

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

REQUEST FOR VERIFICATION OF CERTIFICATION OF NAD

APPLICANT: PLEASE COMPLETE THE "APPLICANT INFORMATION" SECTION OF THIS FORM AND **FORWARD** IT TO THE FOLLOWING:

National Association of the Deaf (NAD)
8630 Fenton Street, Suite 820
Silver Spring, MD 20910-3819
(301) 587-1788 - Voice
(301) 587-1791 - Fax
(301) 587-1789 - TTY

APPLICANT INFORMATION:

NAME OF APPLICANT

SOCIAL SECURITY #

(voluntary for use in locating your records)

ADDRESS

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION RECORDS
IF DIFFERENT FROM ABOVE

MONTH/YEAR OF WRITTEN EXAMINATION
(if applies)

LEVEL OF CERTIFICATION

MONTH/YEAR OF CERTIFICATION

EXPIRATION OF CERTIFICATION

APPLICANT'S SIGNATURE

(DATE)

ATTENTION: NATIONAL ASSOCIATION OF THE DEAF (NAD)

Please submit to the **State of Wisconsin** evidence that the individual named above has successfully completed certification requirements; and currently holds sign language interpreter certification.

PLEASE MAIL EVIDENCE REQUESTED TO THE FOLLOWING ADDRESS:

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