

# Wisconsin Department of Safety and Professional Services

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## DIETITIANS AFFILIATED CREDENTIALING BOARD REQUEST FOR A TEMPORARY DIETITIAN CERTIFICATE

### AFFIDAVIT OF APPLICANT:

Last Name  First Name  MI  Former / Maiden Name(s)

I hereby make application for a temporary certificate to practice as a Dietitian. I understand that this temporary certificate entitles me to practice dietetics for a period not to exceed 9-months and may be renewed only once by the Board.

/  /

Applicant Signature (Print and Sign Form)

Date

### AFFIDAVIT OF SUPERVISING DIETITIAN:

I request that a temporary certificate to practice as a Dietitian in the State of Wisconsin be issued to the above named applicant. I am aware that a temporary certificate to practice as a Dietitian under supervision granted under Wis. Admin. Code § DI 2.04 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for a regular certificate to practice as a Dietitian.

A temporary certificate is valid for a period of 9-months and may be renewed only once by the Board.

Requested Effective Date of Temporary Certificate:   /   /

Supervisor's Name:

Supervisor's WI Dietician Certificate #:  - (29)

Place of Employment:

Employment Address: (street, city, state)

/  /

Signature of Supervisor (Print and Sign Form)

Date

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

Request for a Temporary Certificate  
\$10.00 (is required and is non-refundable)

For Receiving Use Only (29)