

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## BOARD OF NURSING

### TEMPORARY PERMIT REQUEST FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

Check One:

- Registered Nurse (RN)  
 Licensed Practical Nurse (LPN)

Applicant Name

 /  / 

Date of Birth

DSPS Application ID # (if applicable)

#### **INITIAL EXAM APPLICANTS WHO HAVE NOT YET TAKEN THE NCLEX EXAMINATION:** (Must complete the section below.)

In addition to this form and the \$10.00 temporary permit fee, the Department also requires a completed application (**either Form #3087 or an OLAS application**) and proof of graduation from a WI Board-approved school or comparable school of professional/ practical nursing prior to granting a temporary permit. A temporary permit cannot be processed until all of those requirements are satisfied.

A temporary permit is valid for three (3) months or until the applicant is notified, that he/she failed the NCLEX. **Temporary permits are non-refundable.** Applicants who wish to practice under the supervision of more than one RN must submit an additional (**Form #2434**) for each supervising RN.

I, the above named applicant, will be employed to work as a RN/LPN at the address listed below under the direct supervision of a RN who has an active Wisconsin RN license.

RN Supervisor's Printed Name

Title

Facility Name

Supervisor's WI RN License #

Facility's Street Address

 -  - 

Supervisor's Work Phone Number

City

State

Zip

**ALL APPLICANTS REQUESTING A TEMPORARY PERMIT:** Please check applicable box. Make check payable to DSPPS and attach to this form.

- \$10.00 **Initial Applicant Temporary Permit Fee** (non-refundable and may only be renewed once)  
 \$10.00 **Renewal Temporary Permit Fee**

#### **CERTIFICATION OF LEGAL STATUS:** (check one below)

I declare under penalty of law that I am:

- a citizen or national of the United States, or  
 a qualified alien or non-immigrant lawfully present in the United States

#### **RESIDENCY:**

State of primary residence:  State(s) of current practice:  /

- If you are on active military duty and/or work only in federal facilities, please check here.

#### **For Receipting Use Only (30/31)**