

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

COMMUNICABLE DISEASES CERTIFICATION FORM

(Information required by [Wis. Admin. Code ch. DHS 145.](#))

I hereby certify that I am familiar with the State of Wisconsin health laws and rules of the Department of Health as related to communicable diseases.

Type of Credential (please print)

Application ID Number (please print)

Print Name of Applicant

 / /

Signature of Applicant
(If unable to provide a digital signature print and sign form.)

Date