

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

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

RECOMMENDATION REQUEST FORM

APPLICANT: Please submit this form to each individual who can verify your completion of a total of at least 25 hours of observing sign language interpretation. Applicant must submit at least two recommendations.

Last	First Name	MI	Former / Maiden Name (s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Supervisor

Credentials of Supervisor (e.g. WI License, Deaf Interpreter RID Cert)

Credential/Certification Number

Hours of Observation

Dates of Observation

From (mm/dd/yy):

To (mm/dd/yy):

Affidavit of Supervisor

I attest to working with the above listed applicant. The applicant has successfully completed the hours listed by observing sign language interpretation services provided to clients.

Supervisor Signature

Date

Supervisor, please return directly to:

DSPS

Attn: Sign Language Interpreter
P.O. Box 8935
Madison, WI 53708-8935

Or you may fax/email with facility cover sheet/letter to:

(608) 251-3036 or DSPSCREDSignLanguageInterpreters@wisconsin.gov.