

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

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

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 at the above address.

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: / /

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

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SCHOOL: Complete this section for the above named applicant and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscrednursing@wisconsin.gov.

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

Date

Title