

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD

PROFESSIONAL COUNSELOR CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to your professional school for completion. Form must be returned directly from the school to the Department at the above address.

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

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

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records) - -

I hereby authorize the school named below to provide the Department with the information requested below.

/ /

Applicant Signature

Date

SCHOOL: Certify completion below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspscredJointBd@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

Type of Degree Awarded:

Major:

Date Graduation or Completion: / / (anticipated dates of graduation will not be accepted)

Name of the Accrediting Body at the time student received degree:

Please check if CORE or CACREP accredited at time of graduation.

Was this program approved at the time of Graduation or Completion? Yes No

/ /

Signature of Dean or Department Head

Date

Title