

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### TEMPORARY CERTIFICATE REQUEST FOR CERTIFIED RESPIRATORY CARE PRACTITIONER (FOR INDIVIDUALS WHO HOLD A LICENSE IN ANOTHER STATE)

**This must be completed by applicant:**

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

#### *AFFIDAVIT OF RESPIRATORY CARE PRACTITIONER*

\_\_\_\_\_ I am licensed in another state and I have taken the National Certification Examination for Respiratory Care. I wish to request that a temporary certificate to practice respiratory care in the State of Wisconsin be issued. I am aware that this temporary certificate will expire 90 days after the date of issuance and may not be renewed.

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

\_\_\_\_\_  
Print Name and Certificate Number of Other State Board

\_\_\_\_\_  
Date