

Wisconsin Department of Safety and Professional Services

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BOARD OF NURSING

CERTIFICATION OF NURSE-MIDWIFERY DEGREE

APPLICANT: Complete this section and submit to the college or university at which you received your nurse-midwifery degree for completion. Form must be returned directly from the college or university to the Department.

Last	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)

Date of Birth: / /
Application Number:

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

SCHOOL: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party Upload Portal at license.wi.gov. You will need the application number shown above.

Name of School:

Location of School: (city, state)

Date of Graduation or Completion: / / (Anticipated dates of graduation will not be accepted.)

Title of Degree Granted:

Was this College/University Regionally Accredited at the Time of Graduation? Yes No

/ /

Signature (If unable to provide a digital signature, please print and sign form.)

Date

Printed Name and Title