

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>

HEARING AND SPEECH EXAMINING BOARD

SPEECH-LANGUAGE PATHOLOGY 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)

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

Date of Graduation: / /

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

/ /
Applicant Signature (Print and Sign Form) Date

SCHOOL: Certify completion after the applicant named above has actually graduated and return directly to DSPS. School may mail to the above address or fax or email with school cover sheet or cover letter to: (608) 251-3036 or dspscredhearingspeech@wisconsin.gov.

Name of Institution:

Location of Institution: (City, State)

Type of Degree Awarded:

Major:

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

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

Title