

# 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](http://license.wi.gov)

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)

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

## PHYSICAL THERAPY EXAMINING BOARD

### REQUEST FOR TEMPORARY LICENSE FOR PHYSICAL THERAPY OR A PHYSICAL THERAPIST ASSISTANT

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

LAST NAME

FIRST NAME

MI

FORMER / MAIDEN NAME(S)

**\$10.00 NON-REFUNDABLE TEMPORARY LICENSE FEE REQUIRED. APPLICANT MUST PAY FEE ONLINE VIA APPLICANT'S LICENSE ACCOUNT.**

Application Number:

#### Please Check Applicable Box:

- PT** I hereby state: I have not previously been licensed or granted a compact privilege to practice as a PT in WI; I have applied for regular PT licensure; I am a graduate of an approved PT educational program; and I have applied to take the PT national examination and awaiting results. Please note, applicants for which any circumstance identified under [Wis. Admin. Code § PT 2.01\(1\)](#) applies cannot receive a temporary permit unless approved by two Board members (Wis. Admin. Code §§ [PT 3.01\(1r\)](#) and [PT 2.01\(2\)](#)).
- PTA** I hereby state: I have not previously been licensed or granted a compact privilege to practice as a PTA in WI; I have applied for regular PTA licensure; I am a graduate of an approved PTA educational program; and I have applied to take the PTA national examination and awaiting results. Please note, applicants for which any circumstance identified under [Wis. Admin. Code § PT 2.01\(1\)](#) applies cannot receive a temporary permit unless approved by two Board members (Wis. Admin. Code §§ [PT 3.01\(1r\)](#) and [PT 2.01\(2\)](#)).

/  /   
**Applicant Signature** (If unable to provide a digital signature, print and sign form.) **Date**

**AFFIDAVIT OF SUPERVISING PHYSICAL THERAPIST:** Certify completion for the applicant named above. Supervisor must validly hold a regular (not temporary or locum tenens) license as a physical therapist (Wis. Admin. Code §§ [PT 3.01\(3\)](#) and [\(4\)](#)). Supervisor must return directly to the Department using the LicensE Third-Party Upload Portal at [license.wi.gov](http://license.wi.gov). You will need the application number shown above.

I request that a temporary license to practice physical therapy or as a physical therapist assistant in the State of Wisconsin be issued to the above-named applicant. I am aware that a temporary license to practice physical therapy or as a physical therapist assistant under my direct, immediate, and on-premises supervision shall be for a period of 3-months or until the applicant is notified that he or she has failed any of the required examinations for a regular license to practice physical therapy or as a physical therapist assistant, whichever is sooner.

A temporary license may be renewed for a period of 3-months and may be renewed a second time for a period of 3-months for reasons of hardship. Practice under a temporary license may not exceed 9-months total duration.

A physical therapist may supervise no more than a combined total of 4 physical therapists and physical therapist assistants who hold temporary licenses. This number shall be reduced by the number of physical therapist assistants and physical therapy aides being supervised by the physical therapist under Wis. Admin. Code § [PT 5.02\(2\)\(k\)](#). Failure to provide adequate supervision as required under Wis. Admin. Code chs. [PT 3](#) or [5](#) constitutes unprofessional conduct.

Requested Effective Date of Temporary License:  /  /

Name of Place of Employment:

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

Physical Therapist Supervisor's Printed Name:

Physical Therapist Supervisor's WI License Number:  - 24

/  /   
**Signature of PT Supervisor** (If unable to provide a digital signature, print and sign form.) **Date**