

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

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Name and Address of Authority that Took Adverse Action

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Date of Adverse Action

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