

Wisconsin Department of Safety and Professional Services

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

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

REQUEST FOR VERIFICATION OF CERTIFICATION FOR BEHAVIOR ANALYST

APPLICANT: Complete this section and email this form to the Behavior Analyst Certification Board, Inc. (BACB) for completion at verifications@bacb.com with the subject to read as "Wisconsin Verification." Form must be returned directly from the BACB to the Department at the above email address.

LAST NAME	FIRST NAME	MI	FORMER / MAIDEN NAME(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS: (number, street, city, zip code)

CERTIFICATION NUMBER:

DAYTIME PHONE NUMBER: - -

DATE OF BIRTH: / /

MONTH/YEAR OF CERTIFICATION: /

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
APPLICANT SIGNATURE	DATE

BEHAVIOR ANALYST CERTIFICATION BOARD, INC. (BACB): Certify completion below and return directly to DSPTS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredbehavioranalyst@wisconsin.gov.

The individual named above is currently certified by the BACB as a Board Certified Behavior Analyst.

The individual named above is not currently certified by the BACB.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
SIGNATURE OF BACB REPRESENTATIVE	DATE