

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### REQUEST FOR TEMPORARY LICENSE FOR A PERFUSIONIST

**NAME OF APPLICANT:** (Please Print) \_\_\_\_\_

(Last, First, Middle)

- I am a graduate of a medical board approved perfusion school and I have applied to take the ABCP certification Part 1 and/or Part 2.
- I am a graduate of a medical board approved perfusion school. I have taken the ABCP certification exam Part 1 and/or Part 2 and awaiting results.

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### AFFIDAVIT OF SUPERVISING LICENSED PERFUSIONIST

I request that a temporary license to practice as a perfusionist in the State of Wisconsin be issued to

\_\_\_\_\_, effective \_\_\_\_\_. I am aware that a temporary license to practice as a perfusionist under supervision is granted under Chapter MED 22. A temporary license to practice as a perfusionist under supervision shall be issued for a period not to exceed one year and may be renewed annually for not more than five years.

\_\_\_\_\_  
Signature and Title of Supervisor (Print and Sign Form)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print Name & Wisconsin Perfusionist License No.

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Location of Practice

\_\_\_\_\_  
Date