

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>

DIETITIANS AFFILIATED CREDENTIALING BOARD REQUEST FOR A TEMPORARY DIETITIAN CERTIFICATE

APPLICANT: Complete this section and submit to your supervisor to verify your supervised practice. Form must be returned directly from the supervisor to the Department.

Applicant Last Name	Applicant First Name	MI	Applicant Former / Maiden Name(s)

\$10.00 non-refundable temporary certificate fee is required. Applicant must pay fee online via applicant's LicensE account.

I hereby make application for a temporary certificate to practice as a Dietitian. I understand that this temporary certificate entitles me to practice dietetics for a period not to exceed 9 months and may be renewed only once by the Board.

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.

Applicant Signature (If unable to provide a digital signature, print and sign form.)	Date	Application Number
	<input type="text"/> / <input type="text"/> / <input type="text"/>	PAR- <input type="text"/>

SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the LicensE 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.)

AFFIDAVIT OF SUPERVISING DIETITIAN:

I request that a temporary certificate to practice as a Dietitian in the State of Wisconsin be issued to the above-named applicant. I am aware that a temporary certificate to practice as a Dietitian under supervision granted under Wis. Admin. Code § [DI 2.04](#) shall expire on the date the applicant is notified that he or she has failed any of the required examinations for a regular certificate to practice as a Dietitian.

A temporary certificate is valid for a period of 9 months and may be renewed only once by the Board.

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.

Requested Effective Date of Temporary Certificate	<input type="text"/> / <input type="text"/> / <input type="text"/>
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Supervisor's Name	Supervisor's WI Dietician Certificate Number
	-29

Place of Employment	Daytime Phone Number (with area code)

Employment Address (number/street)	(city)	(state)	(zip code)

Signature of Supervisor (If unable to provide a digital signature, print and sign form.)	Date
	<input type="text"/> / <input type="text"/> / <input type="text"/>