

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MASSAGE THERAPY AND BODYWORK THERAPY CREDENTIALING BOARD REQUEST FOR TEMPORARY LICENSE FOR MASSAGE THERAPIST OR BODYWORK THERAPIST

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| APPLICANT: Complete this section and submit it to the supervisor for completion. Form must be returned directly from the supervisor to the Department. | | |
| (A request for a temporary is <u>not</u> available to reciprocal applicants.) A completed online LicenseE application for <u>permanent</u> licensure, proof of graduation from a Board-approved training program (Wis. Admin. Code §§ MTBT 3.01(4) and (5)), and the additional \$10.00 temporary license fee must be received before a temporary license can be granted. A temporary license is valid for 6 months and may not be renewed (Wis. Stat. § 460.08). | | |
| Non-refundable \$10.00 temporary license fee is required. Applicant must pay fee online via applicant's LicenseE account. | | |
| Name of Applicant | Application Number | Date of Birth |
| | | <input type="text"/> |
| Per Wis. Admin. Code § MTBT 6.02(2) , temporary practice shall be under the supervision of a licensed massage therapist or bodywork therapist, at the level of general supervision or as necessary to avoid unacceptable risk of harm to the client. The supervising massage therapist or bodywork therapist is responsible for determining the level of supervision necessary to avoid unacceptable risk of harm to the client. Temporary licensees shall meet face-to-face with the supervising massage therapist or bodywork therapist as necessary to ensure that the temporary licensee performs competently, including creation and maintenance of records as required in § MTBT 5.02(8) and provide each client the name, contact information, and license number for the supervising massage therapist or bodywork therapist responsible for supervision of the temporary licensee. The supervisor may be subject to discipline for failure to appropriately supervise the temporary licensee and/or for failure to ensure that, the temporary licensee adheres to the Board's rules and the standards of minimal competence. | | |
| The supervisor responsible for the temporary licensee shall ensure that clients know that the temporary licensee is not fully licensed and that the supervisor is ultimately responsible for the care provided. It is recommended that this information be documented in the client record. | | |
| ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement, and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the school/course provider named below to provide the Department with the information requested below. I hereby authorize the school named below to provide the Department with the information requested below. | | |
| <input type="text"/> | <input type="text"/> | |
| Signature (If unable to provide a digital signature, print and sign form.) | Date | |

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| SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the LicenseE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.) |
| STATEMENT OF SUPERVISING MASSAGE THERAPIST OR BODYWORK THERAPIST The above-named applicant will be employed to work as a Massage Therapist or Bodywork Therapist at the address listed below. General, direct, or direct one-on-one supervision by a Massage Therapist or Bodywork Therapist will be provided. The duration of this temporary license is for a period of 6 months. Temporary licenses are non-renewable and fees are non-refundable. |

Continued on next page.

Wisconsin Department of Safety and Professional Services

Supervisor completion continued.

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

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| Signature of Supervisor (If unable to provide a digital signature, print and sign form.) | Facility Name (if applicable) |
| | |
| Printed Name and Title | Street Address |
| | |
| Wisconsin License Number | City, State, Zip Code |
| | |
| Date | Phone |
| <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> |