

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION PERFUSIONIST

ATTENTION APPLICANT: Please complete and forward this form to the following address:

AMERICAN BOARD OF CARDIOVASCULAR PERFUSION ([ABCP](#))

- Email: info@abcp.org
- Phone: (414) 918-3008

The **State of Wisconsin** requests verification of certification of examination concerning the following individual:

Full Name		ABCP Credential Number	
Name on Certification Examination Records (if different from above)		Date of Birth (mm/dd/yyyy) ____ / ____ / _____	
Address (number/street)		(city)	(state) (zip code)
Daytime Phone Number		Email address	
LicensE Application Number	PAR-		
Applicant Signature (If unable to provide a digital signature print and sign form.)		Date ____ / ____ / _____	

ATTENTION ABCP NATIONAL OFFICE: Please upload verification of certification for the above-named individual directly into the Department's LicensE Third-Party* Portal at <https://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.)