

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

NITROUS OXIDE CERTIFICATE OF COMPLETION

APPLICANT: Complete this section and submit to the school/course provider in which you completed the education. Form must be returned directly from the school/course provider to the Department.

Last Name **First Name** **MI** **Former / Maiden Name(s)**

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school/course provider's use in locating your records) - -

I hereby authorize the school/course provider named below to provide the Department with the information requested below.

/ /

Applicant Signature **Date**

SCHOOL/COURSE PROVIDER: Certify completion below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscreddentistry@wisconsin.gov.

Name of School/Course Provider:

Location of School/Course Provider:
(city, state)

Date of Completion: / /

The completion of this form by the instructor certifies that the certification program completed is in compliance with Wis. Admin. Code § DE15.05.

/ /

Signature **Date**

Title