

Wisconsin Department of Safety and Professional Services

SUPERVISOR EVALUATOR: Complete page 2 and return directly to DSPS: You may fax/email to: (608) 261-7083 or DSPSCREDDGHSSBoard@wisconsin.gov.

The applicant named above has filed an application for licensure with the State of Wisconsin. This registration depends, among other considerations, on the verification of the extent, diversity, and quality of his/her practical training and experience under a licensed professional or persons the Board determines is qualified to have responsible charge of work as described on Page 1 by the applicant. Please assist by supplying the information requested based upon your own personal, first-hand knowledge of the applicant. (attach additional sheet(s) if necessary)

Last Name of Supervisor Evaluator <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	Title <input style="width: 95%;" type="text"/>
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Name of Firm <input style="width: 95%;" type="text"/>	Nature of Current Business <input style="width: 95%;" type="text"/>
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Address of Firm (street, city, state, zip)

A supervisor evaluator must meet the requirements as a professional as stated under Wis. Stats. § 470. Please list your professional certification, credential (license) or registration.

Type	Issuing State or Organization	Credential #	Year Issued
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
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Please verify the work product the applicant described on page 1 of this form. State your opinion regarding the accuracy of the description, including duration, extent and complexity of work and indicate your evaluation of the applicant's performance. (attach additional sheet(s) if necessary)

Are there any items of the described experience which you cannot verify? If so, please explain.

Additional Comments (if any)

Supervisor Evaluator's Signature <input style="width: 95%; height: 25px;" type="text"/>	Date <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> / <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/> <input style="width: 15px;" type="text"/>
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