSING

### REQUEST FOR A TEMPORARY PERMIT FOR NURSE-MIDWIFE

A completed application, permit fee, official certification of completion of an approved educational program in nurse-midwifery approved by the American College of Nurse-Midwives (ACNM), proof of a current Wisconsin license to practice professional nursing, and the fee specified, must be received in the Board office prior to granting a temporary permit. Applicants are required to practice under the **direct supervision** of a nurse-midwife certified under Wis. State Stat. § 441.15, Stats. or a physician.

**APPLICANT: Complete this section and submit to your supervisor for completion. Return completed form to the Department at the above address. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPSCredNursing@wisconsin.gov](mailto:DSPSCredNursing@wisconsin.gov).**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please check box if applicable:**  I am a graduate Nurse-Midwife not certified/awaiting ACNM exam results.

### **AFFIDAVIT OF SUPERVISOR: Certify below and return directly to the Applicant named above.**

I wish to request that a temporary permit to practice as a nurse-midwife in the State of Wisconsin be issued to the above named applicant. The duration of this temporary permit is for a period of 6-months or until the holder is notified, that he/she failed the American College of Nurse-Midwives examination.

**Place of Employment:**

**Employment Address:** (number, street, city, zip code)

**Supervisor's Printed Name:**

**Supervisor's WI License Number:**

**Signature of Supervisor**

/  /

**Date**

**Title**

**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 Receiving Use Only (32)**