

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

TEMPORARY PERMIT REQUEST FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE

Check One:

- Registered Nurse (RN)
 Licensed Practical Nurse (LPN)

Applicant Name

 / /

Date of Birth

DSPS Application ID # (if applicable)

INITIAL EXAM APPLICANTS WHO HAVE NOT YET TAKEN THE NCLEX EXAMINATION: (Must complete the section below.)

In addition to this form and the \$10.00 temporary permit fee, the Department also requires a completed application (**either Form #3087 or an OLAS application**) 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 all of those 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 non-refundable.** 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.

RN Supervisor's Printed Name

Title

Facility Name

Supervisor's WI RN License #

Facility's Street Address

 - -

Supervisor's Work Phone Number

City

State

Zip

ALL APPLICANTS REQUESTING A TEMPORARY PERMIT: Please check applicable box. Make check payable to DSPS and attach to this form.

- \$10.00 **Initial Applicant Temporary Permit Fee** (non-refundable and may only be renewed once)
 \$10.00 **Renewal Temporary Permit Fee**
\$ 4.00 **DWD Nurse Survey fee** (see below)
\$14.00 Total Fee Attached

CERTIFICATION OF LEGAL STATUS: (check one below)

I declare under penalty of law that I am:

- a citizen or national of the United States, or
 a qualified alien or non-immigrant lawfully present in the United States

RESIDENCY:

State of primary residence: / State(s) of current practice: /

- If you are on active military duty and/or work only in federal facilities, please check here.

For Receipting Use Only (30/31)