#1960 (Rev. 12/15)
Ch. 457. Stats.

## 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](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.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Former / Maiden Name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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**

**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**

**Title**