Wisconsin Department of Safety and Professional Services

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

LicensE Portal: https://license.wi.gov/
Email: dsps@wisconsin.gov
Website: http://dsps.wi.gov

RADIOGRAPHY EXAMINING BOARD

VERIFICATION OF RADIOGRAPHER OR LXMO CREDENTIAL

APPLICANT: Complete this section and submit to the state in which you are/were certified/registered/licensed to complete the bottom portion. Form must be returned directly from the state to the Department.

Applying For (check one): ☐ **Limited X-Ray Machine Operator** ☐ **Licensed Radiographer**

Last: **First Name:** **MI:** **Former / Maiden Name(s):**

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

Original License Number: **Date Issued:** ___/___/____

Application Number:

I hereby authorize the _____ **Radiography Board to furnish**
(state that is sending form)

the WISCONSIN RADIOGRAPHY EXAMINING BOARD the information requested below.

Signature: **Date:** ___/___/____
(If unable to provide a digital signature, print and sign form.)

****DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY****

LICENSING AGENCY: Complete this section for the above-named applicant and return directly to the Department using the LicensE Third-Party Upload Portal at license.wi.gov. You will need the application number shown above.

1. This is to certify that the above-named was issued credential number: _____
   to practice radiography or limited x-ray machine operator on (**date of issuance**) ___/___/____.
2. Credentialed by: ☐ **Examination** ☐ **Endorsement** ☐ **Reciprocity** ☐ **Waiver**
3. If credentialed by limited scope examination, did portions of the examination include: (**check all that apply**):
   - ☐ **Chest** (thorax, lungs and ribs)
   - ☐ **Podiatry** (foot, ankle and lower leg below the knee)
   - ☐ **Extremities** (upper and lower extremities, including pectoral girdle but excluding hip and pelvis)
   - ☐ **Spine** (cervical, thoracic and lumbar)
4. Current credential status: ☐ **Active** ☐ **Not current** ☐ **Expiration date**: ___/___/____
5. Has this credential ever been encumbered in any way? (**revoked, suspended, surrendered, restricted, limited, placed on probation**)
   ☐ Yes ☐ No
6. If yes to question 5, explain on an attached sheet.

Signature: **Date:** ___/___/____
(If unable to provide a digital signature, print and sign form.)

Printed Name and Title: **State:**