

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
 Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

REQUEST FOR TEMPORARY LICENSE FOR A PERFUSIONIST

APPLICANT: Complete this section and submit to your supervising licensed perfusionist for completion. Form must be returned directly from the supervisor to the Department.

Last Name	First Name	MI	Former/Maiden Name(s)

I am a graduate of. . . (select one):

- A medical board-approved perfusion school and I have applied to take the ABCP Perfusion Basic Science and/or Clinical Applications in Perfusion Examinations(s).
 A medical board-approved perfusion school. I have taken the ABCP Perfusion Basic Science and/or Clinical Applications in Perfusion Examinations(s) and am awaiting results.

In addition to this form (#2566) requirements for temporary license are (Wis. Admin. Code § [Med 22.05](#)):

- Submitted online Perfusionist [LicensE](#) application for permanent licensure and applicable fees.
- Evidence of completion of an educational program in perfusion recognized by the board and accredited by the Accreditation Committee for Perfusion Education of the Commission on Accreditation of Allied Health Educational Programs.
- Recipient of a passing score on the Wisconsin state board statutes and rules examination.
- Applicant is **not** required to take an oral examination § [Med 22.04\(5\)](#).
- Applicant has **not** failed either the ABCP Perfusion Basic Science Examination or Clinical Applications in Perfusion Examination and without subsequently passing the examination.

If the applicant fails the perfusion basic science examination prior to the expiration of the temporary license, the applicant shall work under the **direct** supervision of a licensed perfusionist who is available on the hospital premises to assist ([§ Med 22.05\(3\)\(b\)](#)).

Practice during the period of a temporary license shall be under the general supervision of a licensed perfusionist. A person holding a temporary license shall consult at least weekly with the supervising perfusionist who shall at least once a month endorse the activities of the person holding the temporary license. (See [§ Med 22.05\(2\)](#).)

A temporary license expires one year from the date of its issuance. Upon application, and upon submission of evidence of having passed the perfusion basic scientific examination, the temporary license may be renewed for an additional period of one year. The board may extend the term of the temporary license for an additional 6 months if the applicant was unable to complete the perfusion basic scientific examination within the one-year period due to hardship, including illness of the applicant, illness, or death of a family member of the applicant, or an accident or natural disaster. A written affidavit of the hardship shall be provided ([§ Med 22.05\(3\)\(a\)](#)).

If the applicant fails the clinical application in perfusion examination prior to the expiration of the temporary license, the temporary license expires ([§ Med 22.05\(3\)\(c\)](#)).

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature, please print and sign form.)	Date	Application Number
		PAR-

AFFIDAVIT OF SUPERVISING LICENSED PERFUSIONIST

SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term “Third-Party” refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Supervisor Name	Supervisor Lic #

Affidavit of Supervising Licensed Perfusionist continued next page.

Wisconsin Department of Safety and Professional Services

Facility Name		Phone Number	
Facility Address (number/street)	(city)	(state)	(zip code)
<p>I request that a temporary license to practice as a perfusionist in the State of Wisconsin be issued to _____ (name), effective <input type="text"/>/ <input type="text"/>/ <input type="text"/>. I am aware that a temporary license to practice as a perfusionist under supervision is granted under Wis. Admin. Code ch. MED 22 (linked here with some excerpts above).</p> <p>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.</p>			
Supervisor Signature (If unable to provide a digital signature, print and sign form.)		Date	
		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Title			