

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

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE CERTIFICATE OF PROFESSIONAL EDUCATION

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)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records) - -

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

<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 (Print and Sign Form)	Date

SCHOOL/COURSE PROVIDER: Certify completion after the applicant named above has actually graduated and return directly to DSPTS. **School may fax or email with school cover sheet or cover letter to: (608) 251-3036 or dpscreddentistry@wisconsin.gov.**

Name of School/Institution:

Location of School/Institution: (city, state)

Type of Degree Awarded:

Major:

Date of Completion: / / (anticipated dates of graduation will not be accepted)

<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"/>
Signature of Dean or Department Head (Print and Sign Form)	Date

Title