

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

SUPERVISOR'S AFFIDAVIT OF APPLICANT'S COMPETENCIES - DOCUMENTATION OF CLINICAL EXPERIENCE GAINED UNDER TRAINING LICENSE

IMPORTANT NOTE: A copy of this form is to be completed and sent directly to DSPS by each supervisor. Supervisor may fax or email form to DSPS with a facility cover sheet or cover letter to (608) 251-3036 or dspscredjointbd@wisconsin.gov.

Wis. Admin. Code ch. MPSW 12 requires an affidavit that the applicant, after receiving an appropriate Master's degree, will complete at least 3,000 hours of supervised professional counseling practice, including at least 1,000 hours of face-to-face client contact. **Or**, the applicant will have completed, either during or after completion of a doctoral degree program, at least 1,000 hours of supervised professional counseling practice.

Consistent with Wis. Admin. Code ch. MPSW 12 and §10.01(6), supervision requires one hour of face-to-face individual or group (**no more than 6 supervisees**) supervision to meet an average of one-hour per week duration during the supervised practice period. The supervisor may exercise discretion in averaging out supervision over the course of the period of supervision. The supervisor must meet the criteria under Wis. Admin. Code ch. MPSW 12.

Name of Applicant: (please print)

Applicant's Training License Number:

-226

Name of Supervisor: (please print)

Supervisor's Licensure:

Profession:

License Number:

Dates the applicant was under my supervision:

From: / /

To: / /

I have supervised this applicant a total of hours of supervised professional counseling experience, including

hours of face-to-face client contact. During this time, I met with the applicant for an average of one hour per week for face-to-face supervision as required per Wis. Admin Code ch. MPSW 12 and §10.01(6).

Name and address of facility where applicant accumulated client-contact:

Brief description of applicant's clinical responsibilities in this position:

I swear that the foregoing information is true and accurate.

Signature of Supervisor

Date

/ /