

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: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTIST 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 at the above address.

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"/>
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Applicant Signature (Print and Sign Form)

Date

SCHOOL/COURSE PROVIDER: Certify completion after the applicant named above has actually graduated and return directly to DSPPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscreddentistry@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"/>
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Signature of Dean or Department Head (Print and Sign Form)

Date

Title