

Wisconsin Department of Safety and Professional Services

Office Location: 4288 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>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE COUNSELORS FORM INFORMATION AND INSTRUCTIONS

Work experience – A minimum of 3,000 hours are required within the eight (8) practice dimensions listed below ([Wis. Admin. Code SPS 160.02\(20\)](#)). There are specific minimums for substance use disorder counseling and for substance use disorder one-on-one individual counseling ([Wis. Admin. Code SPS 161.02\(6\)](#)).

- Clinical evaluation • Referral • Counseling • Documentation
- Treatment planning • Service coordination • Patient, family & community education • Professional & ethical responsibilities

REQUIRED CATEGORY	Obtained within 5 yrs of SAC application submission date (Minimum required hours)	Obtained within 12 months of SAC application submission date (Minimum required hours)	Required Category Total
Substance use disorder counseling hours	800	200	1,000
Substance use disorder one-on-one counseling hours	400	100	+ 500
Minimum of Hours in Required Category Total (SUBTOTAL)			1,500
Work experience hours (in any of the practice dimensions listed above)	1,500*	-	+ 1,500
MINIMUM REQUIRED HOURS - TOTAL			3,000

*This number may be reduced if you exceed the *minimum* number of required counseling hours or one-on-one counseling hours listed above. For example, if you obtain 1,000 hours of substance use disorder counseling in the last 5 years (200 hours more than the minimum of 800 hours required) you can reduce the number of general work experience hours by 200 hours. Using this example scenario, the number of required work experience hours would then be 1,300 hours. However, you must gather at least 3,000 hours in total.

To ensure timely processing of Form 2749-SAC, please be mindful of the following:

- You must complete and sign the “Applicant” section at the top of Page 1.
- You may not begin accruing hours for your SAC until the date your Substance Abuse Counselor In-Training (SAC-IT) credential has been issued. The “start date” your supervisor lists on the form should not be before your SAC-IT credential was issued. If you do not recall when your SAC-IT was issued, you may view your SAC-IT credential under the DSPS [Self-Service](#) tab using the [License Look-Up](#) resource.
- If your SAC-IT ever expired, hours listed by your supervisor should not include the period of time when your SAC-IT credential was expired.
- Your supervisor must list the actual “Start Dates” and “End Dates” on the form. Supervisors should not write “to present” instead of the “End Date.” If supervision will be ongoing, the supervisor may list the “Supervisor Signature Date” for the “End Date” and document any additional supervised experience in a subsequent Form 2749-SAC at a later date.
- Supervisors must have an active credential during the supervision period listed and meet the qualifications under [Wis. Admin. Code § SPS 162.02](#). Any exceptions to the qualification requirements should be pre-approved by the Department before beginning to gather hours.
- If supervision under one supervisor ends, for example, if your supervisor leaves the agency, ask the supervisor to complete and submit the form for the hours he or she supervised even if you have not completed 3,000 hours of supervised work experience.

Questions can be submitted in LicensE (<https://license.wi.gov>). On the top toolbar select “Request Support” and complete and submit the online “Create New Ticket” form.

Wisconsin Department of Safety and Professional Services

Office Location: 4288 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>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT REGARDING SUPERVISED EXPERIENCE FOR SUBSTANCE ABUSE COUNSELORS

Use this form to document substance abuse counselor (SAC) supervised experience. (To document clinical substance abuse counselor, CSAC, supervised experience, use form [2749-CSAC](#).)

APPLICANT: You must complete and sign this "Applicant" section. Once signed, forward the form to your clinical supervisor to complete the "Supervisor" section of the form. Supervisor must upload completed form directly into [LicensE](#).

Last Name	First Name	MI	Former/Maiden Name(s)
SAC-IT credential number	Date SAC-IT was issued	SAC Application Number	SAC application submitted date
	___/___/_____	PAR-	___/___/_____

ATTESTATION OF APPLICANT: I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for 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. By signing below, I am signifying that I have read and understand the above declarations.

Applicant Signature (If unable to provide a digital signature, print and sign form.)	Applicant Signature Date
	___/___/_____

SUPERVISOR: Complete this section for the above-named applicant and return directly to the Department using the LicenseE Third-Party* Upload Portal at [license.wi.gov](#). You will need the application number shown above. (*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)

Supervision may be provided by an intermediate clinical supervisor or an independent clinical supervisor or a physician, licensed psychologist, professional counselor, marriage and family therapist, clinical social worker, advanced practice social worker, or independent social worker who practices as a substance abuse clinical supervisor. (Note: Proposed supervisors with temporary or training licenses require advance review and approval. **A credential holder acquiring supervised experience as a substance abuse counselor-in-training may not practice under the supervision of an individual holding a certificate as a clinical supervisor-in-training.**) Refer to Wis. Admin. Code chs. [SPS 162](#) and [163](#) for additional information.

1.	I attest that I hold a certificate as a clinical supervisor-in-training. IF YES, you may <u>NOT</u> serve as a supervisor to a substance abuse counselor-in-training to accrue supervised practice hours (unless you meet alternate criteria listed in Questions 2 or 4 below).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	I, the supervisor named below, attest that I hold a temporary or training professional counselor, marriage and family therapist, clinical social worker, advanced practice social worker, or independent social worker credential. IF YES, advance review and approval are required. Supervisor must upload this form résumé, and/or other evidence showing education, training, or experience in addiction treatment. You may also include a narrative statement explaining how you are knowledgeable in addiction treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I, the supervisor named below, attest that I hold a current intermediate clinical supervisor or an independent clinical supervisor credential. IF YES, skip Question 4. IF NO, complete Question 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	IF NO to Question 3, I, the supervisor named below, attest that I hold a permanent, unlimited physician, licensed psychologist, professional counselor, marriage and family therapist, clinical social worker, advanced practice social worker, or independent social worker credential and practice as a substance abuse clinical supervisor. IF NO, advance review and approval are required. Supervisor must upload this form with a résumé and/or other evidence showing education, training, or experience in addiction treatment. You may also include a narrative statement explaining how you are knowledgeable in addiction treatment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Continued next page.

Wisconsin Department of Safety and Professional Services

Supervisor completion continued.

Name of Agency where work experience was gained			
Address of Agency (number/street)		(city)	(state)
			(zip code)
List the Start Date and End Date of supervised professional substance abuse counseling experience gathered at this facility with the supervisor named below.			
Start Date		End Date	
___/___/_____		___/___/_____	
Start date should be <i>no earlier</i> than the date the SAC-IT was issued. (Applicant should list the date the SAC-IT was issued above.)		You must list an end date (not “to present.”) If supervision is ongoing, end date must be no later than “supervisor signature date” at the bottom of Page 2.	
A minimum of 3,000 hours of supervised work experience are required for SAC certification. There are times when a trainee has multiple supervisors. Please list and verify only the hours for which you personally supervised the above-named applicant.			
Review supervision dates entered on Page 1 and complete all blanks below for hours gathered during the time period specified. If you did not supervise the applicant in a category enter “0”.			
A.	I have supervised the above applicant for a total of _____ hours of work experience which includes ALL work experience dimensions in Wis. Admin. Code § SPS 161.02(6) .		
B.	Of the total hours in Section A above, _____ hours were providing substance use disorder counseling, of which _____ hours were in a one-on-one individual modality setting.		
C.	Of the hours indicated in Section B, within the last 12 months I supervised _____ hours providing substance use disorder counseling of which _____ hours were completed using a one-on-one individual modality setting.		
<p>ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT: I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.</p> <p>I am a supervisor holding the credential named above and I have supervised the above-named applicant with individuals diagnosed with substance use disorders.</p>			
Supervisor Signature (Provide a digital signature or print and sign form.)			Supervisor Signature Date
			___/___/_____
Supervisor Printed Name			Phone Number
			_____-_____-_____
Supervisor Title			
Credential(s) held by Supervisor			
Supervisor Credential Number(s) (including numbers following the dash)			