

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: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD NITROUS OXIDE CERTIFICATE OF COMPLETION

DENTAL HYGIENIST APPLICANT: Complete this section and submit to the school or course provider in which you completed the education. Form must be returned directly from the school or course provider to the Department.					
APPLICATION METHOD: <input type="checkbox"/> EXAM <input type="checkbox"/> ENDORSEMENT					
Last Name		First Name		MI	Former / Maiden Name(s)
Address (number/street)			(city)	(state)	(zip code)
Date of Birth (mm/dd/yyyy)		Social Security Number (voluntary-for use by school to locate your records)		Date of Graduation (Anticipated dates of graduation/completion will not be accepted.)	
___/___/___		___-___-___		___/___/___	
Application 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. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, 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 school/course provider named below to provide the Department with the information requested below.					
Applicant Signature (If unable to provide a digital signature, please print and sign form.)				Date (mm/dd/yyyy)	
				___/___/___	

SCHOOL/INSTITUTION: Complete this section for the above-named applicant and return 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 <u>non</u> -applicant or <u>non</u> -DSPS individual or entity submitting required documentation in support of a credential application.)		
Name of School/Course Provider		
Location of School/Course Provider (city, state)		_____
Date of Completion (mm/dd/yyyy)	___/___/___ (Anticipated dates of graduation/completion will <u>not</u> be accepted.)	

Continued on next page.

Wisconsin Department of Safety and Professional Services

School/Institution completion, continued.

The completion of this form by the instructor certifies that the certification program completed is in compliance with [Wis. Admin. Code ch. DE 15](#).

ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

Signature of School/Institution Official

(If unable to provide a digital signature, please print and sign form.)

Date

____ / ____ / _____

School/Institution Official Printed Name

Phone

School/Institution Official Title