

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@dps.wi.gov
Website: http://dps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

VERIFICATION OF CREDENTIAL FOR MUSIC, ART AND DANCE THERAPY LICENSE TO PRACTICE PSYCHOTHERAPY

Please check credential type: Music Therapist Art Therapist Dance Therapist

The top portion of this form (numbers 1, 2, 3, 4, 5, and 6) must be completed by the applicant before forwarding to the jurisdiction where previously credentialed.

1. Name

2. Previous Name(s)

3. Address (number, street, city, state, zip code)

4. Date of Birth (month, day, year)

5. Credential Number

6. Date Credential Issued

I authorize the requested information to be furnished to the Wisconsin Department of Safety and Professional Services, Bureau of Health Service Professions.

Signature

Date

APPLICANT: DO NOT WRITE BELOW THIS LINE – To be completed by a state other than Wisconsin

The lower portion of this form, beginning with number 7, must be completed by the state where you are credentialed (certified, registered, licensed) and returned directly to the Department of Safety and Professional Services, Bureau of Health Service Professions, at the above address before your application can be considered for certification.

7. Profession Credentialed (Please include level of credential.)

8. Date Originally Credentialed and level of credential

9. Credential was Issued by:

___ Examination

___ Waiver

___ Endorsement/Reciprocity

___ Grandmothered

10. Credential is:

___ Active (Date Expires _____)

___ Inactive

11. Has This Credential Ever Been Revoked, Suspended, Surrendered, Restricted, Limited, Placed on Probation?

___ Yes

___ No

If yes, explain on reverse side.

12. If The Applicant Was Credentialed by Examination, Which Exam?

13. Name of Education Program Completed

14. Name of School

15. Location of School

16. Year of Graduation

17. Is this person authorized to practice psychotherapy in this state? Yes No

SEAL/STAMP

Signature: _____

Title: _____

State: _____

Date: _____