

# 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](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

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

### APPLICATION TO RENEW A MARRIAGE AND FAMILY THERAPIST TRAINING LICENSE

NOTE: Use this form to renew a marriage and family therapist training license. To renew a professional counselor training license, use [Form 2921LPC](#).

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

<b>PLEASE TYPE OR PRINT IN INK</b>		<input type="checkbox"/> Your street address/ PO Box, e-mail address, and phone number are available to the public. Check box to withhold street address/ PO Box, e-mail address, and phone number from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<b>E-mail Address</b>		<b>Daytime Telephone Number</b>	
		[ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ]	
<b>Address (number/street)</b>	<b>(city)</b>	<b>(state)</b>	<b>(zip code)</b>
<b>Training License Number</b>	<b>Grant Date</b>	<b>Expiration Date</b>	
	[ ][ ]/[ ][ ]/[ ][ ][ ][ ][ ]	[ ][ ]/[ ][ ]/[ ][ ][ ][ ][ ]	
<b>AFFIDAVIT OF APPLICANT:</b> I, the above-named applicant, state and affirm that: <input type="checkbox"/> I hold or have held a Marriage and Family Therapist Training License issued by the Section. <input type="checkbox"/> All previous application information I provided to the Section for the Marriage and Family Training license is still current, accurate, and valid. <input type="checkbox"/> I request that the application information referenced above be transferred to this application for the renewal of my Marriage and Family Training License. <input type="checkbox"/> I have completed and submitted Employment Form for Supervised Marriage and Family Therapy Practice ( <a href="#">Form #2571</a> ).			
<input type="checkbox"/> In order to assist the Section with the review of my renewal application, I am attaching a document that includes the reason(s) I am requesting renewal of my license.			
The Marriage and Family Training License satisfies all requirements of Wis. Stat. § <a href="#">457.11</a> . A Training License is valid for 48 months and may be renewed at the discretion of the Marriage and Family Therapist Section.			
Provision of false information on an application may be grounds for revocation of the credential.			

#### APPLICATION FEES:

- Marriage and Family Training License** (This fee is required if you already have a Marriage and Family Training License issued.)  
**\$60.00 Total Required Fee Attached**

#### For Receiving Use Only (228)

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of 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. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:

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

Date:

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