

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
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1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

RESIDENT EDUCATIONAL LICENSE CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Please complete this section and submit to certifying school for completion. This form must be returned directly from the school to the Department at the above address.

Name

First Middle (Maiden) Last

Social Security Number (for school's use in locating your records)

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Address

Street City State Zip

Date of Graduation

 / /

CERTIFYING SCHOOL: Please complete this section after the applicant named above has actually graduated and return directly to the Department at the above address.

Name of Institution

Location of Institution

City State

Type of Degree Awarded

Major

Date Diploma Granted (anticipated dates of graduation will not be accepted)

 / /

Date

 / /

Signature of Dean or Department Head

Certifying School, please return directly to:

DSPS
ATTN: Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

You may also fax /email with facility cover sheet /letter to: (608) 261-7083 or DSPCredMedBD@wisconsin.gov.