

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

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

PROFESSIONAL COUNSELOR CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to your professional school for completion. Form must be returned directly from the school to the Department at the above address.

Last Name **First Name** **MI** **Former / Maiden Name(s)**

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records) - -

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

Applicant Signature

/ /

Date

SCHOOL: Certify completion below and return directly to DSPS: You may fax/email with facility cover sheet/letter to: (608) 251-3036 or dspscredJointBd@wisconsin.gov.

Name of Institution:

Location of Institution: (city, state)

Type of Degree Awarded:

Major:

Date Graduation or Completion: / / (anticipated dates of graduation will not be accepted)

Name of the Accrediting Body at the time student received degree:

Please check if CORE or CACREP accredited at time of graduation.

Was this program approved at the time of Graduation or Completion? Yes No

Signature of Dean or Department Head

/ /

Date

Title