

# Wisconsin Department of Safety and Professional Services

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## OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### OCCUPATIONAL THERAPY ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR OCCUPATIONAL THERAPY ASSISTANT SCHOOL AND RETURNED DIRECTLY FROM THE SCHOOL TO THE DEPARTMENT AT THE ABOVE ADDRESS

<b>APPLICANT - Please complete this section.</b>	
NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - _____
ADDRESS (City, State, Zip) _____	Date of Graduation ____ / ____ / ____
<b>CERTIFYING SCHOOL - Please complete this section and return directly to the Department at the above address.</b>	
NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
DEGREE AWARDED _____	MAJOR _____
DATE DIPLOMA GRANTED** _____	

\_\_\_\_\_  
Signature of Dean or Department Head

**SCHOOL SEAL**

\_\_\_\_\_  
Date

\* For use in the school locating your records.

\*\* **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

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Ch. 448, Stats.

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