

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
**Website:** <http://dsp.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### CERTIFICATION OF TRAINING

This form certifies completion of training as a student, or certifies completion of theory hours for the manager or instructor exams. **This form must be completed and mailed by the training facility directly to:** DSPS, Professional Credential Processing, PO Box 8935, Madison, WI 53708-8935, or emailed to: [DSPSCREDBAC@wisconsin.gov](mailto:DSPSCREDBAC@wisconsin.gov).

#### SECTION A: SCHOOL INFORMATION

**Name of School**

**Address of School** (number, street, city, zip)

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**Email Address of School**

**Telephone Number of School**

**Check box to indicate where training was completed:**

- Training was completed in Wisconsin at a licensed school or technical college. (transcript is not required)  
 Training was completed out-of-state. (include transcript to verify graduation and training)

**Check a box if school is located in another state:**

- The above named school is not accredited.  
 The above named school has been accredited by the following Agency:

**Name of Agency**

**Address of Agency** (street, city, state, zip)

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**Email Address**

**Telephone Number of Agency**

#### SECTION B: CERTIFICATION OF GRADUATION AND HOURS

I certify that the applicant listed below has graduated from a course of instruction, which complies with Wis. Stat. § 454.06 or 440.63, and Wis. Admin. Code § COS 5 or SPS 50.300 including the following:

**Name of Applicant**

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**Type of Training**

**Training Hours**

**Date of Graduation**

By signing below, I attest as a Certified Instructor, the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement. I understand and agree to the above statements.

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**Signature of Certifying Instructor**

**Instructor License #**

**Date**