

# Wisconsin Department of Safety and Professional Services

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## OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

### CERTIFICATE OF PROFESSIONAL EDUCATION

Applying for:  Occupational Therapist  Occupational Therapy Assistant

**APPLICANT - Please complete this section and forward to certifying school for completion. Form must be returned directly from the school to the Department at the above address.**

Name

Social Security Number\*

\_\_\_\_\_  
First Middle (Maiden) Last

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address

Date of Graduation

\_\_\_\_\_  
Street City State Zip

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CERTIFYING SCHOOL - Please complete this section and return directly to the Department at the above address.**

Name of Institution

Location of Institution

\_\_\_\_\_  
Wisconsin Indianhead Technical College

\_\_\_\_\_  
Ashland, WI

\_\_\_\_\_  
City State

Type of Degree Awarded

Major

\_\_\_\_\_  
Associate Degree

\_\_\_\_\_  
Occupational Therapy Assistant

Date Diploma Granted\*\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Signature of Dean or Department Head (Print and Sign Form)

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SCHOOL SEAL**

\* For school's use locating your records.

\*\* **COMPLETE THIS FORM AFTER THE APPLICANT NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

#1570 (Rev. 9/18)

Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing