

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
FAX #: (608) 261-7083  
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER CERTIFICATE OF PROFESSIONAL EDUCATION OR TRAINING PROGRAM COMPLETION

**APPLICANT:** Complete this section and submit to certifying school or program provider for completion. Form must be **returned directly from the school or program provider** 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"/>

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

**Social Security #:** (voluntary-for school's use in locating your records)  -  -

**Date of Graduation/Program Completion:**  /  /

/  /

**Applicant Signature**

**Date**

**SCHOOL/PROGRAM PROVIDER:** Certify completion after the applicant named above has completed the program and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPCredSignLanguageInterpreters@wisconsin.gov](mailto:DSPCredSignLanguageInterpreters@wisconsin.gov).

**Name of Institution/Program Provider:**

**Location of Institution/Program Provider:** (city, state)

**Type of Degree Awarded:** (if applicable)

**Major:** (if applicable)

**Date Diploma/Program Completed:**  /  /  (anticipated dates of graduation will not be accepted)

Applicant was issued a Certificate of Completion or other evidence of successful completion.

/  /

**Signature of Dean or Department Head/Program Director**

**Date**