

Wisconsin Department of Safety and Professional Services

Office Location: 4822 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>

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

SUPERVISOR'S AFFIDAVIT OF INDEPENDENT SOCIAL WORKER SUPERVISED PRE-CERTIFICATION PRACTICE

[to be completed for Certified Independent Social Worker (CISW) license applicants only]

Applicant: Complete the information in this section and give form to your supervisor to complete the next section. Supervisor must submit form directly to DSPS. If you had more than one supervisor, <u>one</u> form for <u>each</u> supervisor should be submitted.				
Applicant Last Name	Applicant First Name	MI	Applicant Former / Maiden Name(s)	
Applicant Date of Birth ___/___/_____		Application ID Number	PAR-	
<p>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.</p>				
Applicant Signature (If unable to provide a digital signature, please print and sign form.)			Applicant Signature Date	
			___/___/_____	

Supervisor: Complete this section for the above-named applicant and return directly to the Department using the LicensE 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 – CISW Applicants only (Supervised Pre-Certification Practice per Wis. Admin. Code chs. [MPSW 3](#) and [4](#)):

All supervisors are legally and ethically responsible for the activities of the social worker supervisee. Supervisors shall be available or make appropriate provision for emergency consultation and intervention. Supervisors must be able to interrupt or stop the supervisee from practicing in given cases and to stop the supervised relationship if necessary.

Supervision of Pre-Certification practice of social work includes the direction by an approved supervisor of social work practice in face-to-face individual or group sessions of at least one-hour duration, during each week of supervised practice of social work. Also, CISW applicants must engage in the equivalent of two (2) years of full-time supervised social work practice approved by the Social Worker Section.

Applicant has engaged in supervised social work practice at the following (If you need additional space attach an additional sheet with applicant name and applicant date of birth at the top of the sheet.)

Agency Name
Location of Agency (street, city, state, zip code)

Continued next page.

Wisconsin Department of Safety and Professional Services

Supervisor completion continued.

Dates From / / To / /

<u>Hours</u>		<u>Weeks</u>		<u>Total Hours</u>
	x		=	

Practice Supervisor's Position/Title	Practice Supervisor's Name (CISW/CICSW/LCSW)
Practice Supervisor's Credential Number	Volunteered/Employer

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.

I swear that the foregoing information is true and accurate.

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

Supervisor's Daytime Phone Number	
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