

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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4822 Madison Yards Way  
Madison, WI 53705

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

## ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

### REQUEST FOR VERIFICATION OF CERTIFICATION

#### ATHLETIC TRAINER

#### **APPLICANT:**

PLEASE COMPLETE THIS FORM AND ATTACH FEE.

**Processing Fee: \$ 25.00**

**Make check payable to BOC and forward to:**

BOC  
1415 HARNEY ST STE 200  
OMAHA, NE 68102  
Phone: (402) 559-0091 FAX: (402) 561-0598  
Website: [www.bocatc.org](http://www.bocatc.org)

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The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

\_\_\_\_\_  
NAME (please print)

\_\_\_\_\_  
BOC CERTIFICATION NUMBER (9 digits)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CITY, STATE AND ZIP

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
NAME ON CERTIFICATION EXAMINATION  
RECORDS IF DIFFERENT FROM ABOVE

\_\_\_\_\_  
MONTH/YEAR OF CERTIFICATION

\_\_\_\_\_  
DAYTIME PHONE NUMBER

\_\_\_\_\_  
APPLICANTS SIGNATURE (DATE)  
(Print and Sign Form)

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#### **ATTENTION BOC:**

**PLEASE MAIL VERIFICATION OF CERTIFICATION TO THE FOLLOWING ADDRESS:**

Department of Safety and Professional Services  
Athletic Trainers Affiliated Credentialing Board  
P.O. Box 8935  
Madison, WI 53708-8935