

Wisconsin Department of Safety and Professional Services

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MEDICAL EXAMINING BOARD

TEMPORARY CERTIFICATE REQUEST FOR CERTIFIED RESPIRATORY CARE PRACTITIONER (FOR INDIVIDUALS WHO HOLD A LICENSE IN ANOTHER STATE)

This must be completed by applicant:

NAME OF APPLICANT: (Please print) _____

AFFIDAVIT OF RESPIRATORY CARE PRACTITIONER

_____ I am licensed in another state and I have taken the National Certification Examination for Respiratory Care. I wish to request that a temporary certificate to practice respiratory care in the State of Wisconsin be issued. I am aware that this temporary certificate will expire 90 days after the date of issuance and may not be renewed.

Signature and Title

Print Name and Certificate Number of Other State Board

Date