

# Wisconsin Department of Safety and Professional Services

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## RADIOGRAPHY EXAMINING BOARD

### VERIFICATION OF RADIOGRAPHER OR LXMO CREDENTIAL

**APPLICANT:** Complete the top section of this form and forward it to the state in which you are/were certified/registered/licensed to complete the bottom portion.

Check the appropriate box for the credential you are applying for in Wisconsin:

- Limited X-Ray Machine Operator Permit  
 Licensed Radiographer

NAME: \_\_\_\_\_  
(last) (first) (middle) (maiden)

ADDRESS: \_\_\_\_\_  
(street) (city) (state) (zip)

ORIGINAL LICENSE NUMBER: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

I hereby authorize the \_\_\_\_\_ Radiography Board  
(state to which sending form)

to furnish the WISCONSIN RADIOGRAPHY EXAMINING BOARD the information requested below.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### **DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY**

1. This is to certify that the above-named was issued credential number \_\_\_\_\_  
to practice radiography or limited x-ray machine operator on: \_\_\_\_\_  
(date of issuance)
2. Credentialed by: a. Examination \_\_\_\_\_ b. Endorsement \_\_\_\_\_  
c. Reciprocity \_\_\_\_\_ d. Waiver \_\_\_\_\_
3. If credentialed by limited scope examination, did portions of the examination include:  
(check all that apply):  
\_\_\_\_\_ thorax, lungs & ribs \_\_\_\_\_ upper & lower extremities  
\_\_\_\_\_ foot, ankle, & lower leg below \_\_\_\_\_ cervical, thoracic, and lumbar spine  
the knee
4. Current credential status: a. Active \_\_\_\_\_ Expiration date \_\_\_\_\_  
b. Not current \_\_\_\_\_
5. Has this credential ever been encumbered in any way? (revoked, suspended, surrendered,  
restricted, limited, placed on probation) YES \_\_\_\_\_  
NO \_\_\_\_\_
6. If yes, explain on an attached sheet.

Signed: \_\_\_\_\_

**SEAL**

Title: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_