

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935  
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Madison, WI 53705  
E-Mail: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### SIGN LANGUAGE INTERPRETER CERTIFICATE OF PROFESSIONAL EDUCATION OR TRAINING PROGRAM COMPLETION

**APPLICANT:** Complete this section and submit to certifying school or program provider for completion. Form must be returned directly from the school or program provider to the Department at the above address.

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)

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

Date of Graduation/Program Completion:  /  /

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicant Signature	Date

**SCHOOL/PROGRAM PROVIDER:** Certify completion after the applicant named above has completed the program and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or [DSpscRedSignLanguageInterpreters@wisconsin.gov](mailto:DSpscRedSignLanguageInterpreters@wisconsin.gov).

Name of Institution/Program Provider:

Location of Institution/Program Provider:    
(city, state)

Type of Degree Awarded: (if applicable)

Major: (if applicable)

Date Diploma/Program Completed:  /  /  (anticipated dates of graduation will not be accepted)

Applicant was issued a Certificate of Completion or other evidence of successful completion.

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Dean or Department Head/Program Director (Print and Sign Form)	Date