

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: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

RADIOGRAPHY EXAMINING BOARD

VERIFICATION OF RADIOGRAPHER OR LXMO CREDENTIAL

APPLICANT: Complete this section and submit to the state in which you are/were certified/registered/licensed to complete the bottom portion. Form must be returned directly from the state to the Department at the above address.

Applying For: (check one) Limited X-Ray Machine Operator Licensed Radiographer

Last First Name MI Former / Maiden Name(s)

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

Original License Number: Date Issued: / /

I hereby authorize the Radiography Board to furnish
(state that is sending form)

the WISCONSIN RADIOGRAPHY EXAMINING BOARD the information requested below.

Signature: Date: / /
(Print and Sign)

****DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY****

LICENSING AGENCY: Certify the applicant named above and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredradiography@wisconsin.gov.

1. This is to certify that the above-named was issued credential number:

to practice radiography or limited x-ray machine operator on (date of issuance) / /

2. Credentialed by: Examination Endorsement Reciprocity Waiver

3. If credentialed by limited scope examination, did portions of the examination include: (check all that apply):

Chest (thorax, lungs and ribs)

Podiatry (foot, ankle and lower leg below the knee)

Extremities (upper and lower extremities, including pectoral girdle but excluding hip and pelvis)

Spine (cervical, thoracic and lumbar)

4. Current credential status: Active Not current Expiration date: / /

5. Has this credential ever been encumbered in any way? (revoked, suspended, surrendered, restricted, limited, placed on probation)

Yes No

6. If yes, explain on an attached sheet.

Signature: Date: / /
(Print and Sign)

Title: State: