

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
Madison, WI 53705  
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## 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'S APPLICATION NUMBER: PAR- \_\_\_\_\_

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 the 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.

Supervisor Signature (If unable to provide a digital signature print and sign form.)	Date
	/ /
Printed Name of Supervisor	Wisconsin O.T. Credential Number
Facility Name	Supervisor Title
Facility Address (number, street, city, state, and zip code)	Daytime Phone Number
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