Wisconsin Department of Safety and Professional Services

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Division of Legal Services and Compliance Report of Final Adverse Action Taken Against a License/Credential in Another Jurisdiction

In accordance with Wis. Stat. ch. 440, if any final adverse action has been taken against your license/credential in another licensing jurisdiction, you may be required to notify the Department and/or its attached Board(s) in writing of the date, location, and nature of the final adverse action. To report a final adverse action from another licensing jurisdiction, complete this form and return it to the Department within 30 days of the final adverse action. Include a copy of the final adverse action taken against your license/credential when submitting this form.

The information you provide on this form or submit with it may be verified with the other licensing jurisdiction. You may provide an explanation for the adverse action below or on an attached sheet. Failure to report final adverse action may constitute independent grounds for the imposition of discipline against your credential.

Profession	License Number		
Last Name	First name		MI
List All Other Names Used			
Address (number, street, city, state, zip code)		Date of Birth	
Mailing Address (if different) (number, street, city, state, zip code)		Daytime Phone Number	
Email Address			

Type of Adverse Action

Name and Address of Authority that Tood Adverse Action

Date of Adverse Action

Wisconsin Department of Safety and Professional Services

You May Provide Comments Below or on Attached Sheet(s).

Comments:

Consent to Update

If the information I have provided in this report becomes invalid, incorrect, or outdated, I understand that I am obligated to provide any necessary information to ensure the information in this report remains current, valid, and truthful.

Attestation of Credential Holder Submitting This Report

I state that I am the person referred to in this document and that all the information that I provided above or have attached and submitted is strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with reporting another jurisdiction's adverse action against my license/credential may result in revocation, suspension, or limitation of my Wisconsin license/credential, or such other penalties as may be provided by law.

____ I have read and understand the above Consent to Update and Attestation of Credential

Signature _____

Date ____ / ___ / ___ / ___ ___

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