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

MARRIAGE AND FAMILY THERAPIST CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: COMPLETE TOP PORTION OF THIS FORM AND FORWARD TO THE CERTIFYING SCHOOL.

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

Address (street, city, state, zip)

Date of Birth __/__/____

Social Security # (Voluntary-For use by school to locate your records) ___-__-____

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

Applicant Signature _____ Date __/__/____

SCHOOL: COMPLETE SECTION 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)

☐ Verification of Enrollment – currently enrolled

OR

Anticipated Date of Graduation __/__/____

☐ Verification of Degree Completion - Type of Degree Including Degree Focus

Date of Degree Completion __/__/____

Was this school regionally accredited at the time the applicant received this degree? ☐ Yes ☐ No

Was this school accredited by the COAMFTE at the time the applicant received this degree? ☐ Yes ☐ No

Signature of Dean or Department Head

Date __/__/____

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