

Wisconsin Department of Safety and Professional Services

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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.

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: / /

Application Number:

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

the WISCONSIN RADIOGRAPHY EXAMINING BOARD the information requested below.

Signature: Date: / /
(If unable to provide a digital signature, print and sign form.)

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

LICENSING AGENCY: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party Upload Portal at license.wi.gov. You will need the application number shown above.

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 to question 5, explain on an attached sheet.

Signature: Date: / /
(If unable to provide a digital signature, print and sign form.)

Printed Name and Title: State: