

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>

BOARD OF NURSING

TEMPORARY PERMIT REQUEST FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

APPLICANT			
Check one: <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Licensed Practical Nurse (LPN)			
Applicant's Name			Application Number
Certification of Legal Status (Check one.): I declare under penalty of law that I am: <input type="checkbox"/> a citizen or national of the United States or <input type="checkbox"/> a qualified alien or non-immigrant lawfully present in the United States.			
Date of Birth	State of Primary Residence	State(s) of Current Practice	
/ /			
MILITARY/FEDERAL DUTIES: <input type="checkbox"/> If you are on active military duty and/or work only in federal facilities, check here.			
Non-refundable \$10.00 temporary permit required. Applicant must pay permit fee online via applicant's LicenseE account. Temporary permit may be renewed once. (Select one.) <input type="checkbox"/> Initial permit <input type="checkbox"/> Renewal			
INITIAL EXAM APPLICANTS WHO HAVE NOT YET TAKEN THE NCLEX EXAMINATION			
<ul style="list-style-type: none">In addition to this form and the \$10.00 temporary permit fee, the Department also requires a completed online LicenseE application for permanent licensure and proof of graduation from a WI Board-approved school or comparable school of professional/ practical nursing prior to granting a temporary permit. A temporary permit cannot be processed until these requirements are satisfied.A temporary permit is valid for three (3) months or until the applicant is notified that he/she failed the NCLEX. Temporary permits are nonrefundable. Applicants who wish to practice under the supervision of more than one RN must submit an additional (Form #2434) for each supervising RN.I, the above-named applicant, will be employed to work as a RN/LPN at the address listed below under the direct supervision of a RN who has an active Wisconsin RN license.			
Applicant Signature (If unable to provide a digital signature, print and sign form.)			Date
			/ /

REGISTERED NURSE SUPERVISOR INFORMATION			
RN Supervisor's Printed Name		Title	
Supervising RN's WI License Number		Supervisor's Work Phone Number	
Facility Name			
Facility Address (number/street)		(city)	(state) (zip code)