

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935

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Madison, WI 53703

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

ATHLETIC TRAINERS AFFILIATED CREDENTIALING BOARD

REQUEST FOR VERIFICATION OF CERTIFICATION

ATHLETIC TRAINER

APPLICANT:

PLEASE COMPLETE THIS FORM AND ATTACH FEE.

Processing Fee: \$ 25.00

Make check payable to BOC and forward to:

BOC
1415 HARNEY ST STE 200
OMAHA, NE 68102
Phone: (402) 559-0091 FAX: (402) 561-0598
Website: www.bocatc.org

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

NAME (please print)

BOC CERTIFICATION NUMBER (9 digits)

ADDRESS

SOCIAL SECURITY NUMBER

CITY, STATE AND ZIP

DATE OF BIRTH

NAME ON CERTIFICATION EXAMINATION
RECORDS IF DIFFERENT FROM ABOVE

MONTH/YEAR OF CERTIFICATION

DAYTIME PHONE NUMBER

APPLICANTS SIGNATURE (DATE)

ATTENTION BOC:

PLEASE MAIL VERIFICATION OF CERTIFICATION TO THE FOLLOWING ADDRESS:

Department of Safety and Professional Services
Athletic Trainers Affiliated Credentialing Board
P.O. Box 8935
Madison, WI 53708-8935