

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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1400 E. Washington Avenue
Madison, WI 53703

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Website: <http://dsps.wi.gov>

MEDICAL EXAMINING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

PERFUSIONIST

ATTENTION APPLICANT: Please complete and forward this form to the following address

The American Board of Cardiovascular Perfusion
ABCP National Office
2903 Arlington Loop
Hattiesburg MS 39401
Phone: (601) 268-2221
Fax: (601) 268-2229
<http://www.abcp.org>

The **State of Wisconsin** requests a verification of certification of examination concerning the following individual:

NAME

CERTIFICATION NUMBER

ADDRESS

DAYTIME PHONE NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

APPLICANTS SIGNATURE

(DATE)

ATTENTION ABCP NATIONAL OFFICE: Please submit verification of certification for the above named individual directly to the following address:

Department of Safety and Professional Services
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Madison, WI 53708-8935

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