

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## BOARD OF NURSING

### REQUEST FOR A TEMPORARY PERMIT FOR NURSE-MIDWIFE

A completed application, permit fee, official certification of completion of an approved educational program in nurse-midwifery approved by the American College of Nurse-Midwives (ACNM), proof of a current Wisconsin license to practice professional nursing, and the fee specified, must be received in the Board office prior to granting a temporary permit. Applicants are required to practice under the **direct supervision** of a nurse-midwife certified under Wis. State Stat. § 441.15, Stats. or a physician.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please check box if applicable:**  I am a graduate Nurse-Midwife not certified/awaiting ACNM exam results.

#### AFFIDAVIT OF SUPERVISOR:

I wish to request that a temporary permit to practice as a nurse-midwife in the State of Wisconsin be issued to the above named applicant. The duration of this temporary permit is for a period of 6-months or until the holder is notified, that he/she failed the American College of Nurse-Midwives examination.

**Place of Employment:**

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

**Supervisor's Printed Name:**

**Supervisor's WI License Number:**

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**Signature of Supervisor (Print and Sign Form)**

**Date**

**Title**

**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 Receiving Use Only (32)**