

Wisconsin Department of Safety and Professional Services

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

EMPLOYMENT VERIFICATION FORM FOR SUPERVISED SUBSTANCE ABUSE COUNSELOR PRACTICE

APPLICANT: COMPLETE THIS SECTION AND FORWARD TO YOUR CLINICAL SUPERVISOR.

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am in a position or have an offer for a position in a supervised Substance Abuse practice. In this position, I will receive supervision exercised by a person authorized to provide supervision per Wisconsin Administrative Code sec. SPS 162.02.

- The supervisor may not permit a supervisee to engage in any substance abuse practice that the supervisee cannot competently perform.
- The supervisor shall not permit a supervisee to engage in any practice that the supervisor cannot competently supervise.
- All supervisors shall be legally and ethically responsible for the supervised activities of the substance use disorder professional supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors shall be able to interrupt or stop the supervisee from practicing in given cases, or recommend to the supervisee's employer that the employer interrupt or stop the supervisee from practicing in given cases, and to terminate the supervised relationship, if necessary.

Signature of Applicant: Date: / /

CLINICAL SUPERVISOR OF SUBSTANCE ABUSE COUNSELORS-IN-TRAINING: COMPLETE SECTION BELOW AND RETURN DIRECTLY TO DSPS. YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or dpscredsubstanceabuse@wisconsin.gov.

The clinical supervisor shall provide supervision as required per Wisconsin Administrative Code sec. SPS 162.01.

Name of Employer:

Supervisor's Name:

Supervisor's Credential Number: -

Profession Supervisor is Credentialed:

Supervisor's Signature: Date: / /