

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Madison, WI 53705
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Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

PERFUSIONIST

ATTENTION APPLICANT: Please complete and forward this form to the following address

The American Board of Cardiovascular Perfusion
ABCP National Office
2903 Arlington Loop
Hattiesburg MS 39401
Phone: (601) 268-2221
Fax: (601) 268-2229
<http://www.abcp.org>

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

NAME

CERTIFICATION NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

APPLICANTS SIGNATURE
(Print and Sign Form)

(DATE)

ATTENTION ABCP NATIONAL OFFICE: Please submit verification of certification for the above named individual directly to the following address:

Department of Safety and Professional Services
P.O. Box 8935
Madison, WI 53708-8935

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