

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 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wisconsin.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REQUEST FOR VERIFICATION OF CERTIFICATION, REGISTRATION, OR ACCREDITATION FOR MUSIC, ART, OR DANCE THERAPIST

APPLICANT: Complete this section and forward to the organization where you are certified, registered, or accredited for completion. Form must be returned directly from the organization 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)

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

Daytime Phone Number: - -

Date of Birth: / /

Name on Certification records: (if different from above)	Credential Number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Applicant Signature

Date

ATTENTION CERTIFYING BODY:

Please return verification directly to the Department at the above address. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or Dspscrdjointbd@wi.gov.