Wisconsin Department of Safety and Professional Services

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OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

REQUEST FOR TEMPORARY LICENSE FOR OCCUPATIONAL THERAPY ASSISTANT

NAME OF APPLICANT: (Please print) _____

Please check one:

_____ I plan to take the next national certification examination for occupational therapy assistant and wish to begin practicing prior to the date of examinations.

_____ I have taken the national certification examination, am awaiting results, and wish to begin practicing prior to the next scheduled board meeting for a permanent license.

AFFIDAVIT OF SUPERVISING OCCUPATIONAL THERAPIST

I wish to request that a temporary license to practice as an occupational therapy assistant in the State of Wisconsin be issued _____. I am aware that this temporary license will expire a) when the applicant is notified she/he failed the national certification examination; b) on the first day of the next regularly scheduled national certification examination for permanent certification if the applicant is required to take, but failed to apply for, the examination; c) applicant was selected to appear for the first scheduled oral examination but failed to appear; or d) on the date the applicant takes and fails the oral examination.

_____
Signature and Title

_____
Agency/Department

_____
Print Name and Wisconsin O.T. Credential Number

_____
Street Address

(_____) _____
Phone Number

_____
City and State Zip Code

_____
Date

#1564 (Rev. 7/11)
Ch. 448, Stats.