

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
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**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD INFORMATION FOR COMPLETING PROFESSIONAL COUNSELOR APPLICATION FORM

### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

#### **Requirements for Temporary License: (Not available to reciprocal applicants or applicants who have taken the NCE, NCMHCE, or CRCE.)**

A temporary license may be granted to an individual who pays the fee and who meets all the qualifications for the license except for passing the required examination. The temporary license expires 9-months after its issuance or upon notification of failure of passing the required examination, whichever occurs earlier. A temporary license for the use of the title "Professional Counselor" shall be issued to a person who:

- pays the fee for a temporary license
- has completed the educational and supervised practice requirements

A person who fails the national examination shall immediately return the temporary license to the Professional Counselor Section.

#### **Requirements for Training License:**

A Professional Counselor training license allows a person to use the title "Professional Counselor" and is required for individuals acquiring their supervised experience necessary for licensure. The Wisconsin Statutes provide that the Professional Counselor Section will grant a Professional Counselor Training license to any applicant who:

- submits an application
- pays the required fee
- satisfies the educational requirement
- submits evidence satisfactory to the Professional Counselor Section that he or she is in a position or has an offer for a position as a Professional Counselor in a supervised professional counseling practice, or in a position which the applicant will, in the opinion of the Professional Counselor Section, receive training and supervision equivalent to the training and supervision received in a supervised professional counseling practice.

A Professional Counselor Training License is valid for 48-months and may be renewed at the discretion of the Professional Counselor Section (**must submit Form #2921**). The holder of a Professional Counselor Training License may use the title "Professional Counselor" and may practice professional counseling within the scope of his or her training or supervision during the period in which the license is valid.

Supervision that does not meet the qualifications of Wis. Admin. Code §MPSW 12.02 may be grounds for denial.

#### **Requirements for Professional Counselor License:**

The Professional Counselor Section will grant a Professional Counselor license to any applicant who:

- submits an application (**Form #1962**) and pays the required fee
- satisfies the education requirements
- satisfies the supervised experience requirements
- passes the National Counselor Examination (NCE), National Counselor Mental Health Certification Examination (NCMHCE), or the Clinical Rehabilitation Counselor Examination (CRCE)

#### **Reciprocal License (Applicants who hold a current professional counselor license in another state.)**

Applicants who have a current credential as a Professional Counselor or the substantial equivalent in another state or territory of the United States may be eligible for Wisconsin licensure.

# Wisconsin Department of Safety and Professional Services

## **National Counselor Examination (NCE) or the National Counselor Mental Health Certification Examination (NCMHCE)**

The NCE is administered by the National Board for Certified Counselors (NBCC) several times each year. Eligibility for the NCE and NCMHCE is determined by NBCC. You must submit your fee and directly to NBCC by the registration deadline along with an official copy of your transcript showing conferral of a Master's Degree in Counseling. Your eligibility to take or successful passage of the NCE or NCMHCE does not guarantee you will be eligible for professional counselor licensure. Your eligibility for a Professional Counselor license is determined by the Professional Counselor Section upon receipt of a completed application, fees, and supporting documents in the Board office. Applicants are to contact NBCC directly to apply for the examination at <http://nbcc.org/>.

## **Certified Rehabilitation Counselor Examination (CRCE)**

The CRCE is administered by the Commission on Rehabilitation Counselor Certification (CRCC). Eligibility for the CRCE is determined by CRCC. Eligibility to take and successful passage of the CRCE does not guarantee you will be eligible for a Professional Counselor license. Your eligibility for a Professional Counselor license is determined by the Professional Counselor Section upon receipt of a completed application, fees, and supporting documents in the Board office. Applicants are to contact CRCC directly to apply for the examination at: <https://www.crc certification.com/>.

## **National Examination Score Transfers**

With the exception of individuals applying for licensure by reciprocity, applicants must request the NBCC or the CRCC to forward their scores directly to the Professional Counselor Section.

## **Jurisprudence Examination (Reciprocity Applicants Only)**

Reciprocity applicants are required to take an open book examination on the Wisconsin Statutes and Administrative Code relating to the practice of professional counseling. Reciprocity applicants will be provided access to the exam upon receipt of their completed application and fees. If you fail this open book examination, an additional fee will be required for you to retake it.

## **National Counselor Examination (NCE) or the National Counselor Mental Health Certification Examination (NCMHCE)**

The NCE is administered by the National Board for Certified Counselors (NBCC) several times each year. Eligibility for the NCE and NCMHCE is determined by NBCC. You must submit your fee and directly to NBCC by the registration deadline along with an official copy of your transcript showing conferral of a Master's Degree in Counseling. Your eligibility to take or successful passage of the NCE or NCMHCE does not guarantee you will be eligible for professional counselor licensure. Your eligibility for a Professional Counselor license is determined by the Professional Counselor Section upon receipt of a completed application, fees, and supporting documents in the Board office. Applicants are to contact NBCC directly to apply for the examination at <http://nbcc.org/>.

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## MARRIAGE AND FAMILY THERAPY, PROFESSIONAL COUNSELING, AND SOCIAL WORK EXAMINING BOARD PROFESSIONAL COUNSELOR LICENSE/TRAINING LICENSE APPLICATION FORM

**Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).**

**PLEASE TYPE OR PRINT IN INK**  Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

|  |   |   |  |
|--|---|---|--|
| <b>Last Name</b><br><input style="width: 95%;" type="text"/> | <b>First Name</b><br><input style="width: 95%;" type="text"/> | <b>MI</b><br><input style="width: 95%;" type="text"/> | <b>Former / Maiden Name(s)</b><br><input style="width: 95%;" type="text"/> |
|--|---|---|--|

|   |   |
|---|---|
| <b>Address</b> (street, city, state, zip)<br><input style="width: 95%;" type="text"/> | <b>Daytime Telephone Number</b><br><input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> |
|---|---|

|   |  |
|---|--|
| <b>Mailing Address</b> (if different)<br><input style="width: 95%;" type="text"/> | <b>Date of Birth</b><br><input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> |
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|   |  |
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| <b>Social Security #</b><br><input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> | Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law. |
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Ethnicity/gender status information is optional.

**Ethnicity:**   
 White, not of Hispanic origin   
 American Indian or Alaskan   
 Hispanic  
 Black, not of Hispanic origin   
 Asian or Pacific Islander   
 Other

**Sex:**       
 M     F

**Have you ever been licensed in Wisconsin as a Professional Counselor?**   
 Yes     No   
 If yes, list your credential number:

**Email Address**

|   |   |
|---|---|
| <b>School Name</b><br><input style="width: 95%;" type="text"/>  | <b>School Address</b> (street, city, state)<br><input style="width: 95%;" type="text"/> |
| <b>Date Degree Granted</b><br><input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> / <input style="width: 15%; text-align: center;" type="text"/> <input style="width: 15%; text-align: center;" type="text"/> | <b>Degree</b><br><input style="width: 95%;" type="text"/>                               |

- APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.**
- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
  - Request for a Training License** (may also submit exam fees listed below)  
**\$ 75.00 Initial Credential Fee**
  - PC Licensure Exam Applicants**  
 \$ 75.00 Initial Credential Fee  
 \$ 15.00 National Exam Contract Fee  
**\$90.00 Total Fee Attached**
  - Request for a Temporary License** (exam applicants only)  
**\$ 10.00 Temporary License Fee** (is non-refundable)
  - PC Licensure Reciprocity Applicants** (individuals who hold a credential in another state or jurisdiction)  
 \$ 91.00 Reciprocal Initial Credential Fee  
 \$ 75.00 Wisconsin Statutes and Rules Exam Fee  
**\$166.00 Total Fee Attached**

**For Receiving Use Only (125/226)**

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# Wisconsin Department of Safety and Professional Services

**APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

- Completed Application (**Form #1962**) and appropriate fee
- Curriculum requirements (**Form #2239**) and course descriptions, if applicable
- Official transcript showing Master’s or Doctorate degree
- Report of passing score - NCE, NCMHCE, or CRCE, not required for temporary license, training license, or reciprocal license
- Certificate of Professional Education, (**Form #1960**), not required for reciprocal license or if you possess the training license
- Statutes and Rules Examination (**Reciprocity Only**)
- Employer Affidavit (**Form #2456**), required for training license only
- Supervised practice experience, (**Form #2464**), not required for training license or reciprocal license
- Copy of rules and statutes describing credentialing requirements of other states or territory where licensed, reciprocal applicants only
- Letters from all State Boards where licensed, active and inactive, if applicable
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVET.com](http://www.WISVET.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

**NOTE: Applicants applying for the training license do not check either of the next two boxes listed below.**

- I hold a Master’s degree in Professional Counseling or an equivalent program, and state that since my degree was received, I have completed at least 3,000 hours of professional counseling practice including at least 1,000 hours of face-to-face client contact, under the supervision of a professional, as specified in Wis. Admin. Code § MPSW 12.02(2).
- I hold a Doctorate degree in Professional Counseling or an equivalent program, and state that since my degree was received, either during or after the completion of the doctorate degree program, I have completed at least 1,000 hours of professional practice, under the supervision of a professional, as specified in Wis. Admin. Code § MPSW 12.02(2).

**I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S):** (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Professional Counselor Section. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**PROFESSIONAL COUNSELOR EXAMINATION:**

Applicants by examination must take the National Counselor Examination (NCE), National Counselor Mental Health Certification Examination (NCMHCE), or the Certified Rehabilitation Counselor Examination (CRCE) to be eligible for certification as a Professional Counselor. Mark the appropriate box:

- I need to take the NCE
- I need to take the NCMHCE
- I need to take the CRCE
- I have taken and passed the NCE, NCMHE, or CRCE and have requested scores to be sent to the Wisconsin Department of Safety and Professional Services.

# Wisconsin Department of Safety and Professional Services

**ANSWER THE FOLLOWING QUESTIONS** (attach additional sheet(s) if necessary)

|    |   |  |
|----|---|--|
| 1. | Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (Original pass/fail cards required.)</b><br><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims (Form #2829).</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b><br><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b><br><br><div style="border: 1px solid black; height: 20px; width: 100%;"></div>  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**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.

# Wisconsin Department of Safety and Professional Services

## 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've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /