

Wisconsin Department of Safety and Professional Services

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PODIATRY AFFILIATED CREDENTIALING BOARD

APPLICATION FOR RENEWAL OF TEMPORARY EDUCATIONAL LICENSE

TO BE COMPLETED BY A WISCONSIN-LICENSED PODIATRIST OF THE HOSPITAL WHO WILL BE DIRECTING THE APPLICANT'S TRAINING PROGRAM.

I hereby recommend the renewal of the TEMPORARY EDUCATIONAL LICENSE # _____

issued to _____
(Applicant Name). The Applicant has been employed by

_____ located at _____ for
(Name of Hospital) (City/State of Hospital)

the past year as a post-graduate trainee in medicine and surgery under the provisions of Chapter Pod 1.08 of the Wisconsin Administrative Code. This renewal shall extend the permit for the period of an additional 12 months.

Signature of Wisconsin-Licensed Podiatrist

Name of Hospital

Print Name

City and State of Hospital

Wisconsin Podiatric and Surgery License #

HOSPITAL SEAL

Date ___ / ___ / _____

TO BE COMPLETED BY APPLICANT

I _____ make application for renewal of my Temporary Educational
(Applicant)

License # _____ issued to allow me to secure post-graduate training at _____
(Name of Hospital)

I request permission for my training to continue for the period of an additional twelve months. During the past year I have conducted my activities in this hospital according to the limitations placed upon them by Chapter Pod 1.08 of the Wisconsin Administrative Code and by the regulation of the Podiatry Affiliated Credentialing Board.

Renewal fee of \$85.00 is enclosed.

Applicant Name (Print)

Applicant Signature

Date ___ / ___ / _____

Return to the Podiatry Affiliated Credentialing Board at the above address.

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