

Wisconsin Department of Safety and Professional Services

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LicensE Portal: <https://license.wi.gov/>
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REQUEST FOR VERIFICATION OF CERTIFICATION, REGISTRATION, OR ACCREDITATION FOR MUSIC, ART, OR DANCE THERAPIST

APPLICANT: Complete this section and forward to the organization where you are certified, registered, or accredited for completion. Form must be returned directly from the organization to the Department.

Last Name: **First Name:** **MI:** **Former / Maiden Name(s):**

Address: (number/street) (city) (state) (zip code)

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

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

Application Number:

Name on Certification records (if different from above): **Credential Number:**

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations. I hereby authorize the certifying organization to provide the Department with the certification information requested above.

/ /

Applicant Signature (If unable to provide a digital signature, print and sign form.) **Date**

ATTENTION CERTIFYING BODY:
Please return verification directly to the Department using the LicensE Third-Party* Upload Portal at license.wi.gov. You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)