

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

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

SOCIAL WORKER CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department.

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

Address (number/street)	(city)	(state)	(zip code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number (voluntary-for school's use in locating your records)	Date of Graduation (Anticipated dates of graduation will not be accepted.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Application Number	<input type="text"/>
--------------------	----------------------

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Signature (If unable to provide a digital signature, print and sign form.)	Date		

SCHOOL: 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.)

Name of School:	<input type="text"/>		
Location of Institution: (city, state)	<input type="text"/>	<input type="text"/>	
Type of Degree Awarded:	<input type="text"/>		
Major:	<input type="text"/>		
Date Diploma Granted:	<input type="text"/>	<input type="text"/>	<input type="text"/>
NOTE: Anticipated dates of graduation or completion will <u>not</u> be accepted.			
Was school Council on Social Work Education (CSWE) accredited at the time of the applicant's graduation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Continued on next page.

Wisconsin Department of Safety and Professional Services

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.

 / /

Signature of Dean or Department Head

Date

(If unable to provide a digital signature, please print and sign form.)

 - - Ext

Printed Name

Phone

Title