

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

LICENSED CLINICAL SOCIAL WORKER INFORMATION FOR APPLICATION

EDUCATION REQUIREMENT:

An applicant must have a Master's or Doctorate degree in social work with a concentration in clinical social work, including completion of supervised clinical field training.

To qualify as Master's or Doctoral degree in social work with a concentration in clinical social work, the course of study shall include one course in psychopathology in social work and, two (2) theory and practice courses from among the following:

- (a) Case Management
- (b) Clinical assessment and treatment of specific populations and problems, such as children, adolescent, elderly, alcohol and drug abuse, family or couples relationships
- (c) Psychopharmacology
- (d) Psychotherapeutic Interventions
- (e) Electives such as family therapy, social work with groups, sex- or gender-related issues, and topics.

In lieu of supervised clinical field training, applicants may submit an affidavit indicating that they have completed 1,500 hours of supervised clinical social work experience in not less than one year within a primary clinical setting, which includes at least 500 hours of face-to-face client contact and is supervised as provided in s. MPSW § 4.01. However, this does not eliminate the 3,000 hours of supervised experience requirement. The dates and hours must not overlap dates and hours indicated on Form #2560 (post-graduate experience).

SUPERVISED EXPERIENCE REQUIREMENT:

Verification of at least 3,000 hours of supervised clinical social work experience, including at least 1,000 hours of face-to-face client contact, after receiving the Master's or Doctoral degree. The supervised experience must include DSM diagnosis and treatment of individuals under the supervision of a supervisor approved by the Social Worker Section and will be accepted only if the applicant was certified at the time as an Advanced Practice Social Worker or an Independent Social Worker.

Approved supervisors include:

1. A Licensed Clinical Social Worker with a Doctorate degree in social work
2. A Licensed Clinical Social Worker with a Master's degree in social work
3. A Licensed Clinical Social Worker with five (5) years of full-time clinical social work experience
4. A Psychiatrist or Psychologist
5. Another individual approved in advance by the Social Worker Section

THE FOLLOWING ITEMS ARE REQUIRED UNLESS OTHERWISE NOTED:

- A. Completed Application (**Form #2681**)
- B. Appropriate fee
- C. Convictions and Pending Charges (**Form #2252**), if applicable
- D. Wisconsin Statutes and Rules exam (**if not taken within last five (5) year, will be authorized upon receipt of application**)
- E. Official transcript showing Master's or Doctorate degree (**sent directly from school**)
- F. Official transcript for any post-graduate coursework
- G. Supervised clinical field training (**Form #2672**)
- H. Documentation of post-graduate clinical experience (**Form #2560**), **this form must be completed by supervisor.**
- I. Verification of Credential (**if credentialed in other state(s) or territory(ies), active or inactive status**)
- J. Verification of clinical coursework (**Form #2673**)

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RECIPROCAL APPLICANTS:

An application by Reciprocity is solely based on the jurisdictional standards of the state you are coming from compared to the WI requirements. This determination does not include your individual qualifications. If your state's requirements do not appear to be equivalent, you may wish to consider applying by exam or initial licensure. Please note: All applicants have the option of applying by initial license.

Requirements for Reciprocity:

- A. Completed Application (Form #2681)
- B. Appropriate fee
- C. Convictions and Pending Charges (Form #2252), if applicable
- D. Wisconsin Statutes and Rules examination
- E. Verification of Credential (if credentialed in other state(s) or territory(ies), active or inactive status)
- F. Rules and regulations from other state of licensure

TEMPORARY LICENSE:

A temporary license permits you to practice and use the "Clinical Social Worker" title if you have completed all the requirements for a Clinical Social Worker except the ASWB national exam. The temporary license is valid for 9 months from the date of issuance.

- A temporary license permits you to practice as a licensed clinical social worker and to use that title.
- The temporary license expires upon notification of successful completion of the examination or expiration of the 9-month period, whichever is earlier.

NATIONAL EXAMINATION - ASSOCIATION OF SOCIAL WORKER BOARDS (ASWB):

1. Required of all eligible applicants. If you have already taken the ASWB examination for the same level you are applying for in Wisconsin, that score will be accepted if sent directly from ASWB. Contact information for ASWB at 1-888-579-3926 or <https://www.aswb.org/>.
2. Eligibility will be determined upon receipt of a completed application, appropriate fee, and other requirements.
3. The Department will forward authorization to ASWB and provide examination instructions to the applicant when all requirements have been met.
4. The ASWB examinations are administered year round at specific sites within the state. After authorization is forwarded by the Department, contact ASWB for the dates and further instructions.

If you fail the examination, you will be required to wait 90 days before retaking the examination. Contact ASWB to schedule another examination date.

If you need re-authorization approval sent to ASWB, please contact the Department of Safety and Professional at dspscredjointbd@wi.gov.

WISCONSIN STATUTES AND RULES EXAMINATION:

All applicants are required to pass an open book examination on the Wisconsin Statutes and Rules relating to the practice of social work. If you have taken this examination within the last 5 years, you do not need to retake this examination.

You will be assigned an exam name, password, and form instructor. See your online application status checklist to obtain this information. You will need it to start the test.

MAIL APPLICATION AND REQUIRED DOCUMENTS TO:

SOCIAL WORK SECTION
WISCONSIN DEPARTMENT OF SAFETY AND
PROFESSIONAL SERVICES
P.O. BOX 8935
MADISON, WI 53708-8935

EXPRESS DELIVERY:

SOCIAL WORK SECTION
WISCONSIN DEPARTMENT OF SAFETY AND
PROFESSIONAL SERVICES
4822 MADISON YARDS WAY
MADISON, WI 53705

To view the status of your application go to the Department website at <http://dsps.wi.gov>.

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

APPLICATION LICENSED CLINICAL SOCIAL WORKER

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, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email 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"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
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Social Security # <input type="text"/> - <input type="text"/> - <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.
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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 Licensed Clinical Social Worker? Yes No If yes, list your credential number:

Email Address

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

LCSW Licensure
 \$ 75.00 Initial Credential Fee
 \$ 75.00 Wisconsin Statute and Law Exam (this fee is not required if you have taken this exam in the last five (5) years)
 \$ 15.00 Contract Exam Fee
\$165.00 Total Fee Attached

Request for a Temporary License
\$ 10.00 (is required in addition to the above fee only if you are requesting a temporary license and is non-refundable)

Reciprocity Applicants (individuals who hold a credential in another state or jurisdiction)
 \$ 85.00 Reciprocity Initial Credential Fee
 \$ 75.00 Wisconsin Statute and Law Exam
\$160.00 Total Fee Attached

For Receiving Use Only (123)

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

- Application (**Form #2681**) and appropriate fee
- Wisconsin Statutes and Rules Exam (if not taken within the last five (5) years)
- Official transcript showing Master's or Doctorate degree (sent directly from school)
- Official transcript for any post-graduate coursework
- Supervised clinical field training (**Form #2672**)
- Documentation of post-graduate clinical experience (**Form #2560**), **this form must be completed by supervisor.**
- Letters from all State Boards where licensed, active and inactive
- Verification of clinical coursework (**Form #2673**)
- Verification of ASWB examination scores (**score information must be sent directly from ASWB**)
- 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.WISVETS.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."

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Social Work Section. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

FOREIGN DEGREES:

Was your degree issued by a school outside of the U.S.? Yes No

Applicants with a degree awarded by a foreign institution of higher learning are required to submit verification from the Council of Social Work Education (CSWE) that the degree has been determined by the CSWE to be equivalent to a program accredited by the CSWE. MPSW § 3.05(2).

CSWE Contact information: COUNCIL OF SOCIAL WORK EDUCATION
DIVISION OF STANDARDS AND ACCREDITATION
1725 DUKE ST STE 500
ALEXANDRIA VA 22314-2457
Telephone: (703) 519-2044
FAX: (703) 739-9048

Was the degree program in English? Yes No

If the applicant's education was not received in English, the applicant must demonstrate proficiency in English by achieving a score of 550 or above (or 213 on the computer-based exam) on the test of English as a foreign language (TOEFL) or an equivalent score on an equivalent examination. MPSW § 3.05(2)

TOEFL Contact information: Telephone: (609) 771-7100

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

1.	Do you hold a certificate from the Academy of Certified Social Workers (ACSW)? If yes, request ACSW to submit written verification of your certification directly to the Social Worker Section. See MPSW § 3.07(4) in the Wis. Admin. Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you a Board Certified Diplomate (BCD) of the American Board of Examiners in Clinical Social Work? If yes, request the Board to submit written verification directly to the Social Worker Section. See MPSW § 4.01(4) in the Wis. Admin. Code.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever applied for and been denied a credential (license, certification or registration) in any profession? If yes, give details on an attached sheet, including the name of the profession and the licensing authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has your credential (license, certification, registration) in any profession ever been restricted, revoked, suspended, limited, surrendered or canceled, or has any other disciplinary action been taken against it in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the authority.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	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
6.	Have you ever been the subject of a disciplinary action by a regulatory committee of a professional association? If yes, give details on an attached sheet, including the name of the association.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	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
8.	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
9.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	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
11.	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
12.	Is there anything that will prevent you from performing the essential tasks of this profession as generally understood in the profession and as defined in <u>Wisconsin Statutes</u> ? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Have you ever been involuntarily terminated from any behavioral health or related employment for unprofessional conduct? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If you are applying for LCSW, do you hold an Advanced Practice Social Worker or Independent Social Worker certificate in Wisconsin? If yes, state credential number: <div style="border: 1px solid black; height: 20px; width: 60%; margin-left: 10px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned clinical social work judgments and to learn and keep abreast of clinical 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
3. The physical capability to perform clinical social work tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"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, mental retardation, 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.

15.	Do you have a medical condition, which in any way impairs or limits your ability to practice clinical social work with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice clinical social work with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	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
18.	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
19.	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
20.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	If yes, 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

Wisconsin Department of Safety and Professional Services

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

Signature: Date: / /