

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>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REQUEST FOR VERIFICATION OF CERTIFICATION FOR BEHAVIOR ANALYST

APPLICANT: Complete this section and email this form to the Behavior Analyst Certification Board, Inc. (BACB) for completion at verifications@bacb.com with the subject to read as "Wisconsin Verification." Form must be returned directly from the BACB to the Department.

LAST NAME	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)

CERTIFICATION NUMBER:

DAYTIME PHONE NUMBER: --

DATE OF BIRTH: //

MONTH/YEAR OF CERTIFICATION: /

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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APPLICANT SIGNATURE **DATE**

BEHAVIOR ANALYST CERTIFICATION BOARD, INC. (BACB): Certify completion below and return directly to DSPS. BACB may fax or email with BACB cover sheet or cover letter to: (608) 251-3036 or dspscredjointbd@wisconsin.gov.

The individual named above is currently certified by the BACB as a Board Certified Behavior Analyst.

The individual named above is not currently certified by the BACB.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SIGNATURE OF BACB REPRESENTATIVE **DATE**