

Wisconsin Department of Safety and Professional Services

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HEARING AND SPEECH EXAMINING BOARD

AUDIOLOGIST

REQUEST FOR VERIFICATION OF CERTIFICATION

APPLICANT: Complete this section and submit to the American Speech-Language Hearing Association for completion at: American Speech-Language Hearing Association, 2200 Research Boulevard, Rockville, MD 20850-3289, (301) 296-5700. **Form must be returned directly from the Association to the Department at the above address.**

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

PRAXIS I.D. # or Social Security #: (voluntary-for use in locating your records) - -

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

Daytime Phone Number: - - **Date of Birth:** / /

Month/Year of Examination: / **Month/Year of Certification:** /

/ /

Applicant Signature **Date**

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION: Please provide evidence that the above named individual has successfully completed the PRAXIS examination and a post-graduate clinical fellowship year, or verification of certification of clinical competence. **Forward evidence directly to DSPS: you may fax/email with facility cover sheet/letter to:** (608) 261-7083 or dspscredhearingspeech@wisconsin.gov.