

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

OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

CERTIFICATE OF PROFESSIONAL EDUCATION

Applying for: Occupational Therapist Occupational Therapy Assistant

APPLICANT - Please complete this section and forward to certifying school for completion. Form must be returned directly from the school to the Department at the above address.

Name

Social Security Number*

First Middle (Maiden) Last

____ - ____ - _____

Address

Date of Graduation

Street City State Zip

____ / ____ / ____

CERTIFYING SCHOOL - Please complete this section and return directly to the Department at the above address.

Name of Institution

Location of Institution

City State

City State

Type of Degree Awarded

Major

Date Diploma Granted** ____ / ____ / ____

Signature of Dean or Department Head

Date: ____ / ____ / ____

SCHOOL SEAL

* For school's use locating your records.

** **COMPLETE THIS FORM AFTER THE APPLICANT NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

#1570 (Rev. 9/18)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing