

# 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:** [dsp@wisconsin.gov](mailto:dsp@wisconsin.gov)  
**Website:** <http://dsp.wi.gov>

## DENTISTRY EXAMINING BOARD

### FACULTY DENTIST CERTIFICATION OF OFFER OF EMPLOYMENT

**APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department.**

**Last Name**  **First Name**  **MI**  **Former / Maiden Name(s)**

**Address** (street, city, state, zip code, country)

**Date of Birth** (mm/dd/yyyy)  /  /  **Social Security #** (voluntary-for use by school to locate your records)  -  -

I hereby authorize the school named below to provide the Department with the information requested below.

/  /   
**Applicant Signature (Print and Sign Form)** **Date**

**THIS SECTION MUST BE COMPLETED BY THE DEAN OF A WISCONSIN SCHOOL OF DENTISTRY**  
School may fax or email completed form with school cover sheet or letter to: (608) 251-3036 or [DSPCredDentistry@wisconsin.gov](mailto:DSPCredDentistry@wisconsin.gov).

**School Name**

**School Address** (street, city, state, zip code)

**Name of Dean**

I hear certify that  **D.D.S./D.M.D.**  
(Name of Applicant)

has been offered employment as a **full-time** faculty member at the above-named dental school effective  /  /

/  /   
**Signature of Dean (Print and Sign Form)** **Date**