

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
 Email: dsps@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING CERTIFICATE OF COMPLETION OF A DEPARTMENT-APPROVED SUBSTANCE ABUSE EDUCATION PROGRAM

APPLICANT: Complete top portion of this form and forward to the school in which you completed the substance abuse program. Form must be returned <u>directly from the school</u> to the Department.			
Please check a box: <input type="checkbox"/> SAC-IT <input type="checkbox"/> SAC <input type="checkbox"/> CSAC		Application Number _____	
Last Name _____	First Name _____	MI _____	Former/Maiden Name(s) _____
Address (street) _____	(city) _____	(state) _____	(zip code) _____
Date of Birth _____	Social Security Number (Voluntary-For use by school to locate your records) _____		
<p>I hereby authorize the school named below to provide the Department with the information requested below. 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 _____		Date _____	
(If unable to provide a digital signature, please print and sign form.)			

<p>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 <u>non</u>-applicant or <u>non</u>-DSPS individual or entity submitting required documentation in support of a credential application.)</p>			
Name of School _____			
Address (number/street) _____		(city) _____	
_____		(state) _____	
_____		(zip code) _____	
<p>The above-named applicant has graduated from or completed (Please check one box below.):</p> <p><input type="checkbox"/> SAC-IT - 100 hours of a Department-approved education program in the performance domains of assessment, counseling, case management, patient education and professional responsibility (Wis. Admin. Code § SPS 161.01(4)).</p> <p><input type="checkbox"/> SAC/CSAC - 360 hours of a substance use disorder Department-approved program (Wis. Admin. Code §§ SPS 161.02(4) and 161.03(4)(b), respectively).</p>			
Degree / Certificate / Program _____		Date of Graduation or Completion _____	
_____		_____	
<p>Was this program approved at the time of Graduation or Completion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

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