

# 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 53705  
E-Mail: [dps@wisconsin.gov](mailto:dps@wisconsin.gov)  
Website: <http://dps.wi.gov>

## CHIROPRACTIC EXAMINING BOARD

### CERTIFICATE OF COURSE COMPLETION FOR CHIROPRACTIC TECHNICIAN

This form must be completed by the certifying body where your Board-approved course was obtained

**APPLICANT: Complete this section and submit to certifying body for completion. Form must be returned directly from the certifying body to the Department.**

Last Name  First Name  MI  Former / Maiden Name(s)

Address: (number, street, city, zip code)

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

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/  /

Applicant Signature (Print and Sign Form)

Date

**CERTIFYING BODY: Please complete this section and return directly to the Department. Certifying body may mail to the address above or fax or email with cover sheet or cover letter to (608) 251-3036 or [DSpscCredChiropractic@wisconsin.gov](mailto:DSpscCredChiropractic@wisconsin.gov).**

Name of Institution or Provider:

Address of Institution or Provider:  
(street, city, state, zip)

Sponsor Name:

Course Title:

The course listed above included the following training (Check all boxes that apply.):

- |  |   |
|--|---|
| <input type="checkbox"/> Exercise/Rehabilitation   | <input type="checkbox"/> Mechanical Therapy             |
| <input type="checkbox"/> Patient History   | <input type="checkbox"/> Electrotherapy                 |
| <input type="checkbox"/> Physical Examination (height, weight and blood pressure specifically) | <input type="checkbox"/> Therapeutic Ultrasound Therapy |
| <input type="checkbox"/> Physiologic Therapeutics Overview                                     | <input type="checkbox"/> Light Therapy                  |
| <input type="checkbox"/> Thermotherapy/Cryotherapy   | <input type="checkbox"/> Surface Electromyography (EMG) |

Dates Attended:

From:  /  /  To:  /  /

Date Certificate Issued:

/  /

Signature of Dean or Department Head (Print and Sign Form)

Date