

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: License.wi.gov
Email: dsps@wisconsin.gov
Website: <http://dsps.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 returned directly from the school or training facility to the Department. The school or training facility may email the form to DSPSCREDBAC@wisconsin.gov.**

SECTION A: SCHOOL INFORMATION

Name of School

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

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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 (number, street, city, state, zip code)

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Email Address

Telephone Number of Agency

SECTION B: CERTIFICATION OF GRADUATION AND HOURS

COURSE OF INSTRUCTION TYPE (select one): ☐ Barbering ☐ Cosmetology ☐ Aesthetician ☐ Electrologist ☐ Manicurist

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 ch. [COS 5](#) or § [SPS 50.300](#) including the following:

Name of Applicant

 / /

Date of Birth

 / /

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

(If unable to provide a digital signature print and sign form.)