

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING REQUEST FOR VERIFICATION OF CERTIFICATION

APPLICANT: Complete this section and forward to one of the following organizations:

North American Registry of Midwives (NARM)
Application Department
P.O. Box 420
Summertown, TN 38483
(888) 842-4784

OR

American College of Nurse-Midwives (ACNM)
8403 Colesville Road, Suite 1550
Silver Spring, MD 20910
(240) 485-1800

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on Certification Records (if different from above)

Address (number, street, city, zip code)

Social Security Number (voluntary-for use in locating your records)

Daytime Phone Number

Month/Year of Examination

Month/Year of Certification

Date of Birth

Applicant Signature (Print and Sign Form)

Date

NORTH AMERICAN REGISTRY OF MIDWIVES OR THE AMERICAN COLLEGE OF NURSE-MIDWIVES:

Submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements; currently holds, or is a candidate for a professional midwife credential, or a valid certified nurse-midwife credential. You may mail evidence to the Department at the address above or you may fax or email with cover sheet or cover letter to (608) 251-3036 or DSPCredNursing@wisconsin.gov.