

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN
BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE APPLICATION : REQUEST FOR ORDER GRANTING
FOR LICENSE OF : LIMITED LICENSE TO COMPLETE

PETER BELSKY : BOARD-APPROVED NURSING
License # : 90887-30 : REFRESHER COURSE

0005512

PETER BELSKY
2816 WHITE CROSSING ROAD
VERONA, WI 53593

I, Peter Belsky (Applicant), have not renewed my license as a Registered Nurse within five (5) years of the date my license expired and I am unable to document nursing work in other jurisdictions, or document current education or experience in the field. Therefore, I request a LIMITED license pursuant to Wis. Admin. Code § N 2.40(3)(d)2. to enable me to complete a Board-approved nursing refresher course.

I understand that the LIMITED license will be for the SOLE PURPOSE of enabling me to complete the nursing refresher course and that I am not permitted to use the limited license granted herein to engage in any employment as a nurse.

I understand that pursuant to Uniform Nurse Compact, this LIMITED license for the SOLE PURPOSE of enabling me to complete the refresher course is limited to Wisconsin during the pendency of this limitation.

The limited license shall be valid for ONE (1) YEAR from the date of issuance. Upon successful completion of the nursing refresher course, I understand that I may petition the Board for issuance of a full license by submitting documentation demonstrating successful completion of a Board-approved nursing refresher course. If the nursing refresher course is not completed within this timeframe, I must reapply for a limited license.

Peter Belsky
(Applicant's Signature)

11/8/2017
Date