

Wisconsin Department of Safety and Professional Services

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MEDICAL EXAMINING BOARD

TEMPORARY CERTIFICATE REQUEST FOR GRADUATE RESPIRATORY CARE PRACTITIONER (NEW GRADUATE)

To be completed by Applicant:

Applicant: _____
Last First MI Former/Maiden

Please check one of the following:

- I have taken the National Certification Examination for Respiratory Care and am awaiting results.
- I am scheduled to take the next available National Certification Examination for Respiratory Care and wish to begin practicing prior to that time.

To be completed by Supervisor:

AFFIDAVIT OF SUPERVISING RESPIRATORY CARE PRACTITIONER OR PHYSICIAN

I am requesting that a temporary certificate to practice respiratory care in the State of Wisconsin be issued to

(name of applicant)

I am aware that this temporary certificate will expire 90 days after the date of issuance or upon notification of failure of CRT examination whichever is sooner by sec. MED 20.04(1), Wis. Admin. Code.

Supervisor Name

Facility Name

Supervisor Title

Certificate #

Street Address

Supervisor Signature

City, State

Zip Code

Date: ___ / ___ / _____

(_____)_____
Phone Number