

# Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way  
 Madison, WI 53705  
 Phone Number: (608) 251-3036

LicensE Portal: <https://license.wi.gov/>  
 Email: [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
 Website: <http://dsp.wi.gov>

## HEARING AND SPEECH EXAMINING BOARD

### TEMPORARY LICENSE REQUEST TO PRACTICE AUDIOLOGY

<b>APPLICANT: Complete this section and submit directly to your supervisor for completion. Form must be returned <u>directly from the supervisor</u> to the Department.</b>			
A temporary license must be approved by two (2) members of the Council on Speech Language Pathology and Audiology. Approval will not be granted until a completed Audiology application, required fee, and all supporting documents are received on file with the Department.			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<b>Non-refundable \$10.00 temporary license fee is required. Applicant must pay fee online via applicant's <a href="#">LicensE</a> account.</b>			
<p><b>ATTESTATION OF APPLICANT:</b> 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.</p> <p>I have received my Audiology degree and need to schedule for the next available Audiology Practical Examination.</p>			
<b>Applicant Signature</b> (If unable to provide a digital signature print and sign form.)		<b>Date</b>	<b>Application Number</b>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	PAR- <input style="width: 100px;" type="text"/>

<b>AFFIDAVIT OF SUPERVISING AUDIOLOGIST: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third Party Upload Portal at <a href="https://license.wi.gov">license.wi.gov</a>. 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.)</b>	
I wish to request that a Temporary License to practice Audiology in the State of Wisconsin be issued to the above-listed applicant. I am aware that a temporary license may be issued for a period of 6 months and may be renewed once at the discretion of the Hearing and Speech Examining Board, per Wis. Admin. Code § <a href="#">HAS 6.10(2)(b)</a> . Audiologist licensure under Wis. Stat. § <a href="#">459.26(2)(a)</a> or <a href="#">(b)</a> , and applies to take the next available examination, or if the applicant shows, to the satisfaction of the Board, sufficient cause for the renewal.	
<p><b>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT:</b> 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.</p>	
<b>Signature of Supervisor</b> (If unable to provide a digital signature print and sign form.)	<b>Date</b>
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>Printed Name of Supervisor</b>	<b>Title of Supervisor</b>
<b>Supervisor's WI License Number</b>	<b>Daytime Phone Number</b>
<b>Agency/Department/Employer:</b>	
<b>Name of Physical Work Location:</b>	
<b>Address of Physical Work Location</b> (number/street, city, state, zip code)	