

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

DOCUMENTATION OF SUPERVISED CLINICAL FIELD PLACEMENT OR SUPERVISED CLINICAL SOCIAL WORK EXPERIENCE FOR CLINICAL SOCIAL WORKER 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.

Name of Applicant:

Please check the appropriate box.

- Supervised clinical field training was completed during the Master's or Doctoral degree program.
If this box is checked, go to Part I.
- Supervised clinical social work experience was completed in lieu of supervised clinical field training.
If this box is checked, go to Part II.

PART I - DOCUMENTATION OF CLINICAL FIELD PLACEMENT: (as part of Master's or Doctoral program)

Clinical Field Training per Wis. Admin. Code § MPSW 2.01(7)

"Clinical Field Training" means a minimum of one academic year in the supervised practice of clinical social work services consisting of assessment; diagnosis; treatment, including psychotherapy and counseling, client-centered advocacy, consultation, and evaluation. "Clinical Field Training" does not include indirect social work service, administrative, research, or other practice emphasis as per Wis. Admin. Code § MPSW 2.01(7).

Supervised Clinical Field Training per Wis. Admin. Code § MPSW 2.01(17)

"Supervised Clinical Field Training" means training in a primary clinical setting, which must include at least 2 semesters of field placement where more than 50% of the practice is to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families, or small groups as per Wis. Admin. Code § MPSW 2.01(17).

Primary Clinical Setting per Wis. Admin. Code § MPSW 2.01(13)

"Primary Clinical Setting" means a facility, or a unit within a facility, whose primary purpose is to treat persons with a DSM diagnosis as per Wis. Admin. Code § MPSW 2.01(13).

Note: If you completed 2 semesters of field placement to meet this requirement and the placements were in different settings, a separate form must be submitted for each placement.

Name of Agency/Facility where field placement occurred: (please type or print in ink)

Brief description of Agency/Facility including services provided and type of clients served: (please type or print in ink)

Is the Agency/Facility where the field placement was completed a "Primary Clinical Setting" as defined above in Wis. Admin. Code § MPSW 2.01(13)? Yes No

Was more than 50% of the practice in this Agency/Facility to assess and treat interpersonal and intrapsychic issues in direct contact with individuals, families, or small groups per Wis. Admin. Code § MPSW 2.01(17)? Yes No

Was this a block placement? Yes No

If not a block placement, for how many semesters was this placement?

Dates of Field Placement:

From:

From:

To:

To:

Wisconsin Department of Safety and Professional Services

Please check the appropriate boxes:

- I am/was the Agency/Facility-based Field Placement/Training Supervisor for the applicant.
- I am/was the Faculty Liaison with responsibility for this applicant's Field Placement/Training.
- I am/was the Director/Coordinator of Field Placement/Training.
- Other, please explain fully:

Please check the appropriate boxes for each clinical social work service the student provided:

- Assessment including difficulties in psychosocial functioning.
- Diagnosis including use of the DSM. (This means that it is reasonable to expect that this student could describe client symptoms accurately, complete a differential DSM diagnosis and write a treatment plan based on that diagnosis.)
- Treatment including psychotherapy and counseling including the ability to identify and describe the particular modality used.
- Client-centered advocacy.
- Consultation (This means that the student can identify those case situations that require consultation and can present a clinical case.)
- Evaluation including the process of evaluating the effect of his/her practice on the client's treatment goals/objectives and the progress of the client through treatment.

Signature of Supervisor:

Date: / /

PART II – In lieu of supervised clinical field training, applicants may submit an affidavit indicating they have completed 1,500 hours of supervised clinical social work experience in not less than one year, within a primary clinical setting. This must include at least 500 hours of face-to-face client contact and supervision per Wis. Admin. Code § MPSW 4.01.

Note: These hours may not be counted towards the 3,000-hour requirement for post-graduate clinical experience. A separate form must be submitted for each site.

Name of Facility at which supervised clinical social work experience occurred:

Dates of Experience:

From:

 / /

To:

 / /

Number of Hours completed:

Name of Supervisor:

Title of Supervisor:

Supervisor Credential Number:

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I hereby swear or affirm that the statements made above are true and correct.

Signature of Supervisor:

Date: / /