

Wisconsin Department of Safety and Professional Services

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

PROFESSIONAL COUNSELOR CERTIFICATE OF PROFESSIONAL EDUCATION

IMPORTANT NOTE: Submit this form (#1960) **only** if your program is in the following list AND was CORE or CACREP accredited at the time of graduation or completion: Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; Marriage, Couple, and Family Counseling; or a Doctoral Program in Counselor Education and Supervision. **Otherwise**, alternative Form #2239 is required from the applicant and official transcripts are required from the school directly to DSPS. **Failure to submit the correct forms may delay your application.**

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

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

Address (street) (city) (state) (zip code)

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.) / /

Application Number

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

/ /

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.

Name of Institution

Location of Institution (city, state)

Type of Degree Awarded

Major/Specialty Addiction Counseling Clinical Mental Health Counseling Clinical Rehabilitation Counseling
 Marriage, Couple, and Family Counseling Doctoral Program in Counselor Education and Supervision

Graduation or Completion Date / / NOTE: Anticipated dates of graduation or completion will not be accepted.

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

Yes No Was program CORE or CACREP accredited at time of graduation.
(Effective 7/1/2017, CORE incorporated into CACREP.)

/ /

Signature of Dean or Department Head (If unable to provide a digital signature, print and sign form.) Date

Title