

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>

HEARING AND SPEECH EXAMINING BOARD

AUDIOLOGIST

REQUEST FOR VERIFICATION OF CERTIFICATION

APPLICANT: Complete this section and submit to the American Speech-Language Hearing Association for completion at: American Speech-Language Hearing Association, 2200 Research Boulevard, Rockville, MD 20850-3289, (301) 296-5700. **Verification must be received directly from the Association to the Department.**

Last Name		First Name		MI	Former / Maiden Name(s)	
Application Number	PAR-					
PRAXIS I.D. # or Social Security #: (voluntary-for use in locating your records)						
Address: (number/street)			(city)	(state)	(zip code)	
Daytime Phone Number:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of Birth:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Month/Year of Examination:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Month/Year of Certification:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
				<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Applicant Signature (If unable to provide a digital signature print and sign form.)					Date	

AMERICAN SPEECH-LANGUAGE HEARING ASSOCIATION: Please provide evidence that the above-named individual has successfully completed the PRAXIS examination and a post-graduate clinical fellowship year, or verification of certification of clinical competence. **Upload evidence 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.)**