

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

Office Location: 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

INFORMATION FOR COMPLETING SOCIAL WORKER TRAINING CERTIFICATE APPLICATION FORM

INTRODUCTION

To be eligible for the Social Worker Training Certificate (SWTC), you must have received a Bachelor's degree from an accredited college or university in Psychology, Sociology, Criminal Justice, or other Human Service program approved by the Social Worker Section. Master's degrees in these programs will not be considered.

INSTRUCTIONS FOR OBTAINING A SOCIAL WORKER TRAINING CERTIFICATE

For the SWTC credential to be issued, you will need to submit:

- Application (**Form #2159**) including \$10.00 fee.
- Your school will need to submit your transcripts directly to DSPS to verify you hold one of the acceptable degrees.
- If your degree is not pre-approved (Sociology, Psychology, or Criminal Justice), you will also need to submit (**Form #2998**) to request approval. Once received, this will be reviewed by the Section.

Once your SWTC credential is issued, it is valid for 24 months (2 years). In that time-period, both your experience and required coursework found in [Wis. Admin. Code § MPSW 3.13\(2\)](#) must be completed. **Please Note:** the experience may only have been done prior to the SWTC permit if it was an internship through a school during the degree program. Otherwise, either internships or experience must be completed within the 2-year credential period. Similarly, coursework may only be completed prior to the SWTC if all five (5) courses were taken during the Bachelor's degree.

- Once coursework is completed, complete (**Form #2805**) and mail to DSPS. Transcripts including courses must also be submitted directly from the school to our Department (if not previously submitted).
- Submit the Supervisor's Affidavit for Employment/Internship (**Form #2802**). An official description of the duties performed by the applicant during the internship/employment period must accompany the form. All experience is reviewed by the Social Work Section.

Experience must be completed either during the degree program used for the SWTC (400 hours) or while holding the SWTC (400 hours in not less than one year). **Supervisor must have a degree in Social Work and hold a current Social Worker credential in the state of Wisconsin.**

A list of approved courses is available online at <http://dsps.wi.gov/SWTC-Pre-Approved-Education>. If your coursework is not approved, you must have your school complete and submit Option 2 portion of (**Form #2805**).

The application forms and materials are available on our website at: <http://dsps.wi.gov>.

PLEASE NOTE: If you re-apply for the training certificate, coursework and experience **will not** carry over and will need to be re-completed under your new training certificate. The **only** exception to this is if courses/internship were completed during the Bachelor's degree.

INSTRUCTIONS FOR OBTAINING A "BASIC LEVEL" SOCIAL WORKER CERTIFICATION

The second step of the SWTC, applying for the Social Worker Certification, generally occurs when nearing completion of the SWTC requirements. Applicants apply for the Social Worker Certification to obtain access to the WI Statutes and Rules Exam, and National exam authorization (**Form #1992**). Applying for the Social Work Certification is not a requirement of the SWTC and these steps do not have to happen while the SWTC is valid. The following are required to obtain a Social Work Certification.

- Completed DSPS application (**Form #1992**) and required fees (This form may be submitted after the training certificate is issued.)
- Evidence of having passed the ASWB Examination. (This information will be forwarded to the Social Worker Section by ASWB upon completion of the exam.)
- Evidence of having passed the Wisconsin Statutes and Administrative Rules Examinations. (This information will be forwarded to the Social Worker Section.)

The application forms and materials are available on our website at: <http://dsps.wi.gov>.

NATIONAL EXAM INFORMATION

Please Note: If you take the exam post-SWTC completion and fail, you may re-take. Please consider this prior to taking the exam if SWTC is not completed. You may wish to complete your SWTC prior to taking the exam to allow re-examination in the event of a failure.

PLEASE HAVE ALL DOCUMENTS ADDRESSED TO:

DSPS
ATTN: SOCIAL WORKER SECTION
P.O. BOX 8935
MADISON, WI 53708-8935

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

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsp@wisconsin.gov
Website: <http://dsp.wi.gov>

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

APPLICATION FOR SOCIAL WORKER TRAINING CERTIFICATE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
--	---	-----------------------------------	--

Address (street, city, state, zip code) <input type="text"/>	Daytime Telephone Number <input type="text"/>
--	---

Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/>
---	--

Social Security Number <input 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.
---	--

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 Social Worker? Yes No **If yes, list your credential number:**

E-mail Address

School Name <input type="text"/>	School Address (street, city, state) <input type="text"/>
Date Degree Granted <input type="text"/>	Degree <input type="text"/>

APPLICATION FEES: Please check applicable box. Attach check or money order (payable to DSPS) or credit card form (#3071) to this application. (Form #3071 may be faxed with application to 608-251-3036. **Multiple submissions will result in duplicate credit card charges.**)

For Receiving Use Only (127)

Initial Credential
 \$10.00 Initial Credential Total Fee Attached

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2159**) and appropriate fee
- Official Transcripts
- Social Worker Training Certificate Required Coursework (**Form #2805**)
- Social Work Training Certificate Other Human Services Degree Evaluation Request (**Form #2998**) (for degree majors other than Psychology, Sociology, and Criminal Justice)
- Letters from all State Boards where licensed, active and inactive
- 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
- Supervisor Affidavit/Internship for Employment (**Form #2802**) along with official position description

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 Social Worker Section. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? If yes, provide details below: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></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? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If yes to question 5 above, did you apply for a predetermination of the conviction(s)? If yes, proceed to question 8. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If yes to question 7, did you receive a letter indicating the conviction(s) did not disqualify you from licensure? If yes, proceed to question 9. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If yes to question 8, since the date of the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor, or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter. If no, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have any suits or claims ever been filed against you as a result of professional services? 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).	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice social work" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned social work judgments and to learn and keep abreast of social work developments; and
2. The ability to communicate those judgments and social work information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

13.	Do you have a medical condition, which in any way impairs or limits your ability to practice social work with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice social work with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes to question 18, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOCIAL WORKER EQUIVALENCY

I am seeking to attain a social worker degree equivalency under Wis. Stat. § 457.09(4) while I am holding a SWTC.

Yes 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.

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 have provided to the Department of Safety and Professional Services change.

Signature: _____ Date: ____/____/____

(Print and Sign Form)