

Wisconsin Department of Safety and Professional Services

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

LicensE Portal: License.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

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

This form (#2871) must be completed by applicant and MUST be submitted online in conjunction with an online [LicensE](http://License.wi.gov) application for permanent Certification to Practice Respiratory Care.

NAME OF APPLICANT: (Please print or type.)

Last Name

First Name

Middle Name or Initial

Application Number

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.

Title

Signature (If unable to provide a digital signature, please print and sign form.)

Name of Other State Board

License or Certificate Number

Date (mm/dd/yyyy)