

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
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4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PODIATRY AFFILIATED CREDENTIALING BOARD

APPLICATION FOR RENEWAL OF TEMPORARY EDUCATIONAL LICENSE

APPLICANT: Complete this section and submit to the licensed Podiatrist of the Facility that will be directing your post-graduate training for completion. Form must be return directly from the Podiatrist to the Department.

Applicant's Name:

Temporary Educational License Number: - (875)

Expiration Date: / /

Facility Name:

Facility Address:

I would like to make application for renewal of my Temporary Educational License issued to allow me to secure post-graduate training at the facility listed above. I request permission for my training to continue for the period of an additional twelve months from the date stated above. During the past year, I have conducted my activities in this facility according to the limitations placed upon them by Chapter Pod 1.08 of the Wisconsin Administrative Code and by the regulation of the Podiatry Affiliated Credentialing Board.

Applicant Signature: **Date:** / /
(Print and Sign Form)

WI PODIATRIST WHO WILL BE DIRECTING THE APPLICANT'S POST-GRADUATE TRAINING PROGRAM: Complete section below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredMedBD@wisconsin.gov.

I, hereby recommend the renewal of the Temporary Educational License, Number: - (875)

issued to:
(Applicant's Name)

The Applicant has been employed by:
(Facility Name)

located at:
(Facility Address)

who has been employed in this facility for the past year as a post-graduate trainee in podiatry under the provisions of Chapter Pod 1.08 of the Wisconsin Administrative Code. This renewal shall extend the license for the period of an additional 12 months.

(Licensed Podiatrist's Name)

(Facility Address)

Licensed Podiatrist's Signature: **Date:** / /
(Print and Sign Form)

APPLICATION FEES: Please check a box. Make check payable to DSPS and attach to this application

Total Renewal Fee: \$10.00

For Receiving Use Only (875)