

Wisconsin Department of Safety and Professional Services

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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, 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 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.

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.

Signature and Title

Facility Name

Print Name and Wisconsin O.T. Credential #

Street Address

(_____) _____
Phone Number

City and State

Zip Code

Date