

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

REQUEST FOR A TEMPORARY PERMIT FOR NURSE-MIDWIFE

A completed application, permit fee, official certification of completion of an approved educational program in nurse-midwifery approved by the American College of Nurse-Midwives (ACNM), proof of a current Wisconsin license to practice professional nursing, and the fee specified, must be received in the Board office prior to granting a temporary permit. Applicants are required to practice under the **direct supervision** of a nurse-midwife certified under Wis. State Stat. § 441.15, Stats. or a physician.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check box if applicable: I am a graduate Nurse-Midwife not certified/awaiting ACNM exam results.

AFFIDAVIT OF SUPERVISOR:

I wish to request that a temporary permit to practice as a nurse-midwife in the State of Wisconsin be issued to the above named applicant. The duration of this temporary permit is for a period of 6-months or until the holder is notified, that he/she failed the American College of Nurse-Midwives examination.

Place of Employment:

Employment Address: (number, street, city, zip code)

Supervisor's Printed Name:

Supervisor's WI License Number:

Signature of Supervisor

Title

/ /

Date

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

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

For Receiving Use Only (32)