

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53705  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## HEARING AND SPEECH EXAMINING BOARD

### AUDIOLOGIST 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  First Name  MI  Former / Maiden Name(s)

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

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

/  /   
Applicant Signature Date

**SCHOOL:** Certify completion after the applicant named above has actually graduated and return directly to DSPTS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [dspscredhearingspeech@wisconsin.gov](mailto: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 Date