

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>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER RECOMMENDATION REQUEST FORM

APPLICANT: Please submit this form to each supervisor who can verify your completion of at least 25 hours of observing sign language interpretation. At least two recommendations are required. Form must be returned <u>directly from the supervisor</u> to the Department.					
Last		First Name		MI	Former / Maiden Name(s)
Address (number/street)			(city)	(state)	(zip code)
Date of Birth		Application Number		Email Address	
<input type="text"/> / <input type="text"/> / <input type="text"/>		PAR- <input type="text"/>		<input type="text"/>	
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.					
Applicant Signature (If unable to provide a digital signature, please print and sign form.)					Date
					<input type="text"/> / <input type="text"/> / <input type="text"/>

Supervisor: 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.)		
Printed Name of Supervisor		Daytime Phone Number
Supervisor Credentials (e.g., WI License, Deaf Interpreter RID Cert)		Credential/Certification Number
Start Date of Observation	End Date of Observation	Total Number of Hours of Observation
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
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 Supervisor (If unable to provide a digital signature, print and sign form.)		Date
		<input type="text"/> / <input type="text"/> / <input type="text"/>
Title (if applicable)		