

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53703  
E-Mail: [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
Website: <http://dspd.wi.gov>

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### CERTIFICATION OF TRAINING

This form certifies completion of training as a student, or certifies completion of theory hours for the manager or instructor exams. **This form must be completed and mailed by the training facility directly to:** DSPS, Professional Credential Processing, PO Box 8935, Madison, WI 53708-8935, or emailed to: [DSPCREDBAC@wisconsin.gov](mailto:DSPCREDBAC@wisconsin.gov).

#### SECTION A: SCHOOL INFORMATION

Name of School

Address of School (number, street, city, zip)

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Email Address of School

Telephone Number of School

Check box to indicate where training was completed:

- Training was completed in Wisconsin at a licensed school or technical college. (transcript is not required)  
 Training was completed out-of-state. (include transcript to verify graduation and training)

Check a box if school is located in another state:

- The above named school is not accredited.  
 The above named school has been accredited by the following Agency:

Name of Agency

Address of Agency (street, city, state, zip)

 -  - 

Email Address

Telephone Number of Agency

#### SECTION B: CERTIFICATION OF GRADUATION AND HOURS

I certify that the applicant listed below has graduated from a course of instruction, which complies with Wis. Stat. § 454.06 or 440.63, and Wis. Admin. Code § COS 5 or SPS 50.300 including the following:

Name of Applicant

 /  / 

Type of Training

Training Hours

Date of Graduation

By signing below, I attest as a Certified Instructor, the foregoing statements are true to the best of my knowledge and belief, and that I personally signed this statement. I understand and agree to the above statements.

 /  / 

Signature of Certifying Instructor

Instructor License #

Date