

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>

PHYSICAL THERAPY EXAMINING BOARD

PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

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

Applying For: (check one) Physical Therapist Physical Therapist Assistant

LAST FIRST NAME MI FORMER / MAIDEN NAME(S)

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

Date of Birth: / /

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

CERTIFYING SCHOOL: Certify completion after the applicant named above has actually graduated and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPSCredPhysicalTherapy@wisconsin.gov.

Name of School:

Location of School: (city, state)

Type of Degree Awarded:

Major:

Date of Graduation: / / (anticipated dates of graduation will not be accepted)

/ /

Signature of Dean or Department Head

Date

Title