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

DIETITIANS AFFILIATED CREDENTIALING BOARD

DIETITIAN 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)**

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

Date of Graduation: __ __ / __ __ / __ __ __ __

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.

Applicant Signature **Date** __ __ / __ __ / __ __ __ __

SCHOOL: Complete section below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscredmedbdaffiliates@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** __ __ / __ __ / __ __ __ __

Title

#2111 (Rev. 1/16)
Ch. 448. Stats.

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