

Wisconsin Department of Safety and Professional Services

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Website: <http://dspd.wis.gov>

OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Please complete this section and forward to certifying school for completion. Form must be returned directly from the school to the Department.

Applying for: Occupational Therapist Occupational Therapy Assistant

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

Address (street) (city) (state) (zip code)

/ /
Date of Birth (mm/dd/yyyy) Application Number

- -
Social Security Number (Voluntary-for use by school to locate your records.)

CERTIFYING SCHOOL: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party Upload Portal at license.wi.gov. You will need the application number shown above.

Name of School

Location of School (city) (state)

Type of Degree Awarded Major

Date of graduation: / / (Anticipated dates of graduation will not be accepted.)

Date / /
Signature of Dean or Department Head (Print and Sign Form)

Printed Name and Title