

# Wisconsin Department of Safety and Professional Services

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

### APPLICATION TO CONVERT CURRENT OR PENDING PROFESSIONAL COUNSELOR TRAINING CERTIFICATE TO TRAINING LICENSE

Your name and address are available to the public.  
 Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

**PLEASE TYPE OR PRINT IN INK**

Last Name	First Name	MI	Former / Maiden Name(s)
Street Address (number, street, city, state, zip)			Daytime Telephone Number (     ) _____ - _____
Training Certificate Number	Grant Date	Expiration Date	

#### AFFIDAVIT OF APPLICANT

I, the above-named applicant, state and affirm that:

- I hold a current Professional Counselor Training Certificate or have a pending application on file with the Department.
- All previous application information that I provided to the Section for my Professional Counselor Training Certificate is still current, accurate, and valid.
- I request that the application information referenced above be transferred to this application for a Professional Counselor Training License.

The Professional Counselor Training License satisfies all requirements of Wisconsin Statutes 457.13. A training license is valid for 48 months and may be renewed at the discretion of the Marriage and Family Therapist Section.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed

Provision of false information on an application may be grounds for revocation of the credential.

<p><b>APPLICATION FEES</b> Please check applicable blank: (Make check payable to Department of Safety and Professional Services and attach to application.)</p> <p>_____ Training License (This fee is required if you already have a Professional Counselor Training Certificate issued.) \$ 75.00 Total Required Fee Attached</p> <p>_____ Training License (This fee is required if you have a pending application for a Professional Counselor Training Certificate on file with the Department.) \$ 75.00 Total Required Fee Attached</p>	<p style="text-align: center;"><b>For Receiving Use Only</b></p>
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## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

**I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date