Wisconsin Department of Safety and Professional Services

Mail To:	P.O. Box 8935	**Office Location:**	4822 Madison Yards Way
	Madison, WI 53708-8935		Madison, WI 53705
Fax #:	(608) 251-3036	E-Mail:	dsps@wisconsin.gov
Phone #:	(608) 266-2112	Website:	http://dsps.wi.gov

PHYSICAL THERAPY EXAMINING BOARD

<u>REQUEST FOR TEMPORARY LICENSE FOR PHYSICAL THERAPY</u>
<u>OR A PHYSICAL THERAPIST ASSISTANT</u>

APPLICANT: Complete this section and submit to your supervisor for completion. Return this form directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredPhysicalTherapy@wisconsin.gov.

Applying For: (check one) ☐ Physical Therapist ☐ Physical Therapy Assistant

LAST	**FIRST NAME**	**MI**	**FORMER / MAIDEN NAME(S)**

Please Check Applicable Box:

☐ I am a graduate of a Board-approved physical therapy or physical therapist assistant school and I have applied to take the physical therapy or physical therapy assistant licensure examination.

☐ I am a graduate of a Board-approved physical therapy or physical therapist assistant school. I have taken the physical therapy licensure or physical therapist assistant examination, and I am awaiting results.

AFFIDAVIT OF SUPERVISING PHYSICAL THERAPIST: Certify completion for the applicant named above.

I request that a temporary license to practice physical therapy or as a physical therapist assistant in the State of Wisconsin be issued to the above named applicant. I am aware that a temporary license to practice physical therapy or as a physical therapist assistant under my direct, immediate and on premises supervision shall be for a period of 3-months or until the applicant is notified that he or she has failed any of the required examinations for a regular license to practice physical therapy or as a physical therapist assistant, whichever is shorter.

A temporary license may be renewed for a period of 3-months, and may be renewed a second time for a period of 3-months for reasons of hardship. Practice under a temporary license may not exceed 9-months total duration.

Requested Effective Date of Temporary License: ☐☐ / ☐☐ / ☐☐☐☐

Name of Place of Employment:

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

Physical Therapist Supervisor's Printed Name:

Physical Therapist Supervisor's WI License Number: ☐☐☐☐☐ - 24

☐☐ / ☐☐ / ☐☐☐☐

Signature of PT Supervisor   **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 Receipting Use Only (19/24)

#3197 (Rev. 10/18)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing